

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

HCPCS Code	HCPCS Description	CMS PSI	SD DSS PSI if variation from CMS	APC	APC DESCRIPTION	Relative Weight	SD DSS SPECIFIC PRICE
0001U	Rbc dna hea 35 ag 11 bld grp	A	E1				
0002M	Liver dis 10 assays w/ash	Q4	E1				
0002U	Onc clrct 3 ur metab alg plp	Q4	E1				
0003M	Liver dis 10 assays w/nash	Q4	E1				
0003U	Onc ovar 5 prtn ser alg scor	Q4	E1				
0004M	Scoliosis dna alys	A	E1				
0005F	Osteoarthritis composite	E1					
0005U	Onco prst8 3 gene ur alg	Q4	E1				
0006M	Onc hep gene risk classifier	A	E1				
0007M	Onc gastro 51 gene nomogram	A	E1				
0007U	Rx test prsmv ur w/def conf	Q4	E1				
0008U	Hpylori detcj abx rstnc dna	A	E1				
0009U	Onc brst ca erbb2 amp/nonamp	Q4	E1				
00100	Anesth salivary gland	N					
00102	Anesth repair of cleft lip	N					
00103	Anesth blepharoplasty	N					
00104	Anesth electroshock	N					
0010U	Nfct ds strn typ whl gen seq	Q4	E1				
0011M	Onc prst8 ca mrna 12 gen alg	A	E1				
0011U	Rx mntr lc-ms/ms oral fluid	Q4	E1				
00120	Anesth ear surgery	N					
00124	Anesth ear exam	N					
00126	Anesth tympanotomy	N					
0012F	Cap bacterial assess	E1					
0012M	Onc mrna 5 gen rsk urthl ca	A	E1				
0013M	Onc mrna 5 gen recr urthl ca	A	E1				
00140	Anesth procedures on eye	N					
00142	Anesth lens surgery	N					
00144	Anesth corneal transplant	N					
00145	Anesth vitreoretinal surg	N					
00147	Anesth iridectomy	N					
00148	Anesth eye exam	N					
0014F	Comp preop assess cat surg	E1					
0015F	Melan follow-up complete	E1					
0015M	Adrnl cortcl tum bchm asy 25	Q4	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

00160	Anesth nose/sinus surgery	N					
00162	Anesth nose/sinus surgery	N					
00164	Anesth biopsy of nose	N					
0016M	Onc bladder mrna 219 gen alg	A	E1				
0016U	Onc hmtlmf neo rna bcr/abl1	A	E1				
00170	Anesth procedure on mouth	N					
00172	Anesth cleft palate repair	N					
00174	Anesth pharyngeal surgery	N					
00176	Anesth pharyngeal surgery	C					
0017M	Onc dlbcl mrna 20 genes alg	A	E1				
0017U	Onc hmtlmf neo jak2 mut dna	A	E1				
0018M	Trnsplj rnl meas cd154+cll	Q4	E1				
0018U	Onc thyr 10 microrna seq alg	A	E1				
00190	Anesth face/skull bone surg	N					
00192	Anesth facial bone surgery	C					
0019M	Cv ds plasma alys prtn bmrk	Q4	E1				
0019U	Onc rna tiss predict alg	A	E1				
0020M	Onc cns alys 30000 dna loci	A					PCT CHG
00210	Anesth cranial surg nos	N					
00211	Anesth cran surg hemotoma	C					
00212	Anesth skull drainage	N					
00214	Anesth skull drainage	C					
00215	Anesth skull repair/fract	C					
00216	Anesth head vessel surgery	N					
00218	Anesth special head surgery	N					
0021U	Onc prst8 detcj 8 autoantb	Q4	E1				
00220	Anesth intrcrn nerve	N					
00222	Anesth head nerve surgery	N					
0022U	Trgt gen seq dna&rna 1-23 gn	A	E1				
0023U	Onc aml dna detcj/nondetcj	A	E1				
0024U	Glyca nuc mr spectrsc quan	Q4	E1				
0025U	Tenofovir liq chrom ur quan	Q4	E1				
0026U	Onc thyr dna&mrna 112 genes	A	E1				
0027U	Jak2 gene trgt seq alys	A	E1				
0029U	Rx metab advrs trgt seq alys	A	E1				
00300	Anesth head/neck/ptrunk	N					
0030U	Rx metab warf trgt seq alys	A	E1				
0031U	Cyp1a2 gene	A	E1				
00320	Anesth neck organ 1yr/>	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

00322	Anesth biopsy of thyroid	N					
00326	Anesth larynx/trach < 1 yr	N					
0032U	Comt gene	A	E1				
0033U	Htr2a htr2c genes	A	E1				
0034U	Tpmt nudt15 genes	A	E1				
00350	Anesth neck vessel surgery	N					
00352	Anesth neck vessel surgery	N					
0035U	Neuro csf prion prtn qual	Q4	E1				
0036U	Xome tum & nml spec seq alys	A	E1				
0037U	Trgt gen seq dna 324 genes	A					\$3,500.00
0038U	Vitamin d srm microsamp quan	Q4	E1				
0039U	Dna antb 2strand hi avidity	Q4	E1				
00400	Anesth skin ext/per/atrunk	N					
00402	Anesth surgery of breast	N					
00404	Anesth surgery of breast	N					
00406	Anesth surgery of breast	N					
0040U	Bcr/abl1 gene major bp quan	A	E1				
00410	Anesth correct heart rhythm	N					
0041U	B brgdrferi antb 5 prtn igm	Q4	E1				
0042T	Ct perfusion w/contrast cbf	N	E1				
0042U	B brgdrferi antb 12 prtn igg	Q4	E1				
0043U	Tbrf b grp antb 4 prtn igm	Q4	E1				
0044U	Tbrf b grp antb 4 prtn igg	Q4	E1				
00450	Anesth surgery of shoulder	N					
00454	Anesth collar bone biopsy	N					
0045U	Onc brst dux carc is 12 gene	A	E1				
0046U	Flt3 gene itd variants quan	A	E1				
00470	Anesth removal of rib	N					
00472	Anesth chest wall repair	N					
00474	Anesth surgery of rib	C					
0047U	Onc prst8 mrna 17 gene alg	A	E1				
0048U	Onc sld org neo dna 468 gene	A	E1				
0049U	Npm1 gene analysis quan	A	E1				
00500	Anesth esophageal surgery	N					
0050U	Trgt gen seq dna 194 genes	A	E1				
0051U	Rx mntr lc-ms/ms ur/bld 31	Q4	E1				
00520	Anesth chest procedure	N					
00522	Anesth chest lining biopsy	N					
00524	Anesth chest drainage	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

00528	Anes mediascpy & dx thorscpy	N					
00529	Anes medscopy&thorscpy 1 lung	N					
0052U	Lpoprtn bld w/5 maj classes	Q4	E1				
00530	Anesth pacemaker insertion	N					
00532	Anesth vascular access	N					
00534	Anesth cardioverter/defib	N					
00537	Anesth cardiac electrophys	N					
00539	Anesth trach-bronch reconst	N					
00540	Anesth chest surgery	C					
00541	Anesth one lung ventilation	N					
00542	Anesthesia removal pleura	C					
00546	Anesth lung chest wall surg	C					
00548	Anesth trachea bronchi surg	N					
0054T	Bone srgrgy cmpr fluor image	N					
0054U	Rx mntr 14+ drugs & sbsts	Q4	E1				
00550	Anesth sternal debridement	N					
0055T	Bone srgrgy cmpr ct/mri imag	N					
0055U	Card hrt trnspl 96 dna seq	A	E1				
00560	Anesth heart surg w/o pump	C					
00561	Anesth heart surg <1 yr	C					
00562	Anesth hrt surg w/pmp age 1+	C					
00563	Anesth heart surg w/arrest	N					
00566	Anesth cabg w/o pump	N					
00567	Anesth cabg w/pump	C					
00580	Anesth heart/lung transplnt	C					
0058U	Onc merkel cll carc srm quan	Q4	E1				
0059U	Onc merkel cll carc srm +/-	Q4	E1				
00600	Anesth spine cord surgery	N					
00604	Anesth sitting procedure	C					
0060U	Twz zyg gen seq alys chrms2	A	E1				
0061U	Tc meas 5 bmrk sfdi m-s alys	Q4	E1				
00620	Anesth spine cord surgery	N					
00625	Anes spine tranthor w/o vent	N					
00626	Anes spine transthor w/vent	N					
0062U	AI sle igg&igm alys 80 bmrk	Q4	E1				
00630	Anesth spine cord surgery	N					
00632	Anesth removal of nerves	C					
00635	Anesth lumbar puncture	N					
0063U	Neuro autism 32 amines alg	Q4	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

00640	Anesth spine manipulation	N					
0064U	Antb tp total&rpr ia qual	Q4	E1				
0065U	Syfls tst nontreponemal antb	Q4	E1				
00670	Anesth spine cord surgery	N					
0067U	Onc brst imhchem prfl 4 bmrk	A	E1				
0068U	Candida species pnl amp prb	Q4	E1				
0069U	Onc clrct microrna mir-31-3p	A	E1				
00700	Anesth abdominal wall surg	N					
00702	Anesth for liver biopsy	N					
0070U	Cyp2d6 gen com&slct rar vrnt	A	E1				
0071T	Us leiomyomata ablate <200	J1	E1				
0071U	Cyp2d6 full gene sequence	A	E1				
0072T	Us leiomyomata ablate >200	J1	E1				
0072U	Cyp2d6 gen cyp2d6-2d7 hybrid	A	E1				
00730	Anesth abdominal wall surg	N					
00731	Anes upr gi ndsc px nos	N					
00732	Anes upr gi ndsc px ercp	N					
0073U	Cyp2d6 gen cyp2d7-2d6 hybrid	A	E1				
0074U	Cyp2d6 nonduplicated gene	A	E1				
00750	Anesth repair of hernia	N					
00752	Anesth repair of hernia	N					
00754	Anesth repair of hernia	N					
00756	Anesth repair of hernia	N					
0075T	Perq stent/chest vert art	C					
0075U	Cyp2d6 5' gene dup/mlt	A	E1				
0076T	S&i stent/chest vert art	C					
0076U	Cyp2d6 3' gene dup/mlt	A	E1				
00770	Anesth blood vessel repair	N					
0077U	Ig paraprotein qual bld/ur	Q4					\$43.43
00790	Anesth surg upper abdomen	N					
00792	Anesth hemorr/excise liver	C					
00794	Anesth pancreas removal	C					
00796	Anesth for liver transplant	C					
00797	Anesth surgery for obesity	N					
0079U	Cmprtv dna alys mlt snps	E1					
00800	Anesth abdominal wall surg	N					
00802	Anesth fat layer removal	N					
0080U	Onc lng 5 clin rsk factr alg	A	E1				
00811	Anes lwr intst ndsc nos	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

00812	Anes lwr intst scr colsc	N					
00813	Anes upr lwr gi ndsc px	N					
00820	Anesth abdominal wall surg	N					
0082U	Rx test def 90+ rx/sbsts ur	Q4	E1				
00830	Anesth repair of hernia	N					
00832	Anesth repair of hernia	N					
00834	Anesth hernia repair < 1 yr	N					
00836	Anesth hernia repair preemie	N					
0083U	Onc rspse chemo cntrst tomog	Q4	E1				
00840	Anesth surg lower abdomen	N					
00842	Anesth amniocentesis	N					
00844	Anesth pelvis surgery	C					
00846	Anesth hysterectomy	C					
00848	Anesth pelvic organ surg	C					
0084U	Rbc dna gnotyp 10 bld groups	A	E1				
00851	Anesth tubal ligation	N					
00860	Anesth surgery of abdomen	N					
00862	Anesth kidney/ureter surg	N					
00864	Anesth removal of bladder	C					
00865	Anesth removal of prostate	N					
00866	Anesth removal of adrenal	C					
00868	Anesth kidney transplant	C					
0086U	Nfct ds bact&fng org id 6+	Q4	E1				
00870	Anesth bladder stone surg	N					
00872	Anesth kidney stone destruct	N					
00873	Anesth kidney stone destruct	N					
0087U	Crđ hrt trnspl mrna 1283 gen	A	E1				
00880	Anesth abdomen vessel surg	N					
00882	Anesth major vein ligation	C					
0088U	Trnsplj kdn algrft rej 1494	A	E1				
0089U	Onc mlnma prame & linc00518	Q4	E1				
00902	Anesth anorectal surgery	N					
00904	Anesth perineal surgery	C					
00906	Anesth removal of vulva	N					
00908	Anesth removal of prostate	C					
0090U	Onc cutan mlnma mrna 23 gene	A	E1				
00910	Anesth bladder surgery	N					
00912	Anesth bladder tumor surg	N					
00914	Anesth removal of prostate	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

00916	Anesth bleeding control	N					
00918	Anesth stone removal	N					
0091U	Onc clrct scr whl bld alg	E1					
00920	Anesth genitalia surgery	N					
00921	Anesth vasectomy	N					
00922	Anesth sperm duct surgery	N					
00924	Anesth testis exploration	N					
00926	Anesth removal of testis	N					
00928	Anesth removal of testis	N					
0092U	Onc lng 3 prtn bmrk plsm alg	Q4	E1				
00930	Anesth testis suspension	N					
00932	Anesth amputation of penis	C					
00934	Anesth penis nodes removal	C					
00936	Anesth penis nodes removal	C					
00938	Anesth insert penis device	N					
0093U	Rx mntr 65 com drugs urine	Q4	E1				
00940	Anesth vaginal procedures	N					
00942	Anesth surg on vag/urethral	N					
00944	Anesth vaginal hysterectomy	N					
00948	Anesth repair of cervix	N					
0094U	Genome rapid sequence alys	A	E1				
00950	Anesth vaginal endoscopy	N					
00952	Anesth hysteroscope/graph	N					
0095T	Rmvl artific disc addl crvcl	C					
0095U	Inflm ee elisa alys alg	Q4	E1				
0096U	Hpv hi risk types male urine	Q4	E1				
0098T	Rev artific disc addl	C					
0100T	Prosth retina receive&gen	E2	E1				
0101T	Esw musckel sys nos	T	E1				
0101U	Hered colon ca do 15 genes	A	E1				
0102T	Esw phy anes lat hmrl epcndl	J1	E1				
0102U	Hered brst ca rlted do 17 gen	A	E1				
0103U	Hered ova ca pnl 24 genes	A	E1				
0105U	Neph ckd mult eclia tum nec	Q4	E1				
0106T	Touch quant sensory test	Q1	E1				
0106U	Gstr emptyg 7 timed brth spec	Q4	E1				
0107T	Vibrate quant sensory test	Q1	E1				
0107U	C diff tox ag detcj ia stool	Q4	E1				
0108T	Cool quant sensory test	Q1	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0108U	Gi barrett esoph 9 prtn bmrk	A	E1				
0109T	Heat quant sensory test	Q1	E1				
0109U	Id aspergillus dna 4 species	Q4	E1				
0110T	Nos quant sensory test	Q1	E1				
0110U	Rx mntr 1+oral onc rx&sbsts	Q4	E1				
01112	Anesth bone aspirate/bx	N					
0111U	Onc colon ca kras&nras alys	A	E1				
01120	Anesth pelvis surgery	N					
0112U	Iadi 16s&18s rna genes	A	E1				
01130	Anesth body cast procedure	N					
0113U	Onc prst8 pca3&tmprss2-erg	A	E1				
01140	Anesth amputation at pelvis	C					
0114U	Gi barretts esoph vim&ccna1	A	E1				
01150	Anesth pelvic tumor surgery	C					
0115U	Respir iadna 18 viral&2 bact	Q4	E1				
01160	Anesth pelvis procedure	N					
0116U	Rx mntr nzm ia 35+oral flu	Q4	E1				
01170	Anesth pelvis surgery	N					
01173	Anesth fx repair pelvis	N					
0117U	Pain mgmt 11 endogenous anal	Q4	E1				
0118U	Trnsplj don-drv cll-fr dna	A	E1				
0119U	Crd ceramides liq chrom plsm	Q4	E1				
01200	Anesth hip joint procedure	N					
01202	Anesth arthroscopy of hip	N					
0120U	Onc b cll lymphm mrna 58 gen	A	E1				
01210	Anesth hip joint surgery	N					
01212	Anesth hip disarticulation	C					
01214	Anesth hip arthroplasty	N					
01215	Anesth revise hip repair	N					
0121U	Sc dis vcam-1 whole blood	Q4	E1				
01220	Anesth procedure on femur	N					
0122U	Sc dis p-selectin whl blood	Q4	E1				
01230	Anesth surgery of femur	N					
01232	Anesth amputation of femur	C					
01234	Anesth radical femur surg	C					
0123U	Mchnl fragility rbc prflg	Q4	E1				
01250	Anesth upper leg surgery	N					
01260	Anesth upper leg veins surg	N					
01270	Anesth thigh arteries surg	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

01272	Anesth femoral artery surg	C					
01274	Anesth femoral embolectomy	C					
0129U	Hered brst ca rlt'd do panel	A	E1				
0130U	Hered colon ca do mrna pnl	A	E1				
0131U	Hered brst ca rlt'd do pnl 13	A	E1				
01320	Anesth knee area surgery	N					
0132U	Hered ova ca rlt'd do pnl 17	A	E1				
0133U	Hered prst8 ca rlt'd do 11	A	E1				
01340	Anesth knee area procedure	N					
0134U	Hered pan ca mrna pnl 18 gen	A	E1				
0135U	Hered gyn ca mrna pnl 12 gen	A	E1				
01360	Anesth knee area surgery	N					
0136U	Atm mrna seq alys	A	E1				
0137U	Palb2 mrna seq alys	A	E1				
01380	Anesth knee joint procedure	N					
01382	Anesth dx knee arthroscopy	N					
0138U	Brca1 brca2 mrna seq alys	A	E1				
01390	Anesth knee area procedure	N					
01392	Anesth knee area surgery	N					
01400	Anesth knee joint surgery	N					
01402	Anesth knee arthroplasty	N					
01404	Anesth amputation at knee	C					
0140U	Nfct ds fungi dna 15 trgt	Q4	E1				
0141U	Nfct ds bact&fng gram pos	Q4	E1				
01420	Anesth knee joint casting	N					
0142U	Nfct ds bact&fng gram neg	Q4	E1				
01430	Anesth knee veins surgery	N					
01432	Anesth knee vessel surg	N					
01440	Anesth knee arteries surg	N					
01442	Anesth knee artery surg	C					
01444	Anesth knee artery repair	C					
01462	Anesth lower leg procedure	N					
01464	Anesth ankle/ft arthroscopy	N					
01470	Anesth lower leg surgery	N					
01472	Anesth achilles tendon surg	N					
01474	Anesth lower leg surgery	N					
01480	Anesth lower leg bone surg	N					
01482	Anesth radical leg surgery	N					
01484	Anesth lower leg revision	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

01486	Anesth ankle replacement	N					
01490	Anesth lower leg casting	N					
01500	Anesth leg arteries surg	N					
01502	Anesth lwr leg embolectomy	C					
01520	Anesth lower leg vein surg	N					
01522	Anesth lower leg vein surg	N					
0152U	Nfct ds dna untrgt ngnrj seq	Q4	E1				
0153U	Onc breast mrna 101 genes	A	E1				
0154U	Onc urthl ca rna fgfr3 gene	A	E1				
0155U	Onc brst ca dna pik3ca gene	A	E1				
0156U	Copy number sequence alys	A	E1				
0157U	Apc mrna seq alys	A	E1				
0158U	Mlh1 mrna seq alys	A	E1				
0159U	Msh2 mrna seq alys	A	E1				
0160U	Msh6 mrna seq alys	A	E1				
01610	Anesth surgery of shoulder	N					
0161U	Pms2 mrna seq alys	A	E1				
01620	Anesth shoulder procedure	N					
01622	Anes dx shoulder arthroscopy	N					
0162U	Hered colon ca trgt mrna pnl	A	E1				
01630	Anesth surgery of shoulder	N					
01634	Anesth shoulder joint amput	C					
01636	Anesth forequarter amput	C					
01638	Anesth shoulder replacement	N					
0163U	Onc clrct scr 3 prtn alg	E1					
0164T	Remove lumb artif disc addl	C					
0164U	Gi ibs ia anti-cdtb&vinculin	Q4	E1				
01650	Anesth shoulder artery surg	N					
01652	Anesth shoulder vessel surg	C					
01654	Anesth shoulder vessel surg	C					
01656	Anesth arm-leg vessel surg	C					
0165T	Revise lumb artif disc addl	C					
0165U	Peanut allg asmt epi	Q4	E1				
0166U	Liver ds 10 biochem asy srm	Q4	E1				
01670	Anesth shoulder vein surg	N					
01680	Anesth shoulder casting	N					
0169U	Nudt15&tpmt gene com vrnt	A	E1				
0170U	Neuro asd rna next gen seq	A	E1				
01710	Anesth elbow area surgery	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

01712	Anesth uppr arm tendon surg	N					
01714	Anesth uppr arm tendon surg	N					
01716	Anesth biceps tendon repair	N					
0171U	Trgt gen seq alys pnl dna 23	A	E1				
0172U	Onc sld tum alys brca1 brca2	A	E1				
01730	Anesth uppr arm procedure	N					
01732	Anesth dx elbow arthroscopy	N					
0173U	Psyc gen alys panel 14 genes	A	E1				
01740	Anesth upper arm surgery	N					
01742	Anesth humerus surgery	N					
01744	Anesth humerus repair	N					
0174T	Cad cxr with interp	N	E1				
0174U	Onc solid tumor 30 prtn trgt	Q4	E1				
01756	Anesth radical humerus surg	C					
01758	Anesth humeral lesion surg	N					
0175T	Cad cxr remote	N	E1				
0175U	Psyc gen alys panel 15 genes	A	E1				
01760	Anesth elbow replacement	N					
0176U	Cdtb&vinculin igg antb ia	Q4	E1				
01770	Anesth uppr arm artery surg	N					
01772	Anesth uppr arm embolectomy	N					
0177U	Onc brst ca dna pik3ca 11	A	E1				
01780	Anesth upper arm vein surg	N					
01782	Anesth uppr arm vein repair	N					
0178U	Peanut allg asmt epi clin rx	Q4	E1				
0179U	Onc nonsm cll lng ca alys 23	A	E1				
0180U	Abo gnotyp abo 7 exons	A	E1				
01810	Anesth lower arm surgery	N					
0181U	Co gnotyp aqp1 exon 1	A	E1				
01820	Anesth lower arm procedure	N					
01829	Anesth dx wrist arthroscopy	N					
0182U	Crom gnotyp cd55 exons 1-10	A	E1				
01830	Anesth lower arm surgery	N					
01832	Anesth wrist replacement	N					
0183U	Di gnotyp slc4a1 exon 19	A	E1				
01840	Anesth lwr arm artery surg	N					
01842	Anesth lwr arm embolectomy	N					
01844	Anesth vascular shunt surg	N					
0184T	Exc rectal tumor endoscopic	J1	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0184U	Do gnotyp art4 exon 2	A	E1				
01850	Anesth lower arm vein surg	N					
01852	Anesth lwr arm vein repair	N					
0185U	Fut1 gnotyp fut1 exon 4	A	E1				
01860	Anesth lower arm casting	N					
0186U	Fut2 gnotyp fut2 exon 2	A	E1				
0187U	Fy gnotyp ackr1 exons 1-2	A	E1				
0188U	Ge gnotyp gypc exons 1-4	A	E1				
0189U	Gypa gnotyp ntrns 1 5 exon 2	A	E1				
0190U	Gypb gnotyp ntrns 1 5 seux 3	A	E1				
01916	Anesth dx arteriography	N					
0191U	In gnotyp cd44 exons 2 3 6	A	E1				
01920	Anesth catheterize heart	N					
01922	Anesth cat or mri scan	N					
01924	Anes ther interven rad artrl	N					
01925	Anes ther interven rad card	N					
01926	Anes tx interv rad hrt/cran	N					
0192U	Jk gnotyp slc14a1 exon 9	A	E1				
01930	Anes ther interven rad vein	N					
01931	Anes ther interven rad tips	N					
01932	Anes tx interv rad th vein	N					
01933	Anes tx interv rad cran vein	N					
01937	Anes drg/aspir crv/thrc	N					
01938	Anes drg/aspir lmb/sac	N					
01939	Anes nulyt agt crv/thrc	N					
0193U	Jr gnotyp abcg2 exons 2-26	A	E1				
01940	Anes nulyt agt lmb/sac	N					
01941	Anes neuromd/ntrvrt crv/thrc	N					
01942	Anes neuromd/ntrvrt lmb/sac	N					
0194U	Kel gnotyp kel exon 8	A	E1				
01951	Anesth burn less 4 percent	N					
01952	Anesth burn 4-9 percent	N					
01953	Anesth burn each 9 percent	N					
01958	Anesth antepartum manipul	N					
0195U	Klf1 targeted sequencing	A	E1				
01960	Anesth vaginal delivery	N					
01961	Anesth cs delivery	N					
01962	Anesth emer hysterectomy	N					
01963	Anesth cs hysterectomy	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

01965	Anesth inc/missed ab proc	N					
01966	Anesth induced ab procedure	N					
01967	Anesth/analg vag delivery	N					
01968	Anes/analg cs deliver add-on	N					
01969	Anesth/analg cs hyst add-on	N					
0196U	Lu gnotyp bcam exon 3	A	E1				
0197U	Lw gnotyp icam4 exon 1	A	E1				
0198T	Ocular blood flow measure	Q1	E1				
0198U	Rhd&rhce gntyp rhd1-10&rhce5	A	E1				
01990	Support for organ donor	C					
01991	Anesth nerve block/inj	N					
01992	Anesth n block/inj prone	N					
01996	Hosp manage cont drug admin	N					
01999	Unlisted anesth procedure	N					
0199U	Sc gnotyp ermap exons 4 12	A	E1				
0200T	Perq sacral augmt unilat inj	J1	E1				
0200U	Xk gnotyp xk exons 1-3	A	E1				
0201T	Perq sacral augmt bilat inj	J1	E1				
0201U	Yt gnotyp ache exon 2	A	E1				
0202T	Post vert arthrplst 1 lumbar	C					
0202U	Nfct ds 22 trgt sars-cov-2	A					\$416.78
0203U	Ai ibd mrna xprsn prfl 17	Q4	E1				
0205U	Oph amd alys 3 gene variants	A	E1				
0206U	Neuro alzheimr cell aggregj	Q4	E1				
0207T	Clear eyelid gland w/heat	Q1	E1				
0207U	Neuro alzheimr quan imaging	N	E1				
0208T	Audiometry air only	Q1	E1				
0209T	Audiometry air & bone	Q1	E1				
0209U	Cytog const alys interrog	A	E1				
0210T	Speech audiometry threshold	Q1	E1				
0210U	Syphilis tst antb ia quan	Q4	E1				
0211T	Speech audiom thresh & recog	Q1	E1				
0211U	Onc pan-tum dna&rna gnrj seq	A	E1				
0212T	Compre audiometry evaluation	Q1	E1				
0212U	Rare ds gen dna alys proband	A	E1				
0213T	Njx paravert w/us cer/thor	T	E1				
0213U	Rare ds gen dna alys ea comp	A	E1				
0214T	Njx paravert w/us cer/thor	N	E1				
0214U	Rare ds xom dna alys proband	A	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0215T	Njx paravert w/us cer/thor	N	E1				
0215U	Rare ds xom dna alys ea comp	A	E1				
0216T	Njx paravert w/us lumb/sac	T	E1				
0216U	Neuro inh ataxia dna 12 com	A	E1				
0217T	Njx paravert w/us lumb/sac	N	E1				
0217U	Neuro inh ataxia dna 51 gene	A	E1				
0218T	Njx paravert w/us lumb/sac	N	E1				
0218U	Neuro musc dys dmd seq alys	A	E1				
0219T	Plmt post facet implt cerv	C					
0219U	Nfct agt hiv gnrj seq alys	A	E1				
0220T	Plmt post facet implt thor	C					
0220U	Onc brst ca ai assmt 12 feat	Q4	E1				
0221T	Plmt post facet implt lumb	J1	E1				
0221U	Abo gnotyp next gnrj seq abo	A	E1				
0222T	Plmt post facet implt addl	N	E1				
0222U	Rhd&rhce gntyp next gnrj seq	A	E1				
0223U	Nfct ds 22 trgt sars-cov-2	A					\$416.78
0224U	Antibody sars-cov-2 titer(s)	A					\$51.43
0225U	Nfct ds dna&rna 21 sarscov2	A					\$416.78
0226U	Svnt sarscov2 elisa plsm srm	A					\$42.28
0227U	Rx asy prsmv 30+rx/metabl	Q4	E1				
0228U	Onc prst8 ma molec prfl alg	Q4	E1				
0229U	Bcat1&ikzf1 prmtr mthyln aly	A	E1				
0230U	Ar full sequence analysis	A	E1				
0231U	Cacna1a full gene analysis	A	E1				
0232T	Njx platelet plasma	Q1	E1				
0232U	Cstb full gene analysis	A	E1				
0233U	Fxn gene analysis	A	E1				
0234T	Trluml perip athrc renal art	J1		5193	Level 3 Endovascular Procedures	127.1806	
0234U	Mecp2 full gene analysis	A	E1				
0235T	Trluml perip athrc visceral	C					
0235U	Pten full gene analysis	A	E1				
0236T	Trluml perip athrc abd aorta	J1		5193	Level 3 Endovascular Procedures	127.1806	
0236U	Smn1&smn2 full gene analysis	A	E1				
0237T	Trluml perip athrc brchiocph	J1		5193	Level 3 Endovascular Procedures	127.1806	
0237U	Car ion chnlpthy gen seq pnl	A	E1				
0238T	Trluml perip athrc iliac art	J1		5194	Level 4 Endovascular Procedures	201.3785	
0238U	Onc Inch syn gen dna seq aly	A	E1				
0239U	Trgt gen seq alys pnl 311+	A					\$3,500.00

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0242U	Trgt gen seq alys pnl 55-74	A	E1				
0243U	Ob pe biochem assay pgf alg	Q4	E1				
0244U	Onc solid orgn dna 257 genes	A	E1				
0245U	Onc thyr mut alys 10 gen&37	A	E1				
0246U	Rbc dna gnotyp 16 bld groups	A	E1				
0247U	Ob ptrm brth ibp4 shbg meas	Q4	E1				
0248U	Onc brn sphrd cll 12 rx pnl	A	E1				
0249U	Onc brst alys 32 phsprtn alg	Q4	E1				
0250U	Onc sld org neo dna 505 gene	A	E1				
0251U	Hepcidin-25 elisa serum/plsm	Q4	E1				
0252U	Ftl aneuploidy str alys dna	A	E1				
0253T	Insert aqueous drain device	J1		5492	Level 2 Intraocular Procedures	45.1150	
0253U	Rprdtve med rna gen prfl 238	A	E1				
0254U	Reprdtve med alys 24 chrmsm	A	E1				
0255U	Andrology infertility assmt	Q4	E1				
0256U	Tma/tmao prfl ms/ms ur alg	Q4	E1				
0257U	Vlcad leuk nzm actv whl bld	Q4	E1				
0258U	Ai psor mrna 50-100 gen alg	A	E1				
0259U	Neph ckd nuc mrs meas gfr	Q4	E1				
0260U	Rare ds id opt genome mapg	A	E1				
0261U	Onc clrct ca img alys w/ai	Q4	E1				
0262U	Onc sld tum rt-pcr 7 gen	A	E1				
0263T	Im b1 mrw cel ther cmpl	S		5243	Level 3 Blood Product Exchange and Related Services	52.5426	
0263U	Neuro asd meas 16 c metblt	Q4	E1				
0264T	Im b1 mrw cel ther xcl hrvst	S		5243	Level 3 Blood Product Exchange and Related Services	52.5426	
0264U	Rare ds id opt genome mapg	A	E1				
0265T	Im b1 mrw cel ther hrvst onl	S		5243	Level 3 Blood Product Exchange and Related Services	52.5426	
0265U	Rar do whl gn&mtcdrl dna als	A	E1				
0266T	Implt/rpl crtd sns dev total	S		1580	New Technology - Level 43 (\$40,001-\$50,000)	504.6653	
0266U	Unxpl cnst hrtbl do gn xprsn	A	E1				
0267T	Implt/rpl crtd sns dev lead	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
0267U	Rare do id opt gen mapg&seq	A	E1				
0268T	Implt/rpl crtd sns dev gen	J1		5465	Level 5 Neurostimulator and Related Procedures	341.7509	
0268U	Hem ahus gen seq alys 15 gen	A	E1				
0269T	Rev/remvl crtd sns dev total	Q2		5432	Level 2 Nerve Procedures	71.8195	
0269U	Hem aut dm cgen trmbctpna 14	A	E1				
0270T	Rev/remvl crtd sns dev lead	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
0270U	Hem cgen coagj do 20 genes	A	E1				
0271T	Rev/remvl crtd sns dev gen	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0271U	Hem cgen neutropenia 23 gen	A	E1				
0272T	Interrogate crtd sns dev	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
0272U	Hem genetic bld do 51 genes	A	E1				
0273T	Interrogate crtd sns w/pgrmg	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
0273U	Hem gen hyprfibrnlysis 8 gen	A	E1				
0274T	Perq lamot/lam crv/thrc	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
0274U	Hem gen plttt do 43 genes	A	E1				
0275T	Perq lamot/lam lumbar	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
0275U	Hem heprn nduc trmbctpna srm	Q4	E1				
0276U	Hem inh thrombocytopenia 42	A	E1				
0277U	Hem gen plttt funcj do 31	A	E1				
0278T	Tempr	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
0278U	Hem gen thrombosis 12 genes	A	E1				
0279U	Hem vw factor&clgn iii bndg	Q4	E1				
0280U	Hem vw factor&clgn iv bndg	Q4	E1				
0281U	Hem vwd propeptide ag lvl	Q4	E1				
0282U	Rbc dna gntyp 12 bld grp gen	A	E1				
0283U	Vw factor type 2b eval plsm	Q4	E1				
0284U	Vw factor type 2n eval plsm	Q4	E1				
0285U	Onc rsps radj cll fr dna tox	A	E1				
0286U	Cep72 nudt15&tpmt gene alys	A	E1				
0287U	Onc thyr dna&mrna 112 genes	A	E1				
0288U	Onc lung mrna quan pcr 11&3	A	E1				
0289U	Neuro alzheimr mrna 24 gen	A	E1				
0290U	Pain mgmt mrna gen xprsn 36	A	E1				
0291U	Psyc mood do mrna 144 genes	A	E1				
0292U	Psyc strs do mrna 72 genes	A	E1				
0293U	Psyc suicidal idea mrna 54	A	E1				
0294U	Lngvty&mrtlty rsk mrna 18gen	E1					
0295U	Onc brst dux carc 7 proteins	A	E1				
0296U	Onc orl&/orop ca 20 mlc feat	A	E1				
0297U	Onc pan tum whl gen seq dna	A	E1				
0298U	Onc pan tum whl trns seq rna	A	E1				
0299U	Onc pan tum whl gen opt mapg	A	E1				
0300U	Onc pan tum whl gen seq&opt	A	E1				
0301U	Iadna bartonella ddpcr	Q4	E1				
0302U	Iadna brtnla ddpcr flwg liq	Q4	E1				
0303U	Hem rbc ads whl bld hypoxic	Q4	E1				
0304U	Hem rbc ads whl bld normoxic	Q4	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0305U	Hem rbc fncly&dfrm shr strs	Q4	E1				
0306U	Onc mrd nxt-gnrj alys 1st	A	E1				
0307U	Onc mrd nxt-gnrj alys sbsq	A	E1				
0308T	Insj ocular telescope prosth	J1	E1				
0308U	Crd cad alys 3 prtn plsm alg	Q4	E1				
0309U	Crd cv ds aly 4 prtn plm alg	Q4	E1				
0310U	Ped vsclts kd alys 3 bmrks	Q4	E1				
0311U	Nfct ds bct quan antmcrb sc	Q4	E1				
0312U	Ai ds sle alys 8 igg autoant	Q4	E1				
0313U	Onc pncrs dna&mrna seq 74	A	E1				
0314U	Onc cutan mlnma mrna 35 gene	A	E1				
0315U	Onc cutan sq cll ca mrna 40	A	E1				
0316U	B brgdrferi lyme ds ospa evl	Q4	E1				
0317U	Onc lung ca 4-prb fish assay	A	E1				
0318U	Ped whl gen mthyltn alys 50+	A	E1				
0319U	Neph rna pretrnspl perph bld	A	E1				
0320U	Neph rna psttrnspl perph bld	A	E1				
0321U	Iadna gu pthgn 20bct&fng org	Q4	E1				
0322U	Neuro asd meas 14 acyl carn	Q4	E1				
0323U	Iadna cns pthgn next gen seq	Q4	E1				
0326U	Trgt gen seq alys pnl 83+	A	E1				
0327U	Ftl aneuploidy trsmy dna seq	A	E1				
0328U	Drug assay 120+ rx&metablt	Q4	E1				
0329T	Mntr io press 24hrs/> uni/bi	E1					
0329U	Onc neo xome&trns seq alys	A	E1				
0330T	Tear film img uni/bi w/i&r	Q1	E1				
0330U	Iadna vag pthgn panel 27 org	Q4	E1				
0331T	Heart symp image plnr	S	E1				
0331U	Onc hl neo opt gen mapping	A	E1				
0332T	Heart symp image plnr spect	S	E1				
0332U	Onc pan tum gen prflg 8 dna	A	E1				
0333T	Visual ep scr acuity auto	E1					
0333U	Onc lvr surveilanc hcc cfdna	Q4	E1				
0334U	Onc sld orgn tgsa dna 84/+	A	E1				
0335T	Insj sinus tarsi implant	J1	E1				
0335U	Rare ds whl gen seq feta	A	E1				
0336U	Rare ds whl gen seq bld/slv	A	E1				
0337U	Onc plsm cell do&myeloma id	Q4	E1				
0338T	Trnsctn renal symp denrv unl	J1	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0338U	Onc sld tum crcg tum cl slct	Q4	E1				
0339T	Trnscth renal symp denrv bil	J1	E1				
0339U	Onc prst8 mrna hoxc6 & dlx1	A	E1				
0340U	Onc pan ca alys mrd plasma	A					\$2,919.60
0341U	Ftl aneup dna seq cmpr alys	A	E1				
0342T	Thxp apheresis w/hdl delip	S	E1				
0342U	Onc pncrtc ca mult ia eclia	E1					
0343U	Onc prst8 xom aly 442 snrna	A	E1				
0344U	Hep nafld semiq evl 28 lipid	Q4	E1				
0345T	Transcath mtral vlve repair	C					
0345U	Psyc genom alys pnl 15 gen	A	E1				
0347T	Ins bone device for rsa	Q1	E1				
0347U	Rx metab/pcx dna 16 gen alys	A	E1				
0348T	Rsa spine exam	Q1	E1				
0348U	Rx metab/pcx dna 25 gen alys	A	E1				
0349T	Rsa upper extr exam	Q1	E1				
0349U	Rx metab/pcx dna 27gen rx ia	A	E1				
0350T	Rsa lower extr exam	Q1	E1				
0350U	Rx metab/pcx dna 27 gen alys	A	E1				
0351T	Intraop oct brst/node spec	N	E1				
0351U	Nfct ds bct/viral trail ip10	Q4	E1				
0352T	Oct brst/node i&r per spec	B					
0353T	Intraop oct breast cavity	N	E1				
0354T	Oct breast surg cavity i&r	B					
0355U	Apol1 risk variants	A	E1				
0356U	Onc orop 17 dna ddpcr alg	A	E1				
0358T	Bia whole body	Q1	E1				
0358U	Neuro alys b-amyl 1-42&1-40	Q4	E1				
0359U	Onc prst8 ca alys all psa	Q4	E1				
0360U	Onc lung elisa 7 autoant alg	A	E1				
0361U	Neurflmnt lt chn dig ia quan	Q4	E1				
0362T	Bhv id suprt assmt ea 15 min	Q3	E1				
0362U	Onc pap thyr ca rna 82&10	A	E1				
0363U	Onc urthl mrna 5 gen alg	A	E1				
0364U	Onc hl neo gen seq alys alg	A	E1				
0365U	Onc bldr 10 prb bldr ca	Q4	E1				
0366U	Onc bldr 10 prb recr bldr ca	Q4	E1				
0367U	Onc bldr 10 flwg trurl rescj	Q4	E1				
0368U	Onc clrct ca mut&mthyltn mrk	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0371U	Iadna gu pthgn semiq dna16&1	Q4	E1				
0372U	Nfct ds gu pthgn arg detcj	Q4	E1				
0373T	Adapt bhv tx ea 15 min	Q3	E1				
0375U	Onc ovrn bchm asy 7 prtn alg	A	E1				
0376U	Onc prst8 ca img alys 128	Q4	E1				
0377U	Cv ds quan advsrm/plsm lprtn	Q4	E1				
0378T	Visual field assmnt rev/rprt	B					
0378U	Rfc1 repeat xpnsj vrnt alys	A	E1				
0379T	Vis field assmnt tech suppt	Q1	E1				
0379U	Tgsap sl or neo dna523&rna55	A	E1				
0381U	Maple syrup ur ds mntr quan	Q4	E1				
0382U	Hyprphenylalaninmia mntr quan	Q4	E1				
0383U	Tyrosinemia typ i mntr quan	Q4	E1				
0384U	Neph ckd rsk hi stg kdn ds	Q4	E1				
0385U	Neph ckd alg rsk dbtc kdn ds	Q4	E1				
0387U	Onc mlnma ambra1&amlo	Q4	E1				
0388U	Onc nonsm cll lng ca 37 gen	A	E1				
0389U	Ped fbri kd ifi27&mcomp1 rna	A	E1				
0390U	Ob pe kdr eng&rpb4 ia alg	Q4	E1				
0391U	Onc sld tum dna&rna 437 gen	A	E1				
0392U	Rx metab genrx ia 16 genes	A	E1				
0393U	Neu prksn msfl α-syncln prtn	Q4	E1				
0394T	Hdr elctrnc skn surf brchyt	S		5622	Level 2 Radiation Therapy	2.9492	
0394U	Pfas 16 pfas compnd lc ms/ms	Q4	E1				
0395T	Hdr elctr ntrst/ntrcv brchtx	S		5624	Level 4 Radiation Therapy	7.7808	
0395U	Onc lng multiomics plsm alg	A	E1				
0397T	Ercp w/optical endomicroscopy	N	E1				
0398U	Gi baret esph dna mthyln aly	A	E1				
0399U	Neuro cere folate defncy srm	Q4	E1				
0400U	Ob xpnd car scr 145 genes	E1					
0401U	Crd c hrt ds 9 gen 12 vrnts	A	E1				
0402T	Colgn crs-link crn&pachymtry	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
0402U	Nfct agt sti mult amp prb tq	Q4	E1				
0403T	Diabetes prev standard curr	E1					
0403U	Onc prst8 mrna 18 gen dre ur	A	E1				
0404U	Onc brst semiq meas thym kn	Q4	E1				
0405U	Onc pncrtc 59 mthltn blk mrk	A	E1				
0406U	Onc lung flow cytmtry 5 mrk	Q4	E1				
0407U	Neph dbtc ckd mult eclia alg	Q4	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0408T	Insj/rplc cardiac modulj sys	J1	E1				
0408U	laad blk ac ww bsnsr sarscv2	A	E1				
0409T	Insj/rplc car modulj pls gn	J1	E1				
0409U	Onc sld tum dna 80 & rna 36	A	E1				
0410T	Insj/rplc car modulj atr elt	J1	E1				
0410U	Onc pncrtc dna whl gn seq 5-	A	E1				
0411T	Insj/rplc car modulj vnt elt	J1	E1				
0411U	Psyc genom alys pnl 15 gen	A	E1				
0412T	Rmvl cardiac modulj pls gen	Q2	E1				
0412U	Beta amyloid aβ42/40 imprcip	Q4	E1				
0413T	Rmvl car modulj tranvns elt	Q2	E1				
0413U	Onc hl neo opt gen mapg dna	A	E1				
0414T	Rmvl & rpl car modulj pls gn	J1	E1				
0414U	Onc lng aug alg aly whl sld8	Q4	E1				
0415T	Repos car modulj tranvns elt	T	E1				
0415U	Cv ds acs bld alg 5 yr score	Q4	E1				
0416T	Reloc skin pocket pls gen	T	E1				
0417T	Pgrmg eval cardiac modulj	Q1	E1				
0417U	Rare ds alys 335 nuc genes	A	E1				
0418T	Interro eval cardiac modulj	Q1	E1				
0418U	Onc brst aug alg aly whl sl8	Q4	E1				
0419T	Dstrj neurofibroma xtmsv	T	E1				
0419U	Nrpsyc gen seq vrnt aly 13	A	E1				
0420T	Dstrj neurofibroma xtmsv	T	E1				
0420U	Onc urthl mrna xprsn 6 snp	A	E1				
0421T	Waterjet prostate abltj cmpl	J1	E1				
0421U	Onc clrct scr sgl amp 8 rna	E1					
0422T	Tactile breast img uni/bi	Q1	E1				
0422U	Onc pan solid tum alys dna	A	E1				
0423U	Psyc genomic alys pnl 26 gen	A	E1				
0424U	Onc prst8 xom alys 53 snrna	A	E1				
0425U	Genom rpd seq alys ea cmptr	A	E1				
0426U	Genome ultra-rapid seq alys	A	E1				
0427U	Monocyte dstrbj wdth whl bld	Q4	E1				
0429U	Hpv orop swab 14 hi-risk typ	Q4	E1				
0430U	Gi malabs aat calpro pncrtc	Q4	E1				
0431U	Gly rcptr alpha1 igg srm/csf	Q4	E1				
0432U	Klhl11 antb sr/csf asy qual	Q4	E1				
0433U	Onc prst8 5 dna reg mrk pcr	A	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0434U	Rx metab advrs vrnt alys 25	A	E1				
0435U	Onc chemo rx cytox csc 14 rx	Q4	E1				
0436U	Onc lng plsm alys 388 prtn	Q4	E1				
0437T	Impltj synth rnfcmr abdl wal	N	E1				
0437U	Psyc anxiety do mrna 15 bmrk	A	E1				
0438U	Rx metab advrs vrnt alys 33	A	E1				
0439T	Myocrd contrast prfuj echo	N	E1				
0439U	Crd chd dna alys 5 snp 3 dna	A	E1				
0440T	Abltj perc uxr/perph nrv	J1	E1				
0440U	Crd chd dna alys 10 snp 6dna	A	E1				
0441T	Abltj perc lxr/perph nrv	J1	E1				
0441U	Nfct ds bct fngl/viral semiq	Q4	E1				
0442T	Abltj perc plex/trncl nrv	J1	E1				
0442U	Nfct ds respir nfctj mxa&crp	Q4	E1				
0443T	R-t spctrl alys prst8 tiss	N	E1				
0443U	Neurflmnt lt chn ultsens ia	Q4	E1				
0444T	1st plmt drug elut oc ins	N	E1				
0444U	Onc sld orgn neo tgsap 361	A	E1				
0445T	Sbsqt plmt drug elut oc ins	N	E1				
0445U	Abeta42 & ptau181 eclia csf	Q4	E1				
0446T	Insj impltbl glucose sensor	T	E1				
0446U	Ai ds sle alys 10 cytokine	Q4	E1				
0447T	Rmvl impltbl glucose sensor	Q2	E1				
0447U	Ai ds sle alys 11 cytokine	Q4	E1				
0448T	Remvl insj impltbl gluc sens	T	E1				
0449T	Insj aqueous drain dev 1st	J1	E1				
0449U	Car scr sev inh cond 5 genes	E1					
0450T	Insj aqueous drain dev each	N	E1				
0452U	Onc bldr mthyl penk lte-qmsp	A	E1				
0453U	Onc clrct ca cfdna qpcr asy	A	E1				
0454U	U rare ds id opt genome mapg	A	E1				
0455U	Nfct agt sti mult amp prb ur	Q4	E1				
0457U	Pfas 9 cmpnd lcms/ms pls/sr	Q4	E1				
0458U	Onc brst ca s100 a8&a9 elisa	Q4	E1				
0459U	Abeta42 & ttau eclia csf	Q4	E1				
0460U	Onc whl bld/bucc rtPCR 24gen	A	E1				
0461U	Onc rxgenom alys rtPCR 24gen	A	E1				
0462U	Melatonin lvl tst slp std7/9	Q4	E1				
0463U	Onc crvx mrna genxprsn 14bmk	A	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0464T	Visual ep test for glaucoma	S	E1				
0464U	Onc clrcr scr qrtsa dna mrk	A	E1				
0465U	Onc urthl carc dna qmsp 2gen	A	E1				
0466U	Crđ cad dna gwas 564856 snp	A	E1				
0467U	Onc bldr dna ngs 60gen&aneup	A					\$1,519.06
0468U	Hep nash mir34a5p α2m ykl40	Q4	E1				
0469T	Rta polarize scan oc scr bi	E1					
0469U	Rare ds whl gen seq fti samp	A	E1				
0470U	Onc orop detcj mrd 8 dna hpv	A					PCT CHG
0471U	Onc clrc ca 35 vrn kras&nras	A	E1				
0472T	Prgrmg io rta eltrd ra	Q1	E1				
0472U	Ca vi psp&sp1 antb sjögren	Q4	E1				
0473T	Reprgrmg io rta eltrd ra	Q1	E1				
0473U	Onc sld tum bld/slv 648 gene	A	E1				
0474T	Insj aqueous drg dev io rsvr	E1					
0474U	Hered pan ca gsap 88gene ngs	A	E1				
0475U	Hered prst8 ca gsap 23 genes	A	E1				
0476U	Rx metab psyc 14gen&cyp2d6	A	E1				
0477U	Rx metab psy 14&cyp2d6 gn-rx	A	E1				
0478U	Onc nslcl dna&rna dpcr 9 gen	A	E1				
0479T	Fxjl abl lsr 1st 100 sq cm	T	E1				
0479U	Tau phosphorylated ptau217	Q4	E1				
0480T	Fxjl abl lsr ea addl 100sqcm	N	E1				
0480U	Nfct ds csf metag ngs alys	Q4	E1				
0481T	Njx autol wbc concentrate	Q1	E1				
0481U	ldh1 idh2&tert promoter ngs	A	E1				
0482U	Ob pe biochem asy sfit1&pigf	Q4	E1				
0483T	Tmvi percutaneous approach	C					
0483U	Nfct ds ng gyra s91f pt mut	Q4	E1				
0484T	Tmvi transthoracic exposure	C					
0484U	Nfct ds mgen 23s rrna pt mut	Q4	E1				
0485T	Oct mid ear i&r unilateral	Q1	E1				
0485U	Onc sol tum cfdna&rna ngs gm	A	E1				
0486T	Oct mid ear i&r bilateral	Q1	E1				
0486U	Onc pan sol tum ngs cfctdna	A	E1				
0487U	Onc sol tum cfcdna tgsap 84	A	E1				
0488T	Diabetes prev online/elec	E1					
0488U	Ob fetal ag nipt cfdna alys	E1					
0489T	Regn cell tx scldr hands	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0489U	Ob sgript cfdna seq alys 1+	E1					
0490T	Regn cell tx scldr h mlt inj	E1					
0490U	Onc cutan/uveal mlnma cd146	Q4	E1				
0491U	Onc sol tum ctc slct er prtn	Q4	E1				
0492U	Onc sol tum ctc slctn pd-l1	Q4	E1				
0493U	Trnspl med quan dd-cfdna ngs	A	E1				
0494T	Prep & cannulj cdvr don lung	C					
0494U	Rbc ag fti rhd gene alys ngs	A	E1				
0495T	Mntr cdvr don lng 1st 2 hrs	C					
0495U	Onc prst8 alys crcg plsm prt	Q4	E1				
0496T	Mntr cdvr don lng ea addl hr	C					
0496U	Onc clrct cfdna 8/7 genes	A	E1				
0497U	Onc prst8 mrna rt-pcr 6 gene	A	E1				
0498U	Onc clrct ngs mut detc 43gen	A	E1				
0499U	Onc clrct&lng dna ngs 8gene	A	E1				
0500F	Initial prenatal care visit	E1					
0500U	Autoinflam ds vexas synd dna	A	E1				
0501F	Prenatal flow sheet	E1					
0501U	Onc clrc bld quan meas cfdna	E1					
0502F	Subsequent prenatal care	E1					
0502U	Hpv e6/e7 mrk hi-rsk typ crv	Q4	E1				
0503F	Postpartum care visit	E1					
0503U	Neuro alz ds βamyl&tau prtn	Q4	E1				
0504U	Nfct ds uti id 17 path orgs	Q4	E1				
0505F	Hemodialysis plan docd	E1					
0505T	Ev fempop artl revsc	J1	E1				
0505U	Nfct ds vag infctj id 32orgs	Q4	E1				
0506T	Mac pgmt opt dns meas hfp	Q1	E1				
0506U	Gi barretts esophgl cell 89	A	E1				
0507F	Periton dialysis plan docd	E1					
0507T	Near ifr 2img mibmn glnd i&r	Q1	E1				
0507U	Onc ovr dna whole gen w/5hmc	A	E1				
0508U	Trnsplj med dd-cfdna 40 snps	A	E1				
0509F	Urine incon plan docd	M					
0509T	Pattern erg w/i&r	S	E1				
0509U	Trnsplj med dd-cfdna<12 snps	A	E1				
0510T	Rmvl sinus tarsi implant	Q2	E1				
0510U	Onc pncrtc ca alg alys 16gen	Q4	E1				
0511T	Rmvl&rinsj sinus tarsi implt	J1	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0511U	Onc sol tum 3dmicroenvir 36+	Q4	E1				
0512T	Esw integ wnd hlg 1st wnd	S	E1				
0512U	Onc prst8 alys dgtz img msi	Q4	E1				
0513F	Elev bp plan of care docd	M					
0513T	Esw integ wnd hlg ea addl	N	E1				
0513U	Onc prst8 alg alys msi&hrd	Q4	E1				
0514F	Care plan hgb docd esa pt	E1					
0514U	Gi ibd ia quan deter adl lvl	Q4	E1				
0515T	Insj wcs lv compl sys	J1	E1				
0515U	Gi ibd ia quan deter ifx lvl	Q4	E1				
0516F	Anemia plan of care docd	E1					
0516T	Insj wcs lv eltrd only	J1	E1				
0516U	Rx metab rxgenomic gnotyp 40	A	E1				
0517F	Glaucoma plan of care docd	E1					
0517T	Insj wcs lv pg compnt	J1	E1				
0517U	Ther rx mntr 80+ psyactiv rx	Q4	E1				
0518F	Fall plan of care docd	M					
0518T	Rmvl pg compnt wcs	Q2	E1				
0518U	Ther rx mntr 90+ pn&mtl hlth	Q4	E1				
0519F	Pland chemo docd b/4 txmnt	E1					
0519T	Rmvl & rplcmt pg compnt wcs	J1	E1				
0519U	Ther rx mntr meds p/d/a 110+	Q4	E1				
0520F	Rad dos limts b/4 3d rad	M					
0520T	Rmvl&rplcmt pg wcs new eltrd	J1	E1				
0520U	Ther rx mntr 200+ rx/sbsts	Q4	E1				
0521F	Plan of care 4 pain docd	M					
0521T	Interrog dev eval wcs ip	Q1	E1				
0521U	Rf iga&igm ccp antib sr-a ia	Q4	E1				
0522T	Pgrmg dev eval wcs ip	Q1	E1				
0522U	Ca vi psp&sp1 antib cl semiql	Q4	E1				
0523T	Ntrapx c ffr w/3d funcjl map	N	E1				
0523U	Onc soltum dna ngs snv 22gen	A	E1				
0524T	Ev cath dir chem abltj w/img	J1	E1				
0524U	Ob pe sflt-1/plgf ia srm/pls	Q4	E1				
0525F	Initial visit for episode	E1					
0525T	Insj/rplcmt compl iims	J1	E1				
0525U	Onc sphrd cell cul 11-rx pnl	Q4	E1				
0526F	Subs visit for episode	M					
0526T	Insj/rplcmt iims eltrd only	J1	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0526U	Nefro rnl trnspl quan cxcl10	Q4	E1				
0527T	Insj/rplcmt iims implt mntr	J1	E1				
0527U	Hsv 1&2 vzv amp prb tq pthgn	Q4	E1				
0528F	Rcmnd flw-up 10 yrs docd	E1					
0528T	Prgrmg dev eval iims ip	Q1	E1				
0528U	Lrt iad 18bct/8vir&7arg rna	Q4	E1				
0529F	Intrvl 3/>yr pts clnscp docd	M					
0529T	Interrog dev eval iims ip	Q1	E1				
0529U	Hem vte snp f2&f5 gen leiden	A	E1				
0530T	Removal complete iims	Q2	E1				
0530U	Onc pan-sol tum ctdna 77 gen	A	E1				
0531T	Removal iims electrode only	Q2	E1				
0531U	Nfct ds afb&inv fng 673orgs	Q4	E1				
0532T	Removal iims implt mntr only	Q2	E1				
0532U	Rare ds whlgen&mitochdrl dna	A	E1				
0533U	Rx metab advrs gnotyp 16gens	A	E1				
0534U	Onc prst8 mirna snp 32 vrnt	A	E1				
0535F	Dyspnea mngmnt plan docd	E1					
0535U	Pfas lc-ms/ms plsm/srm quan	Q4	E1				
0536U	Rbcag ftl rhd pcr alys exon4	A	E1				
0537U	Onc clrct ca cfdna >2500 dmr	A	E1				
0538U	Onc sol tum ngts ffpe 600gen	A	E1				
0539U	Onc sol tumor cfctdna 152gen	A	E1				
0540F	Gluko mngmnt plan docd	M					
0540U	Trnsplj med quan dd-cfdna	A	E1				
0541T	Myocardial imaging mcg	S	E1				
0541U	Cv ds hdl rct cec lc-ms/ms 5	Q4	E1				
0542T	Myocardial imaging mcg i&r	M					
0542U	Nefro renal trnspl ur nmr 84	Q4	E1				
0543T	Ta mv rpr w/artif chord tend	C					
0543U	Onc sol tum ngs dna 517 gens	A	E1				
0544T	Tcat mv annulus rcnstj	C					
0544U	Nefro trnspl mntr 48vrnt dpcr	A	E1				
0545F	Follow up care plan mdd docd	E1					
0545T	Tcat tv annulus rcnstj	C					
0545U	Achr antb id imfluor livecll	Q4	E1				
0546T	Rf spectrsc ntraop mrgn asmt	N					
0546U	Ldns lrp4 antb imflr livecll	Q4	E1				
0547T	B1 matr1 qual tst mcrind tib	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0547U	Neurflmmt lt chn cleia plsm	Q4	E1				
0548U	Gfap cleia plasma	Q4	E1				
0549U	Onc urthl dna mthyltd rt pcr	A	E1				
0550F	Cytopath report nongyn spcmn	E1					
0550U	Onc prst8 elisa tot&free psa	Q4	E1				
0551F	Cytopath report non routine	E1					
0551U	Tp ptau217 ult dgt prtn detj	Q4	E1				
0552T	Low-level laser therapy	M					
0552U	Repr med pga gdo te bx locus	A	E1				
0553U	Repr med pga embryo te strux	A	E1				
0554T	B1 str & fx rsk analysis	M	E1				
0554U	Repr med pga 24chrn te bx qc	A	E1				
0555F	Symptom mgmnt plan care docd	E1					
0555T	B1 str&fx rsk transmis data	S	E1				
0555U	Repr med pga embryonic te qc	A	E1				
0556F	Plan care lipid control docd	E1					
0556T	B1 str & fx rsk assessment	S	E1				
0556U	Nfct ds p-s dna&rna 12 trgts	Q4	E1				
0557F	Plan caremng angnl symptdocd	E1					
0557T	B1 str & fx rsk i&r	M	E1				
0557U	Nfct ds bv dna mrk vag fluid	Q4	E1				
0558T	Ct scan f/biomchn ct alys	S	E1				
0558U	Onc clrct elisa bf7 ag serum	Q4	E1				
0559T	Antmc mdl 3d print 1st cmpnt	Q1	E1				
0559U	Onc brs quan elisa bf9ag srm	Q4	E1				
0560T	Antmc mdl 3d print ea addl	N					
0560U	Onc mrd gsa cfdna baseline	A	E1				
0561T	Antmc guide 3d print 1st gd	Q1	E1				
0561U	Onc mrd gsa cfdna subsequent	A	E1				
0562T	Antmc guide 3d print ea addl	N					
0562U	Onc sol tum tgsa 33gens snvs	A	E1				
0563T	Evac meibomian glnd heat bi	Q1	E1				
0563U	Nfct ds pthgn-sna 11vir&4bct	Q4	E1				
0564U	Nfct ds pthgn-sna 10vir&4bct	Q4	E1				
0565T	Autol cell implt adps hrvg	E1					
0565U	Onc hcc ngs detc 6626epigalt	A	E1				
0566T	Autol cell implt adps njx	E1					
0566U	Onc lng qpcr-bsd alys 13dmrs	A	E1				
0567U	Rare ds whl gen seq srs&lrs	A	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0568U	Neurol dementia βamyl ptau	Q4	E1				
0569T	Ttvr perq appr 1st prosth	C					
0569U	Onc sol tum ngs tmm>20000dmr	A	E1				
0570T	Ttvr perq ea addl prosth	C					
0570U	Neurol tbi alys gfap&uch-l1	Q4	E1				
0571T	Insj/rplcmt icds ss eltrd	J1		5232	Level 2 ICD and Similar Procedures	359.5597	
0571U	Onc sol tum dna80&rna10g ngs	A	E1				
0572T	Insertion ss dfb electrode	J1		5222	Level 2 Pacemaker and Similar Procedures	92.8123	
0572U	Onc prst8 htll qfish whl bld	A	E1				
0573T	Removal ss dfb electrode	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
0573U	Onc pancreas 3bmrk pclf alg	Q4	E1				
0574T	Repos prev ss impl dfb eltrd	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
0574U	Mtb cfp-10 serum/plsm lc-ms	Q4	E1				
0575F	Hiv rna plan care docd	E1					
0575T	Prgrmg dev eval icds ss ip	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
0575U	Trnsplj med lar rtprc 4genes	A	E1				
0576T	Interrog dev eval icds ss ip	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
0576U	Trnsplj med lar quan ddcfdna	A	E1				
0577T	Ephys eval icds ss	J1		5211	Level 1 Electrophysiologic Procedures	13.6145	
0577U	Onc ovr serum alys 39 gps	Q4	E1				
0578T	Rem interrog dev icds phys	M					
0578U	Onc cutan mln rna qpcr 10gen	A	E1				
0579T	Rem interrog dev icds tech	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
0579U	Nfro dbtc ckd elisa apoa4	Q4	E1				
0580F	Multidisciplinary care plan	E1					
0580T	Rmvl ss impl dfb pg only	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
0580U	Bbrgdrferi antib detc 24rprtn	Q4	E1				
0581F	Pt trnsfrd from anesth to cc	M					
0581T	Abltj mal brst tum perq crtx	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
0581U	Trnspl med antib nohla 39trgt	Q4	E1				
0582F	No trnsfr from anesth to cc	E1					
0582T	Trurl abltj mal prst8 tiss	E1					
0582U	Rare ds rpd whlgen dna vrnts	A	E1				
0583F	Transfer care checklist used	M					
0583T	Tmpst auto tube dlvr sys	J1		5163	Level 3 ENT Procedures	16.6121	
0583U	Rare ds rpd whlgen cmptr dna	A	E1				
0584F	No transferecare chklist used	E1					
0584T	Perq islet cell transplant	C					
0584U	Neuro csf prion prtn qual	Q4	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0585T	Laps islet cell transplant	C					
0585U	Tgsap so neo cfdna 521 genes	A	E1				
0586T	Open islet cell transplant	C					
0586U	Onc mrna gen xprsn 216 genes	A	E1				
0587T	Perq impltj/rplcmt isdns ptn	J1		5462	Level 2 Neurostimulator and Related Procedures	73.6007	
0587U	Ther rx mntr 60-150rx&metabl	Q4	E1				
0588T	Revision/removal isdns ptn	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
0588U	Nfct ds bct/vir 32genes mrna	Q4	E1				
0589T	Elec alys smpl prgrmg iins	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
0589U	Pfas24cmpnd hi-perf lc-ms/ms	Q4	E1				
0590T	Elec alys cplx prgrmg iins	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
0590U	Nfct ds bct&fngl dna 44 orgs	Q4	E1				
0591T	Hlth&wb coaching indiv 1st	E1					
0591U	Onc prst8 ca 3prtns plsm srm	Q4	E1				
0592T	Hlth&wb coaching indiv f-up	E1					
0592U	Onc hl neo dna tgs 417 genes	A	E1				
0593T	Hlth&wb coaching group	E1					
0593U	Nfct ds gu pthgn dna 46trgt	Q4	E1				
0594T	Osteot hum xtrnl lngth dev	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
0594U	Nfct ds sepsis pncrtc spc	Q4	E1				
0595U	Nfct ds tfp vctrbrn&zoonotic	Q4	E1				
0596T	Temp fml iu vlv-pmp 1st insj	J1	E1				
0596U	Neuro alzds plsm 3dstnct isp	Q4	E1				
0597T	Temp fml iu valve-pmp rplcmt	J1	E1				
0597U	Onc breast rna xprsn 329gens	A	E1				
0598T	Ncntc r-t fluor wnd img 1st	T	E1				
0598U	Gi ibs igg antb 18food items	Q4	E1				
0599T	Ncntc r-t fluor wnd img ea	N	E1				
0599U	Onc pncrtc ca mult ia serum	Q4	E1				
0600T	Ire abltj 1+tum organ perq	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
0601T	Ire abltj 1+tumors open	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
0602T	Transdermal gfr measurements	Q4	E1				
0603T	Transdermal gfr monitoring	Q4	E1				
0604T	Rem oct rta dev setup&educaj	E1					
0605T	Rem oct rta techl sprt min 8	E1					
0606T	Rem oct rta phys/qhp ea 30d	E1					
0607T	Rem mntr pulm flu mntr setup	A	E1				
0608T	Rem mntr pulm flu mntr alys	A	E1				
0609T	Mrs disc pain acquisj data	Q3		5523	Level 3 Imaging without Contrast	2.7108	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0610T	Mrs disc pain transmis data	N					
0611T	Mrs disc pain alg alys data	S		5523	Level 3 Imaging without Contrast	2.7108	
0612T	Mrs discogenic pain i&r	M					
0613T	Perq tcat intratrnl septl sht	E1					
0614T	Rmvl&rplcmt ss impl dfb pg	J1		5231	Level 1 ICD and Similar Procedures	251.7264	
0615T	Eye mvmt alys w/o calbrj i&r	S	E1				
0619T	Cysto w/prst8 commissurotomy	J1		5376	Level 6 Urology and Related Services	103.7036	
0620T	Evasc ven artlz tibl/prnl vn	S		1579	New Technology - Level 42 (\$30,001-\$40,000)	392.5187	
0621T	Trabeculostomy interno laser	J1		5492	Level 2 Intraocular Procedures	45.1150	
0622T	Trabeculostomy int lsr w/scp	E1					
0623T	Auto quantification c plaque	M					
0624T	Auto quan c plaq data prep	N					
0625T	Auto quan c plaq cptr alys	S		1511	New Technology - Level 11 (\$901 - \$1000)	10.6595	
0626T	Auto quan c plaq i&r	M					
0627T	Perq njx algc fluor lmbr 1st	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
0628T	Perq njx algc fluor lmbr ea	N					
0629T	Perq njx algc ct lmbr 1st	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
0630T	Perq njx algc ct lmbr ea	N					
0631T	Tc vis lit hyperspectral img	Q1		5731	Level 1 Minor Procedures	0.2747	
0632T	Perq tcat us abltj nrv p-art	J1		5194	Level 4 Endovascular Procedures	201.3785	
0633T	Ct breast w/3d uni c-	Q3		5522	Level 2 Imaging without Contrast	1.1926	
0634T	Ct breast w/3d uni c+	Q3		5571	Level 1 Imaging with Contrast	1.9964	
0635T	Ct breast w/3d uni c-/c+	Q3		5571	Level 1 Imaging with Contrast	1.9964	
0636T	Ct breast w/3d bi c-	Q3		5523	Level 3 Imaging without Contrast	2.7108	
0637T	Ct breast w/3d bi c+	Q3		5572	Level 2 Imaging with Contrast	4.0051	
0638T	Ct breast w/3d bi c-/c+	Q3		5572	Level 2 Imaging with Contrast	4.0051	
0639T	Wrls skn snr anisotropy meas	E1					
0640T	Ncntc nr ifr spctrsc wnd	T	E1				
0643T	Tcat l ventr rstrj dev implt	C					
0644T	Tcat rmvl/dblk icar mas perq	J1		5192	Level 2 Endovascular Procedures	63.9406	
0645T	Tcat impltj c sins rdctj dev	J1		5194	Level 4 Endovascular Procedures	201.3785	
0646T	Ttvi/rplcmt w/prstc vlv perq	C					
0647T	Insj gtube perq mag gastrpxy	J1		5302	Level 2 Upper GI Procedures	21.2741	
0648T	Quan mr tis wo mri 1orgn	S	E1				
0649T	Quan mr tiss w/mri 1orgn	S	E1				
0650T	Prgrmg dev eval scrms remote	Q1	E1				
0651T	Mag ctrlld capsule endoscopy	T	E1				
0652T	Egd flx transnasal dx br/wa	J1		5302	Level 2 Upper GI Procedures	21.2741	
0653T	Egd flx transnasal bx 1/mlt	J1		5302	Level 2 Upper GI Procedures	21.2741	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0654T	Egd flx transnasal tube/cath	J1		5303	Level 3 Upper GI Procedures	42.6665	
0655T	Tprnl focal abltj mal prst8	J1		5375	Level 5 Urology and Related Services	57.0111	
0656T	Vrt bdy tethering ant <7 seg	C					
0657T	Vrt bdy tethering ant 8+ seg	C					
0658T	Elec impd spectrsc 1+skn les	S	E1				
0659T	Tcat intra-c nfs supersat o2	C					
0660T	Implt ant sgm io nbio rx sys	J1		5492	Level 2 Intraocular Procedures	45.1150	
0661T	Rmvl&rimpltj ant sgm implt	J1		5492	Level 2 Intraocular Procedures	45.1150	
0662T	Scalp cool 1st meas&calbrj	S	E1				
0663T	Scalp cool plmt mntr rmvl	N					
0664T	Don hysterectomy open cdvr	E1					
0665T	Don hysterectomy open liv	E1					
0666T	Don hysterectomy laps liv	E1					
0667T	Don hysterectomy rcp uter	E1					
0668T	Bkbench prep don uter algrft	E1					
0669T	Bkbench rcnstj don uter ven	E1					
0670T	Bkbench rcnstj don uter artl	E1					
0671T	Insj ant sgm aq drg dev 1+	J1		5493	Level 3 Intraocular Procedures	57.8644	
0672T	Ndovag cryg rf remdl tiss	E1					
0673T	Abltj b9 thyr ndul perq lasr	J1	E1				
0674T	Laps insj nw/rpcmt prm isdss	J1	E1				
0675T	Laps insj nw/rpcmt isdss 1ld	J1	E1				
0676T	Laps insj nw/rpcmt isdss ea	N	E1				
0677T	Laps repos lead isdss 1st ld	J1	E1				
0678T	Laps repos lead isdss ea add	N	E1				
0679T	Laps rmvl lead isdss	J1	E1				
0680T	Insj/rplcmt pg only isdss	J1	E1				
0681T	Rlcj pulse gen only isdss	J1	E1				
0682T	Removal pulse gen only isdss	J1	E1				
0683T	Prgrmg dev eval isdss ip	Q1	E1				
0684T	Peri-px dev eval isdss ip	N	E1				
0685T	Interrog dev eval isdss ip	Q1	E1				
0686T	Histotripsy mal hepatcel tis	S	E1				
0687T	Tx amblyopia dev setup 1st	E1					
0688T	Tx amblyopia assmt w/report	E1					
0689T	Quan us tis charac w/o dx us	S	E1				
0690T	Quan us tis charac w/dx us	N	E1				
0691T	Auto alys xst ct std vrt fx	E1					
0692T	Therapeutic ultrafiltration	S	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0693T	Compre ful bdy 3d mtn alys	S	E1				
0694T	3d vol img&rcnstj brst/ax	N	E1				
0695T	Bdy srf mpg pm/cvdfb tm impl	N	E1				
0696T	Bdy surf mapg pm/cvdfb f/up	Q1	E1				
0697T	Quan mr tis wo mri mlt orgn	S	E1				
0698T	Quan mr tiss w/mri mlt orgn	S	E1				
0699T	Njx pst chmbr eye medication	J1	E1				
0700T	Molec fluor img sus nev 1st	M					
0701T	Molec fluor img sus nev ea	M					
0704T	Rem tx amblyopia setup&edu	E1					
0705T	Rem tx amblyopia tech sprt	E1					
0706T	Rem tx amblyopia i&r phy/qhp	E1					
0707T	Njx b1 sub mtrl sbchdrl dfct	J1	E1				
0708T	Id ca immntx prep & 1st njx	E1					
0709T	Id ca immntx each addl njx	E1					
0710T	N-invas artl plaq alys	M					
0711T	N-nvs artl plaq alys dat prp	N	E1				
0712T	N-nvs artl plaq alys quan	S	E1				
0713T	N-nvs artl plaq alys rvw i&r	M					
0714T	Tprnl lsr ablt b9 prst8 hypr	J1		5375	Level 5 Urology and Related Services	57.0111	
0716T	Car acous wavfrm rec cad rsk	S		5733	Level 3 Minor Procedures	0.6661	
0717T	Adrc ther prtl rc tear	T		5055	Level 5 Skin Procedures	41.0565	
0718T	Adrc ther prtl rc tear njx	T		5055	Level 5 Skin Procedures	41.0565	
0719T	Pst vrt jt rplcmt lmr 1 sgm	E1					
0720T	Prq elc nrv stim cn wo implt	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
0721T	Quan ct tiss charac w/o ct	S		1508	New Technology - Level 8 (\$601 - \$700)	7.2951	
0722T	Quan ct tiss charac w/ct	S		1508	New Technology - Level 8 (\$601 - \$700)	7.2951	
0723T	Qmrpc w/o dx mri sm anat ses	S		1511	New Technology - Level 11 (\$901 - \$1000)	10.6595	
0724T	Qmrpc w/dx mri same anatomy	S		1511	New Technology - Level 11 (\$901 - \$1000)	10.6595	
0725T	Vestibular dev impltj uni	E1					
0726T	Rmvl implt vstibular dev uni	E1					
0727T	Rmvl&rplcmt implt vstblr dev	E1					
0728T	Dx alys vstblr implt uni 1st	E1					
0729T	Dx alys vstblr implt uni sbq	E1					
0730T	Trabeculotomy lsr w/oct gdn	E1					
0731T	Augmnt ai-based fcl phnt a/r	S	E1				
0732T	Immntx admn electroporatn im	E1					
0733T	Rem r-t mtn nrehab ther sply	S	E1				
0734T	Rem r-t mtn nrehab tx mgmt	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0735T	Prep tum cav iort prim crnot	N	E1				
0736T	Colonic lavage 35+l water	S	E1				
0737T	Xenograft impltj artclr surf	J1	E1				
0738T	Tx pln mag fld abltj prst8	E1					
0739T	Abltj mal prst8 mag fld ndct	E1					
0740T	Rem auton alg nsln cal setup	S	E1				
0741T	Rem auton alg nsln data coll	S	E1				
0742T	Aqmbf spect xers/strs & rest	N					
0743T	B1 str & fx rsk vrt fx assmt	S	E1				
0744T	Insj bioprostc vlv fem vn	J1		5184	Level 4 Vascular Procedures	60.6231	
0745T	Car ablt rad arr n-invas loc	E1					
0746T	Car ablt rad arr cnv loc map	E1					
0747T	Car ablt rad arrhyt dlvr rad	E1					
0748T	Njx stm cl prdct anl sft tis	E1					
0749T	B1 str&fx rsk assmt dxr-bmd	E1					
0750T	B1 str&fx rsk asmt dxrbmd1vw	E1					
0751T	Dgtz gls mcrcscp sld level ii	N					
0752T	Dgtz gls mcrcscp sld lvl iii	N					
0753T	Dgtz gls mcrcscp sld level iv	N					
0754T	Dgtz gls mcrcscp sld level v	N					
0755T	Dgtz gls mcrcscp sld level vi	N					
0756T	Dgtz gls mcrcscp sld spc grpi	N					
0757T	Dgtz gls mcrcscp sl spc grpII	N					
0758T	Dgtz gls mcrcscp sl spc hchem	N					
0759T	Dgtz gls mcrcscp sl sp grpiii	N					
0760T	Dgtz gls mcrcscp sl imm 1st	N					
0761T	Dgtz gls mcrcscp sl imm ea 1	N					
0762T	Dgtz gls mcrcscp sl imm ea m	N					
0763T	Dgtz gls mcrcscp mphmtrc alys	N					
0764T	Asstv alg ecg rsk asmt cnrt	S	E1				
0765T	Asstv alg ecg rsk asmt prev	S	E1				
0766T	Tc mag stimj pn 1st tx 1nrv	S	E1				
0767T	Tc mag stimj pn 1st tx ea	N	E1				
0770T	Vr technology assist therapy	E1					
0771T	Vr px dissoc svc sm phy 1st	E1					
0772T	Vr px dissoc svc sm phy ea	E1					
0773T	Vr px dissoc svc oth phy 1st	E1					
0774T	Vr px dissoc svc oth phy ea	E1					
0776T	Ther indctj ntrabrnr hypthrm	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0777T	R-t prs sensing edrl gdn sys	N					
0778T	Smmg cncrnt appl imu snr	Q1	E1				
0779T	Gi myoelectrical actv study	Q1	E1				
0780T	Instlj fecal microbiota ssp	S		5734	Level 4 Minor Procedures	1.4456	
0781T	Brnchsc rf dstrj pulm nrv bi	E1					
0782T	Brnchsc rf dstrj plm nrv uni	E1					
0783T	Tc auriculr neurostimulation	S	E1				
0784T	Ins/rplmt eltrd ra spi nstim	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
0785T	Revj/rmvl nea spi w/nstim	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
0786T	Insj/rplcmt prq ra sac nstim	E1					
0787T	Revj/rmvl nea sac w/nstim	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
0788T	Elec aly smp iins sp/sac nrv	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
0789T	Elec aly cpx iins sp/sac nrv	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
0790T	Revj rplcmt/rmvl vrt tethrg	C					
0791T	Motr cog vr gait train ea 15	A					PCT CHG
0792T	Appl slvr diamn fluoride 38%	E1					
0793T	Prq tcatt thrm ablt nrv p-art	J1		5194	Level 4 Endovascular Procedures	201.3785	
0794T	Pt spec alg rx-onc tx option	S		5733	Level 3 Minor Procedures	0.6661	
0795T	Tcat ins 2chmbr ldls pm cmpl	J1		5224	Level 4 Pacemaker and Similar Procedures	213.8766	
0796T	Tcat ins 2chmbr ldls pm ra	J1		5224	Level 4 Pacemaker and Similar Procedures	213.8766	
0797T	Tcat ins 2chmbr ldls pm rv	J1		5224	Level 4 Pacemaker and Similar Procedures	213.8766	
0798T	Tcat rmv 2chmbr ldls pm cmpl	J1		5183	Level 3 Vascular Procedures	35.2981	
0799T	Tcat rmvl 2chmbr ldls pm ra	J1		5183	Level 3 Vascular Procedures	35.2981	
0800T	Tcat rmvl 2chmbr ldls pm rv	J1		5183	Level 3 Vascular Procedures	35.2981	
0801T	Tcat rmv&rpl 2chmbr ldls pm	J1		5224	Level 4 Pacemaker and Similar Procedures	213.8766	
0802T	Tcat rmv&rpl2chmb ldls pm ra	J1		5224	Level 4 Pacemaker and Similar Procedures	213.8766	
0803T	Tcat rmv&rpl2chmb ldls pm rv	J1		5224	Level 4 Pacemaker and Similar Procedures	213.8766	
0804T	Prgrmg evl ldls pm 2chmbr ip	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
0805T	Tcat s&ivc prstc vl impl prq	C					
0806T	Tcat s&ivc prstc vl impl opn	C					
0807T	Pulm tiss vntj alys prev ct	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
0808T	Pulm tiss vntj alys w/ct	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
0810T	Subrta njx rx agt w/vtrc	T		1563	New Technology - Level 26 (\$4001-\$4500)	47.6679	
0811T	Rem mlt day uroflow setup	V		5012	Clinic Visits and Related Services	1.4452	
0812T	Rem mlt day uroflow dev sply	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
0813T	Egd vol adjmt bariatric balo	T		5301	Level 1 Upper GI Procedures	10.5144	
0814T	Prq njx biod osteo matrl fem	E1					
0815T	Us rems b1 dns hips plvs/spi	E1					
0816T	Opn insj/rplcmt ins ptn subq	J1		5464	Level 4 Neurostimulator and Related Procedures	240.4915	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0817T	Opn insj/rplcmt ins ptn subf	J1		5464	Level 4 Neurostimulator and Related Procedures	240.4915	
0818T	Revj/rmvl ins ptn subq	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
0819T	Revj/rmvl ins ptn subf	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
0820T	Mntr psychdlc med 1stphy/qhp	M					
0821T	Mntr psychdlc med 2ndphy/qhp	N					
0822T	Mntr psychdlc med cln staff	N					
0823T	Tcat ins 1chmbr ldls pm ra	J1		5224	Level 4 Pacemaker and Similar Procedures	213.8766	
0824T	Tcat rmv 1chmbr ldls pm ra	J1		5183	Level 3 Vascular Procedures	35.2981	
0825T	Tcat rmv&rpl1chmb ldls pm ra	J1		5224	Level 4 Pacemaker and Similar Procedures	213.8766	
0826T	Prgrmg evl ldls pm 1chmbr ip	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
0827T	Dgtz gls mcrcsc cytp smears	N					
0828T	Dgtz gls mcrcsc cytp smpl fl	N					
0829T	Dgtz gls mcrcsc cytp conctrj	N					
0830T	Dgtz gls mcrcsc cytp slctv	N					
0831T	Dgtz gls mcrcsc cytp c/v	N					
0832T	Dgtz gls mcrcsc cytp oth scr	N					
0833T	Dgtz gls mcrcsc cytp oth prp	N					
0834T	Dgtz gls mcrcsc cytp oth xtn	N					
0835T	Dgtz gls mcrcsc fna 1st ea	N					
0836T	Dgtz gls mcrcsc fna ea addl	N					
0837T	Dgtz gls mcrcsc fna i&r	N					
0838T	Dgtz gls mcrcsc cslt sld els	N					
0839T	Dgtz gls mcrcsc cslt mat prp	N					
0840T	Dgtz gls mcrcsc cslt compre	N					
0841T	Dgtz gls mcrcsc pth cslt 1st	N					
0842T	Dgtz gls mcrcsc pth cslt ea	N					
0843T	Dgtz gls mcrcsc cslt cyt 1st	N					
0844T	Dgtz gls mcrcsc cslt cyt ea	N					
0845T	Dgtz gls mcrcsc imfluor 1st	N					
0846T	Dgtz gls mcrcsc imfluor ea	N					
0847T	Dgtz gls mcrcsc xm arch tiss	N					
0848T	Dgtz gls mcrcsc ish 1st	N					
0849T	Dgtz gls mcrcsc ish ea adl 1	N					
0850T	Dgtz gls mcrcsc ish ea mult	N					
0851T	Dgtz gls mcrcsc mphmtrc 1st	N					
0852T	Dgtz gls mcrcsc mphmtrc ea 1	N					
0853T	Dgtz gls mcrcsc mphmtrc ea m	N					
0854T	Dgtz gls mcrcsc bld smr prph	N					
0855T	Dgtz gls mcrcsc b1 marow smr	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0856T	Dgtz gls mcrscp electron mic	N					
0857T	Opto-acoustic img breast uni	S		5522	Level 2 Imaging without Contrast	1.1926	
0858T	Ext trnscranl mag stimj meas	E1					
0859T	Ncntc ifr spctrsc o/t pad ea	N					
0860T	Ncntc ifr spctrsc scr pad	E1					
0861T	Rmvl pg wcs lv both compnt	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
0862T	Rlcj pg wcs lv battery only	T		5054	Level 4 Skin Procedures	20.5142	
0863T	Rlcj pg wcs lv trnsmtr only	T		5054	Level 4 Skin Procedures	20.5142	
0864T	Low ntsty eswt corpus cvrnsm	T		5371	Level 1 Urology and Related Services	2.7275	
0865T	Quan mri alys brn w/o dx mri	S		5523	Level 3 Imaging without Contrast	2.7108	
0866T	Quan mri alys brn w/dx mri	S		5523	Level 3 Imaging without Contrast	2.7108	
0867T	Tpla b9 prst8 hyprplsa>=50ml	J1	E1				
0868T	Hi-res gastric ep mapping	S	E1				
0869T	Njx b1 sub mtrl hw fixj aug	J1	E1				
0870T	Imp subq prtl ascts pmp sys	E2					
0871T	Rplcmt subq prtl ascites pmp	E2					
0872T	Rplcmt ndwlg bldr&prtl cath	E2					
0873T	Revj subq prtl asct pmp sys	E2					
0874T	Rmvl pertl ascites pmp sys	E2					
0875T	Prgm subq prtl asct pmp sys	E2					
0876T	Duplex scan hemo fstl lmtl	E1					
0877T	Augmnt alys ch ct ild w/o ct	S	E1				
0878T	Augmnt alys ch ct ild w/ct	S	E1				
0879T	Augmnt alys ch ct ild prep	N	E1				
0880T	Augmnt alys ch ct ild i&r	M					
0881T	Cryotherapy oral cavity	Q1	E1				
0882T	Intraop ther estim pn ue 1st	N	E1				
0883T	Intraop ther estim pn ue ea	N	E1				
0884T	Esphgsc flx 1st tndsc dilat	J1	E1				
0885T	Colsc flx 1st tndsc dilat	J1	E1				
0886T	Sgmdsc flx 1st tndsc dilat	J1	E1				
0887T	End-tidal ctrl inhaled anes	N	E1				
0888T	Histotripsy mal renal tissue	S	E1				
0889T	Prsnlz trgt dvl arhfcmrigtbs	S	E1				
0890T	Arhfcmrigtbs 1st tx day	S	E1				
0891T	Arhfcmrigtbs sbsq tx day	S	E1				
0892T	Arhfcmrigtbs sbsq per tx day	S	E1				
0893T	N-invas assmt bld oxygnation	Q1	E1				
0894T	Cannulation liver allograft	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0895T	Connj lvr algrft prfu dev 1	C					
0896T	Connj lvr algrft prfu dev ea	C					
0897T	N-invas augmnt arrhyt alys	S	E1				
0898T	N-invas prst8 cancer est map	S	E1				
0899T	N-invas deter aqmbf aug cmr	E1					
0900T	N-invas est aqmbf asstv cmr	E1					
0901T	Plmt bone marrow smplg port	E1					
0902T	Qtc ntrvl augmnt alg aly ecg	Q1	E1				
0903T	Ecg alg 12 lead reduced i&r	M	E1				
0904T	Ecg alg 12 ld rdcld trcg only	Q1	E1				
0905T	Ecg alg 12 ld rdcld i&r only	M	E1				
0906T	Coms ther 1st appl<=50 sq cm	S	E1				
0907T	Coms ther ea addl<=50 sq cm	N	E1				
0908T	Opn imp int nstm sys vgs nrv	E1					
0909T	Rplcmt int nstim sys vgs nrv	E1					
0910T	Rmvl int nstim sys vagus nrv	E1					
0911T	Elec aly nstm sys vgs nrv wo	E1					
0912T	Elec alys nstim sys vgs smpl	E1					
0913T	Prq tcatt ther rx ntrac balo1	J1		5192	Level 2 Endovascular Procedures	63.9406	
0914T	Prq tcatt thr rx ntrc bal sep	N					
0915T	Insj perm ccm-d sys pg&eltrd	J1		5232	Level 2 ICD and Similar Procedures	359.5597	
0916T	Insj perm ccm-d sys pg only	J1		5231	Level 1 ICD and Similar Procedures	251.7264	
0917T	Insj perm ccm-d sys 1 lead	J1		5222	Level 2 Pacemaker and Similar Procedures	92.8123	
0918T	Insj perm ccm-d sys dual ld	J1		5222	Level 2 Pacemaker and Similar Procedures	92.8123	
0919T	Rmvl perm ccm-d sys pg only	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
0920T	Rmvl perm ccm-d sys 1 pac ld	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
0921T	Rmvl perm ccm-d sys 1 dfb ld	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
0922T	Rmvl perm ccm-d sys dual ld	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
0923T	Rmvl&rplcmt perm ccm-d pg	J1		5231	Level 1 ICD and Similar Procedures	251.7264	
0924T	Rpos prv ccm-d trnsvns eltrd	T		5181	Level 1 Vascular Procedures	6.9336	
0925T	Rlcj skin pocket ccm-d pg	T		5054	Level 4 Skin Procedures	20.5142	
0926T	Prgrmg dev eval ccm-d ip	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
0927T	Interrog dev eval ccm-d ip	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
0928T	Rem interrog dev ccm-d phys	M					
0929T	Rem interrog dev ccm-d tech	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
0930T	Ephys eval ccm-d ld 1st impl	J1		5211	Level 1 Electrophysiologic Procedures	13.6145	
0931T	Ephys eval ccm-d ld separate	J1		5211	Level 1 Electrophysiologic Procedures	13.6145	
0932T	N-invs det hrt fail aug echo	S	E1				
0933T	Tcat impl wrls l atr prs snr	J1	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0934T	Rem mntr wrls l atr prs snr	M	E1				
0935T	Cysto w/rnl pel symp dnrvtj	E1					
0936T	Photobiomodulation ther rta	E1					
0937T	Xtrnl ecg rec>15d<30d	E1					
0938T	Xtrnl ecg rec>15d<30d rec	E1					
0939T	Xtrnl ecg rec>15d<30d scan	E1					
0940T	Xtrnl ecg rec>15d<30d r&i	E1					
0941T	Cysto flx ins&xpns urtl scaf	E1					
0942T	Cysto flx rmv&rplc urtl scaf	E1					
0943T	Cysto flx rmvl urtl scaffold	E1					
0944T	3d cntr simula trgt lvr les	Q1		5523	Level 3 Imaging without Contrast	2.7108	
0945T	Intraop assmt abnl tum tiss	E1					
0946T	Ortho impl mvmt alys pair ct	S		5522	Level 2 Imaging without Contrast	1.1926	
0947T	Mrgfus strtctc bl-br disrpj	E1					
0948T	Rem interrog dev ccm phys	M	E1				
0949T	Rem interrog dev ccm tech	Q1	E1				
0950T	Abltj b9 prst8 tissue hifu	J1	E1				
0951T	Tot impl amei 1st plmt	E1					
0952T	Tot impl amei rev/rplc mstdc	E1					
0953T	Tot impl amei rev/rplc w/o	E1					
0954T	Tot impl amei rplc snd proc	E1					
0955T	Tot impl amei removal	E1					
0956T	Prt crn ch cr&tun elt s-sclp	S	E1				
0957T	Rev s-sclp eltr ra rcvr&tlmt	J1	E1				
0958T	Rmv s-sclp eltr ra rcvr&tlmt	J1	E1				
0959T	Rmv/rplc magnet coil assem	Q2	E1				
0960T	Rpl s-sclp eltr ra rcvr&tlmt	S	E1				
0961T	Shortwave ifr radiation img	N	E1				
0962T	Asstv alg alys acous&ecg rec	S	E1				
0963T	Anosc sbmcsf njx bulking agt	T	E1				
0964T	I&cust prep jaw xpnsj 1arch	J1	E1				
0965T	I&cust prp jw xpn dl arch non	J1	E1				
0966T	I&cust prp jw xpn dl arch fxd	J1	E1				
0967T	Tranal ins tmp clrc anst dev	T	E1				
0968T	Insj/rplcmt epcrnl nstim sys	E1					
0969T	Removal epicranial nstim sys	E1					
0970T	Ablt b9 brst tum perq lsr ea	J1	E1				
0971T	Ablt mal brst tum pq lsr uni	J1	E1				
0972T	Asstv alg clsfctn burn hlg	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

0973T	Slctv nzmtc dbrdmt t/a/l 1st	T	E1				
0974T	Slctv nzmtc dbrdmt t/a/l ea	N	E1				
0975T	Slctv nzmtc dbrdmt s/n/hf 1	T	E1				
0976T	Slctv nzmtc dbrdmt s/n/hf ea	N	E1				
0977T	Upr gi bld detcj snr capsule	T	E1				
0978T	Submucosal cryolysis therapy	E1					
0979T	Sbmcsl crylys ther sft palt	E1					
0980T	Sbmcsl crylys ther tng&tnsl	E1					
0981T	Tcat impl wrls ivc snr	J1	E1				
0982T	Rem mntr impl ivc snr set-up	V	E1				
0983T	Rem mntr impl ivc snr phys	Q1	E1				
0984T	Iv img xtrc cere vsl oct 1st	N	E1				
0985T	Iv img xtrc cere vsl oct ea	N	E1				
0986T	Iv img icr cere vsl oct 1st	N	E1				
0987T	Iv img icr cere vsl oct ea	N	E1				
10004	Fna bx w/o img gdn ea addl	N					
10005	Fna bx w/us gdn 1st les	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
10006	Fna bx w/us gdn ea addl	N					
10007	Fna bx w/fluor gdn 1st les	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
10008	Fna bx w/fluor gdn ea addl	N					
10009	Fna bx w/ct gdn 1st les	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
1000F	Tobacco use assessed	E1					
10010	Fna bx w/ct gdn ea addl	N					
10011	Fna bx w/mr gdn 1st les	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
10012	Fna bx w/mr gdn ea addl	N					
10021	Fna bx w/o img gdn 1st les	T		5052	Level 2 Skin Procedures	4.4806	
1002F	Assess anginal symptom/level	E1					
10030	Guide cathet fluid drainage	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
10035	Perq dev soft tiss 1st imag	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
10036	Perq dev soft tiss add imag	N					
1003F	Level of activity assess	E1					
10040	Acne surgery	Q1		5051	Level 1 Skin Procedures	2.2284	
1004F	Clin symp vol ovrlid assess	E1					
1005F	Asthma symptoms evaluate	E1					
10060	Drainage of skin abscess	T		5051	Level 1 Skin Procedures	2.2284	
10061	Drainage of skin abscess	T		5052	Level 2 Skin Procedures	4.4806	
1006F	Osteoarthritis assess	E1					
1007F	Anti-inflm/anglsc otc assess	E1					
10080	Drainage of pilonidal cyst	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

10081	Drainage of pilonidal cyst	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
1008F	Gi/renal risk assess	E1					
1010F	Severity angina by actvty	E1					
1011F	Angina present	E1					
10120	Remove foreign body	T		5052	Level 2 Skin Procedures	4.4806	
10121	Remove foreign body	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
1012F	Angina absent	E1					
10140	Drainage of hematoma/fluid	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
1015F	Copd symptoms assess	E1					
10160	Puncture drainage of lesion	T		5052	Level 2 Skin Procedures	4.4806	
10180	Complex drainage wound	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
1018F	Assess dyspnea not present	E1					
1019F	Assess dyspnea present	E1					
1022F	Pneumo imm status assess	E1					
1026F	Co-morbid condition assess	E1					
1030F	Influenza imm status assess	E1					
1031F	Smoking & 2nd hand assessed	E1					
1032F	Smoker/exposed 2nd hnd smoke	E1					
1033F	Tobacco nonsmoker nor 2ndhnd	E1					
1034F	Current tobacco smoker	E1					
1035F	Smokeless tobacco user	E1					
1036F	Tobacco non-user	M					
1038F	Persistent asthma	M					
1039F	Intermittent asthma	M					
1040F	Dsm-5 info mdd docd	E1					
1050F	History of mole changes	E1					
1052F	Type location activityassess	E1					
1055F	Visual funct status assess	E1					
1060F	Doc perm/cont/parox atr fib	E1					
1061F	Doc lack perm&cont&parox fib	E1					
1065F	Ischm stroke symp lt3 hrsb/4	E1					
1066F	Ischm stroke symp ge3 hrsb/4	E1					
1070F	Alarm symp assessed-absent	E1					
1071F	Alarm symp assessed-1+ prsnt	E1					
1090F	Pres/absn urine incon assess	M					
1091F	Urine incon characterized	E1					
11000	Debride infected skin	T		5053	Level 3 Skin Procedures	6.8648	
11001	Debride infected skin add-on	N					
11004	Debride genitalia & perineum	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

11005	Debride abdom wall	C					
11006	Debride genit/per/abdom wall	C					
11008	Remove mesh from abd wall	C					
1100F	Ptfalls assess-docd ge2>/yr	M					
11010	Debride skin at fx site	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11011	Debride skin musc at fx site	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11012	Deb skin bone at fx site	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
1101F	Pt falls assess-docd le1/yr	E1					
11042	Deb subq tissue 20 sq cm/<	T		5052	Level 2 Skin Procedures	4.4806	
11043	Deb musc/fascia 20 sq cm/<	T		5053	Level 3 Skin Procedures	6.8648	
11044	Deb bone 20 sq cm/<	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11045	Deb subq tissue add-on	N					
11046	Deb musc/fascia add-on	N					
11047	Deb bone add-on	N					
11055	Trim skin lesion	Q1		5051	Level 1 Skin Procedures	2.2284	
11056	Trim skin lesions 2 to 4	Q1		5051	Level 1 Skin Procedures	2.2284	
11057	Trim skin lesions over 4	T		5051	Level 1 Skin Procedures	2.2284	
11102	Tangntl bx skin single les	T		5051	Level 1 Skin Procedures	2.2284	
11103	Tangntl bx skin ea sep/addl	N					
11104	Punch bx skin single lesion	T		5052	Level 2 Skin Procedures	4.4806	
11105	Punch bx skin ea sep/addl	N					
11106	Incal bx skn single les	T		5053	Level 3 Skin Procedures	6.8648	
11107	Incal bx skn ea sep/addl	N					
1110F	Pt lft inpt fac w/in 60 days	E1					
1111F	Dschrg med/current med merge	E1					
1116F	Auric/peri pain assessed	E1					
1118F	Gerd symps assessed 12 month	E1					
1119F	Init eval for condition	E1					
11200	Removal of skin tags <w/15	Q1		5051	Level 1 Skin Procedures	2.2284	
11201	Remove skin tags add-on	N					
1121F	Subs eval for condition	E1					
1123F	Acp discuss/dscn mkr docd	M					
1124F	Acp discuss-no dscnmkr docd	M					
1125F	Amnt pain noted pain prsnt	M					
1126F	Amnt pain noted none prsnt	M					
1127F	New episode for condition	E1					
1128F	Subs episode for condition	E1					
11300	Shave skin lesion 0.5 cm/<	Q1		5052	Level 2 Skin Procedures	4.4806	
11301	Shave skin lesion 0.6-1.0 cm	Q1		5051	Level 1 Skin Procedures	2.2284	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

11302	Shave skin lesion 1.1-2.0 cm	Q1		5051	Level 1 Skin Procedures	2.2284	
11303	Shave skin lesion >2.0 cm	Q1		5052	Level 2 Skin Procedures	4.4806	
11305	Shave skin lesion 0.5 cm/<	Q1		5051	Level 1 Skin Procedures	2.2284	
11306	Shave skin lesion 0.6-1.0 cm	Q1		5051	Level 1 Skin Procedures	2.2284	
11307	Shave skin lesion 1.1-2.0 cm	T		5051	Level 1 Skin Procedures	2.2284	
11308	Shave skin lesion >2.0 cm	Q1		5052	Level 2 Skin Procedures	4.4806	
1130F	Bk pain & fxn assessed	E1					
11310	Shave skin lesion 0.5 cm/<	T		5051	Level 1 Skin Procedures	2.2284	
11311	Shave skin lesion 0.6-1.0 cm	T		5051	Level 1 Skin Procedures	2.2284	
11312	Shave skin lesion 1.1-2.0 cm	T		5052	Level 2 Skin Procedures	4.4806	
11313	Shave skin lesion >2.0 cm	T		5052	Level 2 Skin Procedures	4.4806	
1134F	Epsd bk pain for 6 wks/<	E1					
1135F	Epsd bk pain for >6 wks	E1					
1136F	Epsd bk pain for 12 wks/<	E1					
1137F	Epsd bk pain for >12 wks	E1					
11400	Exc tr-ext b9+marg 0.5 cm<	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11401	Exc tr-ext b9+marg 0.6-1 cm	T		5052	Level 2 Skin Procedures	4.4806	
11402	Exc tr-ext b9+marg 1.1-2 cm	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11403	Exc tr-ext b9+marg 2.1-3cm	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11404	Exc tr-ext b9+marg 3.1-4 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11406	Exc tr-ext b9+marg >4.0 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11420	Exc h-f-nk-sp b9+marg 0.5/<	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11421	Exc h-f-nk-sp b9+marg 0.6-1	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11422	Exc h-f-nk-sp b9+marg 1.1-2	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11423	Exc h-f-nk-sp b9+marg 2.1-3	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11424	Exc h-f-nk-sp b9+marg 3.1-4	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11426	Exc h-f-nk-sp b9+marg >4 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11440	Exc face-mm b9+marg 0.5 cm/<	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11441	Exc face-mm b9+marg 0.6-1 cm	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11442	Exc face-mm b9+marg 1.1-2 cm	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11443	Exc face-mm b9+marg 2.1-3 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11444	Exc face-mm b9+marg 3.1-4 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11446	Exc face-mm b9+marg >4 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11450	Removal sweat gland lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11451	Removal sweat gland lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11462	Removal sweat gland lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11463	Removal sweat gland lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11470	Removal sweat gland lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11471	Removal sweat gland lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

1150F	Doc pt rsk death w/in 1yr	E1					
1151F	Doc no pt rsk death w/in 1yr	E1					
1152F	Doc advncd dis comfort 1st	E1					
1153F	Doc advncd dis cmfrt not 1st	E1					
1157F	Advnc care plan in rcrd	E1					
1158F	Advnc care plan tlk docd	M					
1159F	Med list docd in rcrd	E1					
11600	Exc tr-ext mal+marg 0.5 cm/<	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11601	Exc tr-ext mal+marg 0.6-1 cm	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11602	Exc tr-ext mal+marg 1.1-2 cm	T		5052	Level 2 Skin Procedures	4.4806	
11603	Exc tr-ext mal+marg 2.1-3 cm	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11604	Exc tr-ext mal+marg 3.1-4 cm	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11606	Exc tr-ext mal+marg >4 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
1160F	Rvw meds by rx/dr in rcrd	E1					
11620	Exc h-f-nk-sp mal+marg 0.5/<	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11621	Exc s/n/h/f/g mal+mrg 0.6-1	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11622	Exc s/n/h/f/g mal+mrg 1.1-2	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11623	Exc s/n/h/f/g mal+mrg 2.1-3	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11624	Exc s/n/h/f/g mal+mrg 3.1-4	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11626	Exc s/n/h/f/g mal+mrg >4 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11640	Exc f/e/e/n/l mal+mrg 0.5cm<	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11641	Exc f/e/e/n/l mal+mrg 0.6-1	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11642	Exc f/e/e/n/l mal+mrg 1.1-2	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11643	Exc f/e/e/n/l mal+mrg 2.1-3	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11644	Exc f/e/e/n/l mal+mrg 3.1-4	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
11646	Exc f/e/e/n/l mal+mrg >4 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
1170F	Fxn/ status assessed	M					
11719	Trim nail(s) any number	Q1	E1				
11720	Debride nail 1-5	Q1		5733	Level 3 Minor Procedures	0.6661	
11721	Debride nail 6 or more	Q1		5733	Level 3 Minor Procedures	0.6661	
11730	Removal of nail plate	Q1		5051	Level 1 Skin Procedures	2.2284	
11732	Remove nail plate add-on	N					
11740	Drain blood from under nail	Q1		5734	Level 4 Minor Procedures	1.4456	
11750	Removal of nail bed	T		5052	Level 2 Skin Procedures	4.4806	
11755	Biopsy nail unit	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
1175F	Function stat assessed rwd	E1					
11760	Repair of nail bed	T		5053	Level 3 Skin Procedures	6.8648	
11762	Reconstruction of nail bed	T		5054	Level 4 Skin Procedures	20.5142	
11765	Excision of nail fold toe	Q1		5052	Level 2 Skin Procedures	4.4806	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

11770	Remove pilonidal cyst simple	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11771	Remove pilonidal cyst exten	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11772	Remove pilonidal cyst compl	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
1180F	Thromboemb risk assessed	E1					
1181F	Neuropsychia sympts assessed	E1					
1182F	Neuropsychi sympt 1+present	E1					
1183F	Neuropsychiatric symp absent	E1					
11900	Inject skin lesions </w 7	Q1		5051	Level 1 Skin Procedures	2.2284	
11901	Inject skin lesions >7	Q1		5051	Level 1 Skin Procedures	2.2284	
11920	Correct skin color 6.0 cm/<	T		5053	Level 3 Skin Procedures	6.8648	
11921	Correct skn color 6.1-20.0cm	T		5053	Level 3 Skin Procedures	6.8648	
11922	Correct skin color ea 20.0cm	N					
11950	Tx contour defects 1 cc/<	T		5051	Level 1 Skin Procedures	2.2284	
11951	Tx contour defects 1.1-5.0cc	T		5053	Level 3 Skin Procedures	6.8648	
11952	Tx contour defects 5.1-10cc	T		5053	Level 3 Skin Procedures	6.8648	
11954	Tx contour defects >10.0 cc	T		5053	Level 3 Skin Procedures	6.8648	
11960	Insert tissue expander(s)	T		5055	Level 5 Skin Procedures	41.0565	
11970	Rplcmt tiss xpndr perm implt	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
11971	Rmvl tis xpndr wo insj implt	Q2		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
11976	Remove contraceptive capsule	Q2		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
11980	Implant hormone pellet(s)	Q1		5735	Level 5 Minor Procedures	4.4751	
11981	Insertion drug dlvr implant	Q1		5734	Level 4 Minor Procedures	1.4456	
11982	Remove drug implant device	Q1		5735	Level 5 Minor Procedures	4.4751	
11983	Remove/insert drug implant	Q1		5735	Level 5 Minor Procedures	4.4751	
12001	Rpr s/n/ax/gen/trnk 2.5cm/<	Q1		5051	Level 1 Skin Procedures	2.2284	
12002	Rpr s/n/ax/gen/trnk2.6-7.5cm	Q1		5051	Level 1 Skin Procedures	2.2284	
12004	Rpr s/n/ax/gen/trk7.6-12.5cm	Q1		5051	Level 1 Skin Procedures	2.2284	
12005	Rpr s/n/a/gen/trk12.6-20.0cm	Q1		5052	Level 2 Skin Procedures	4.4806	
12006	Rpr s/n/a/gen/trk20.1-30.0cm	Q2		5052	Level 2 Skin Procedures	4.4806	
12007	Rpr s/n/ax/gen/trnk >30.0 cm	T		5051	Level 1 Skin Procedures	2.2284	
1200F	Seizure type& frequ docd	E1					
12011	Rpr f/e/e/n/l/m 2.5 cm/<	Q1		5051	Level 1 Skin Procedures	2.2284	
12013	Rpr f/e/e/n/l/m 2.6-5.0 cm	Q1		5051	Level 1 Skin Procedures	2.2284	
12014	Rpr f/e/e/n/l/m 5.1-7.5 cm	Q1		5051	Level 1 Skin Procedures	2.2284	
12015	Rpr f/e/e/n/l/m 7.6-12.5 cm	Q1		5051	Level 1 Skin Procedures	2.2284	
12016	Rpr fe/e/en/l/m 12.6-20.0 cm	Q1		5052	Level 2 Skin Procedures	4.4806	
12017	Rpr fe/e/en/l/m 20.1-30.0 cm	Q1		5052	Level 2 Skin Procedures	4.4806	
12018	Rpr f/e/e/n/l/m >30.0 cm	Q1		5051	Level 1 Skin Procedures	2.2284	
12020	Closure of split wound	T		5053	Level 3 Skin Procedures	6.8648	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

12021	Closure of split wound	T		5052	Level 2 Skin Procedures	4.4806	
12031	Intmd rpr s/a/t/ext 2.5 cm/<	T		5052	Level 2 Skin Procedures	4.4806	
12032	Intmd rpr s/a/t/ext 2.6-7.5	T		5052	Level 2 Skin Procedures	4.4806	
12034	Intmd rpr s/tr/ext 7.6-12.5	T		5052	Level 2 Skin Procedures	4.4806	
12035	Intmd rpr s/a/t/ext 12.6-20	T		5052	Level 2 Skin Procedures	4.4806	
12036	Intmd rpr s/a/t/ext 20.1-30	T		5053	Level 3 Skin Procedures	6.8648	
12037	Intmd rpr s/tr/ext >30.0 cm	T		5054	Level 4 Skin Procedures	20.5142	
12041	Intmd rpr n-hf/genit 2.5cm/<	Q2		5052	Level 2 Skin Procedures	4.4806	
12042	Intmd rpr n-hf/genit2.6-7.5	T		5052	Level 2 Skin Procedures	4.4806	
12044	Intmd rpr n-hf/genit7.6-12.5	T		5053	Level 3 Skin Procedures	6.8648	
12045	Intmd rpr n-hf/genit12.6-20	T		5053	Level 3 Skin Procedures	6.8648	
12046	Intmd rpr n-hf/genit20.1-30	T		5053	Level 3 Skin Procedures	6.8648	
12047	Intmd rpr n-hf/genit >30.0cm	T		5054	Level 4 Skin Procedures	20.5142	
12051	Intmd rpr face/mm 2.5 cm/<	T		5052	Level 2 Skin Procedures	4.4806	
12052	Intmd rpr face/mm 2.6-5.0 cm	T		5052	Level 2 Skin Procedures	4.4806	
12053	Intmd rpr face/mm 5.1-7.5 cm	T		5052	Level 2 Skin Procedures	4.4806	
12054	Intmd rpr face/mm 7.6-12.5cm	Q2		5052	Level 2 Skin Procedures	4.4806	
12055	Intmd rpr face/mm 12.6-20 cm	T		5052	Level 2 Skin Procedures	4.4806	
12056	Intmd rpr face/mm 20.1-30.0	Q2		5052	Level 2 Skin Procedures	4.4806	
12057	Intmd rpr face/mm >30.0 cm	T		5052	Level 2 Skin Procedures	4.4806	
1205F	Epi etiol synd rvwd and docd	E1					
1220F	Pt screened for depression	E1					
13100	Cmplx rpr trunk 1.1-2.5 cm	T		5053	Level 3 Skin Procedures	6.8648	
13101	Cmplx rpr trunk 2.6-7.5 cm	T		5053	Level 3 Skin Procedures	6.8648	
13102	Cmplx rpr trunk addl 5cm/<	N					
13120	Cmplx rpr s/a/l 1.1-2.5 cm	T		5053	Level 3 Skin Procedures	6.8648	
13121	Cmplx rpr s/a/l 2.6-7.5 cm	T		5053	Level 3 Skin Procedures	6.8648	
13122	Cmplx rpr s/a/l addl 5 cm/>	N					
13131	Cmplx rpr f/c/c/m/n/ax/g/h/f	T		5052	Level 2 Skin Procedures	4.4806	
13132	Cmplx rpr f/c/c/m/n/ax/g/h/f	T		5053	Level 3 Skin Procedures	6.8648	
13133	Cmplx rpr f/c/c/m/n/ax/g/h/f	N					
13151	Cmplx rpr e/n/e/l 1.1-2.5 cm	T		5053	Level 3 Skin Procedures	6.8648	
13152	Cmplx rpr e/n/e/l 2.6-7.5 cm	T		5053	Level 3 Skin Procedures	6.8648	
13153	Cmplx rpr e/n/e/l addl 5cm/<	N					
13160	Late closure of wound	T		5054	Level 4 Skin Procedures	20.5142	
14000	Tis trnfr trunk 10 sq cm/<	T		5054	Level 4 Skin Procedures	20.5142	
14001	Tis trnfr trunk 10.1-30sqcm	T		5054	Level 4 Skin Procedures	20.5142	
1400F	Prkns diag rvieued	E1					
14020	Tis trnfr s/a/l 10 sq cm/<	T		5054	Level 4 Skin Procedures	20.5142	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

14021	Tis trnfr s/a/l 10.1-30 sqcm	T		5054	Level 4 Skin Procedures	20.5142	
14040	Tis trnfr f/c/c/m/n/a/g/h/f	T		5054	Level 4 Skin Procedures	20.5142	
14041	Tis trnfr f/c/c/m/n/a/g/h/f	T		5054	Level 4 Skin Procedures	20.5142	
14060	Tis trnfr e/n/e/l 10 sq cm/<	T		5054	Level 4 Skin Procedures	20.5142	
14061	Tis trnfr e/n/e/l10.1-30sqcm	T		5054	Level 4 Skin Procedures	20.5142	
14301	Tis trnfr any 30.1-60 sq cm	T		5055	Level 5 Skin Procedures	41.0565	
14302	Tis trnfr addl 30 sq cm	N					
14350	Filleted finger/toe flap	T		5054	Level 4 Skin Procedures	20.5142	
1450F	Symptoms improved/consist	E1					
1451F	Sympt show clin import drop	E1					
1460F	Qual card diag prior 12 mons	M					
1461F	No qual card diag prior12mon	M					
1490F	Dem severity classified mild	E1					
1491F	Dem severity classified mod	E1					
1493F	Dem severity class severe	E1					
1494F	Cognit assessed and reviewed	E1					
15002	Wound prep trk/arm/leg	T		5054	Level 4 Skin Procedures	20.5142	
15003	Wound prep addl 100 cm	N					
15004	Wound prep f/n/hf/g	T		5053	Level 3 Skin Procedures	6.8648	
15005	Wnd prep f/n/hf/g addl cm	N					
1500F	Symptom&sign symm polyneuro	E1					
15011	Hrv skn cll ssp agrft 1st 25	T		5054	Level 4 Skin Procedures	20.5142	
15012	Hrv skn cll ssp agrft ea add	N					
15013	Prepj skn cll ssp agrft 1st	S		1532	New Technology - Level 32 (\$7001-\$7500)	81.3119	
15014	Prepj skn cll ssp agrft ea	N					
15015	App skn cl ssp agrft t/a/l 1	T		5054	Level 4 Skin Procedures	20.5142	
15016	App skn cl ssp agrf t/a/l ea	N					
15017	App skn cll ssp f/n/g/hf 1st	T		5054	Level 4 Skin Procedures	20.5142	
15018	App skn cll ssp f/n/g/hf ea	N					
1501F	Not initial eval for cond	E1					
1502F	Pt queried pain fxn w/ instr	E1					
1503F	Pt queried symp resp insuff	E1					
15040	Harvest cultured skin graft	T		5054	Level 4 Skin Procedures	20.5142	
1504F	Pt has resp insufficiency	E1					
15050	Skin pinch graft	T		5053	Level 3 Skin Procedures	6.8648	
1505F	Pt has no resp insufficiency	E1					
15100	Skin splt grft trnk/arm/leg	T		5054	Level 4 Skin Procedures	20.5142	
15101	Skin splt grft t/a/l add-on	N					
15110	Epidrm autogrft trnk/arm/leg	T		5054	Level 4 Skin Procedures	20.5142	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

15111	Epidrm autogrft t/a/l add-on	N					
15115	Epidrm a-grft face/nck/hf/g	T		5054	Level 4 Skin Procedures	20.5142	
15116	Epidrm a-grft f/n/hf/g addl	N					
15120	Skn splt a-grft fac/nck/hf/g	T		5055	Level 5 Skin Procedures	41.0565	
15121	Skn splt a-grft f/n/hf/g add	N					
15130	Derm autograft trnk/arm/leg	T		5054	Level 4 Skin Procedures	20.5142	
15131	Derm autograft t/a/l add-on	N					
15135	Derm autograft face/nck/hf/g	T		5055	Level 5 Skin Procedures	41.0565	
15136	Derm autograft f/n/hf/g add	N					
15150	Cult skin grft t/arm/leg	T		5054	Level 4 Skin Procedures	20.5142	
15151	Cult skin grft t/a/l addl	N					
15152	Cult skin graft t/a/l +%	N					
15155	Cult skin graft f/n/hf/g	T		5055	Level 5 Skin Procedures	41.0565	
15156	Cult skin grft f/n/hfg add	N					
15157	Cult epiderm grft f/n/hfg +%	N					
15200	Skin full graft trunk	T		5054	Level 4 Skin Procedures	20.5142	
15201	Skin full graft trunk add-on	N					
15220	Skin full graft sclp/arm/leg	T		5054	Level 4 Skin Procedures	20.5142	
15221	Skin full graft add-on	N					
15240	Skin full grft face/genit/hf	T		5054	Level 4 Skin Procedures	20.5142	
15241	Skin full graft add-on	N					
15260	Skin full graft een & lips	T		5054	Level 4 Skin Procedures	20.5142	
15261	Skin full graft add-on	N					
15271	Skin sub graft trnk/arm/leg	T		5054	Level 4 Skin Procedures	20.5142	
15272	Skin sub graft t/a/l add-on	N					
15273	Skin sub grft t/arm/lg child	T		5055	Level 5 Skin Procedures	41.0565	
15274	Skn sub grft t/a/l child add	N					
15275	Skin sub graft face/nk/hf/g	T		5054	Level 4 Skin Procedures	20.5142	
15276	Skin sub graft f/n/hf/g addl	N					
15277	Skn sub grft f/n/hf/g child	T		5054	Level 4 Skin Procedures	20.5142	
15278	Skn sub grft f/n/hf/g ch add	N					
15570	Skin pedicle flap trunk	T		5054	Level 4 Skin Procedures	20.5142	
15572	Skin pedicle flap arms/legs	T		5055	Level 5 Skin Procedures	41.0565	
15574	Pedcle fh/ch/ch/m/n/ax/g/h/f	T		5054	Level 4 Skin Procedures	20.5142	
15576	Pedicle e/n/e/l/ntoral	T		5054	Level 4 Skin Procedures	20.5142	
15600	Delay flap trunk	T		5055	Level 5 Skin Procedures	41.0565	
15610	Delay flap arms/legs	T		5054	Level 4 Skin Procedures	20.5142	
15620	Delay flap f/c/c/n/ax/g/h/f	T		5054	Level 4 Skin Procedures	20.5142	
15630	Delay flap eye/nos/ear/lip	T		5054	Level 4 Skin Procedures	20.5142	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

15650	Transfer skin pedicle flap	T		5054	Level 4 Skin Procedures	20.5142	
15730	Mdfc flap w/prsrv vasc pedcl	T		5055	Level 5 Skin Procedures	41.0565	
15731	Forehead flap w/vasc pedicle	T		5055	Level 5 Skin Procedures	41.0565	
15733	Musc myoq/fscq flp h&n pedcl	T		5055	Level 5 Skin Procedures	41.0565	
15734	Muscle-skin graft trunk	T		5055	Level 5 Skin Procedures	41.0565	
15736	Muscle-skin graft arm	T		5054	Level 4 Skin Procedures	20.5142	
15738	Muscle-skin graft leg	T		5055	Level 5 Skin Procedures	41.0565	
15740	Island pedicle flap graft	T		5054	Level 4 Skin Procedures	20.5142	
15750	Neurovascular pedicle flap	T		5055	Level 5 Skin Procedures	41.0565	
15756	Free myo/skin flap microvasc	C					
15757	Free skin flap microvasc	C					
15758	Free fascial flap microvasc	C					
15760	Composite skin graft	T		5054	Level 4 Skin Procedures	20.5142	
15769	Grfg autol soft tiss dir exc	T		5055	Level 5 Skin Procedures	41.0565	
15770	Derma-fat-fascia graft	T		5055	Level 5 Skin Procedures	41.0565	
15771	Grfg autol fat lipo 50 cc/<	T		5055	Level 5 Skin Procedures	41.0565	
15772	Grfg autol fat lipo ea addl	N					
15773	Grfg autol fat lipo 25 cc/<	T		5054	Level 4 Skin Procedures	20.5142	
15774	Grfg autol fat lipo ea addl	N					
15775	Hair trnspl 1-15 punch grfts	T	E1				
15776	Hair trnspl >15 punch grafts	T	E1				
15777	Acellular derm matrix implt	N					
15778	Impl absrb msh/prsth dly cls	C					
15780	Dermabrasion total face	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15781	Dermabrasion segmental face	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
15782	Dermabrasion other than face	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15783	Dermabrasion suprfl any site	T		5052	Level 2 Skin Procedures	4.4806	
15786	Abrasion lesion single	Q1		5051	Level 1 Skin Procedures	2.2284	
15787	Abrasion lesions add-on	N					
15788	Chemical peel face epiderm	Q1		5052	Level 2 Skin Procedures	4.4806	
15789	Chemical peel face dermal	T		5053	Level 3 Skin Procedures	6.8648	
15792	Chemical peel nonfacial	Q1		5053	Level 3 Skin Procedures	6.8648	
15793	Chemical peel nonfacial	Q1		5052	Level 2 Skin Procedures	4.4806	
15820	Revision of lower eyelid	T		5054	Level 4 Skin Procedures	20.5142	
15821	Revision of lower eyelid	T		5054	Level 4 Skin Procedures	20.5142	
15822	Revision of upper eyelid	T		5054	Level 4 Skin Procedures	20.5142	
15823	Revision of upper eyelid	T		5054	Level 4 Skin Procedures	20.5142	
15824	Removal of forehead wrinkles	T		5054	Level 4 Skin Procedures	20.5142	
15825	Removal of neck wrinkles	T		5055	Level 5 Skin Procedures	41.0565	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

15826	Removal of brow wrinkles	T		5055	Level 5 Skin Procedures	41.0565	
15828	Removal of face wrinkles	T		5055	Level 5 Skin Procedures	41.0565	
15829	Removal of skin wrinkles	T		5055	Level 5 Skin Procedures	41.0565	
15830	Exc skin abd	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
15832	Excise excessive skin thigh	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15833	Excise excessive skin leg	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15834	Excise excessive skin hip	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15835	Excise excessive skin buttck	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15836	Excise excessive skin arm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15837	Excise excess skin arm/hand	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15838	Excise excess skin fat pad	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15839	Excise excess skin & tissue	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15840	Nerve palsy fascial graft	T		5055	Level 5 Skin Procedures	41.0565	
15841	Nerve palsy muscle graft	T		5055	Level 5 Skin Procedures	41.0565	
15842	Nerve palsy microsurg graft	T		5054	Level 4 Skin Procedures	20.5142	
15845	Skin and muscle repair face	T		5055	Level 5 Skin Procedures	41.0565	
15847	Exc skin abd add-on	N	E1				
15851	Removal sutr/staple req anes	T		5054	Level 4 Skin Procedures	20.5142	
15852	Dressing change not for burn	Q1		5053	Level 3 Skin Procedures	6.8648	
15853	Removal sutr/stapl xreq anes	N					
15854	Removal sutr&stapl xreq anes	N					
15860	Test for blood flow in graft	Q1		5735	Level 5 Minor Procedures	4.4751	
15876	Suction lipectomy head&neck	T		5055	Level 5 Skin Procedures	41.0565	
15877	Suction lipectomy trunk	T		5055	Level 5 Skin Procedures	41.0565	
15878	Suction lipectomy upr extrem	T		5054	Level 4 Skin Procedures	20.5142	
15879	Suction lipectomy lwr extrem	T		5055	Level 5 Skin Procedures	41.0565	
15920	Removal of tail bone ulcer	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15922	Removal of tail bone ulcer	T		5055	Level 5 Skin Procedures	41.0565	
15931	Remove sacrum pressure sore	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15933	Remove sacrum pressure sore	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15934	Remove sacrum pressure sore	T		5055	Level 5 Skin Procedures	41.0565	
15935	Remove sacrum pressure sore	T		5055	Level 5 Skin Procedures	41.0565	
15936	Remove sacrum pressure sore	T		5054	Level 4 Skin Procedures	20.5142	
15937	Remove sacrum pressure sore	T		5054	Level 4 Skin Procedures	20.5142	
15940	Remove hip pressure sore	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15941	Remove hip pressure sore	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15944	Remove hip pressure sore	T		5055	Level 5 Skin Procedures	41.0565	
15945	Remove hip pressure sore	T		5054	Level 4 Skin Procedures	20.5142	
15946	Remove hip pressure sore	T		5054	Level 4 Skin Procedures	20.5142	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

15950	Remove thigh pressure sore	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
15951	Remove thigh pressure sore	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
15952	Remove thigh pressure sore	T		5054	Level 4 Skin Procedures	20.5142	
15953	Remove thigh pressure sore	T		5055	Level 5 Skin Procedures	41.0565	
15956	Remove thigh pressure sore	T		5054	Level 4 Skin Procedures	20.5142	
15958	Remove thigh pressure sore	T		5055	Level 5 Skin Procedures	41.0565	
15999	Unlisted px exc pressure ulc	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
16000	Initial treatment of burn(s)	Q1		5051	Level 1 Skin Procedures	2.2284	
16020	Dress/debrid p-thick burn s	Q1		5051	Level 1 Skin Procedures	2.2284	
16025	Dress/debrid p-thick burn m	T		5051	Level 1 Skin Procedures	2.2284	
16030	Dress/debrid p-thick burn l	T		5052	Level 2 Skin Procedures	4.4806	
16035	Incision of burn scab initi	T		5052	Level 2 Skin Procedures	4.4806	
16036	Escharotomy addl incision	C					
17000	Destruct premalg lesion	Q1		5051	Level 1 Skin Procedures	2.2284	
17003	Destruct premalg les 2-14	N					
17004	Destroy premal lesions 15/>	T		5052	Level 2 Skin Procedures	4.4806	
17106	Destruction of skin lesions	T		5052	Level 2 Skin Procedures	4.4806	
17107	Destruction of skin lesions	T		5053	Level 3 Skin Procedures	6.8648	
17108	Destruction of skin lesions	T		5054	Level 4 Skin Procedures	20.5142	
17110	Destruct b9 lesion 1-14	Q1		5051	Level 1 Skin Procedures	2.2284	
17111	Destruct lesion 15 or more	Q1		5051	Level 1 Skin Procedures	2.2284	
17250	Chem caut of granltj tissue	Q1		5051	Level 1 Skin Procedures	2.2284	
17260	Destruction of skin lesions	Q1		5051	Level 1 Skin Procedures	2.2284	
17261	Destruction of skin lesions	Q1		5051	Level 1 Skin Procedures	2.2284	
17262	Destruction of skin lesions	Q1		5051	Level 1 Skin Procedures	2.2284	
17263	Destruction of skin lesions	Q1		5051	Level 1 Skin Procedures	2.2284	
17264	Destruction of skin lesions	T		5052	Level 2 Skin Procedures	4.4806	
17266	Destruction of skin lesions	T		5052	Level 2 Skin Procedures	4.4806	
17270	Destruction of skin lesions	T		5051	Level 1 Skin Procedures	2.2284	
17271	Destruction of skin lesions	T		5051	Level 1 Skin Procedures	2.2284	
17272	Destruction of skin lesions	Q1		5051	Level 1 Skin Procedures	2.2284	
17273	Destruction of skin lesions	T		5052	Level 2 Skin Procedures	4.4806	
17274	Destruction of skin lesions	T		5052	Level 2 Skin Procedures	4.4806	
17276	Destruction of skin lesions	T		5052	Level 2 Skin Procedures	4.4806	
17280	Destruction of skin lesions	Q1		5051	Level 1 Skin Procedures	2.2284	
17281	Destruction of skin lesions	T		5051	Level 1 Skin Procedures	2.2284	
17282	Destruction of skin lesions	T		5051	Level 1 Skin Procedures	2.2284	
17283	Destruction of skin lesions	T		5052	Level 2 Skin Procedures	4.4806	
17284	Destruction of skin lesions	T		5053	Level 3 Skin Procedures	6.8648	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

17286	Destruction of skin lesions	T		5053	Level 3 Skin Procedures	6.8648	
17311	Mohs 1 stage h/n/hf/g	T		5053	Level 3 Skin Procedures	6.8648	
17312	Mohs addl stage	N					
17313	Mohs 1 stage t/a/l	T		5053	Level 3 Skin Procedures	6.8648	
17314	Mohs addl stage t/a/l	N					
17315	Mohs surg addl block	N					
17340	Cryotherapy of skin	Q1		5733	Level 3 Minor Procedures	0.6661	
17360	Skin peel therapy	Q1		5051	Level 1 Skin Procedures	2.2284	
17380	Hair removal by electrolysis	T	A				PCT CHG
17999	Unlistd px skn muc memb subq	Q1		5051	Level 1 Skin Procedures	2.2284	
19000	Drainage of breast lesion	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
19001	Drain breast lesion add-on	N					
19020	Incision of breast lesion	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
19030	Injection for breast x-ray	N					
19081	Bx breast 1st lesion strtctc	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
19082	Bx breast add lesion strtctc	N					
19083	Bx breast 1st lesion us imag	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
19084	Bx breast add lesion us imag	N					
19085	Bx breast 1st lesion mr imag	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
19086	Bx breast add lesion mr imag	N					
19100	Bx breast percut w/o image	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
19101	Biopsy of breast open	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19105	Cryosurg ablate fa each	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19110	Nipple exploration	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19112	Excise breast duct fistula	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19120	Removal of breast lesion	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19125	Excision breast lesion	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19126	Excision addl breast lesion	N					
19281	Perq device breast 1st imag	Q1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
19282	Perq device breast ea imag	N					
19283	Perq dev breast 1st strtctc	Q1		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
19284	Perq dev breast add strtctc	N					
19285	Perq dev breast 1st us imag	Q1		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
19286	Perq dev breast add us imag	N					
19287	Perq dev breast 1st mr guide	Q1		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
19288	Perq dev breast add mr guide	N					
19294	Prepj tum cav iort prtl mast	N					
19296	Place po breast cath for rad	J1		5093	Level 3 Breast/Lymphatic Surgery and Related Procedures	107.3136	
19297	Place breast cath for rad	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

19298	Place breast rad tube/caths	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
19300	Removal of breast tissue	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19301	Partial mastectomy	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19302	P-mastectomy w/ln removal	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
19303	Mast simple complete	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
19305	Mast radical	C					
19306	Mast rad urban type	C					
19307	Mast mod rad	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
19316	Suspension of breast	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
19318	Breast reduction	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
19325	Breast augmentation w/implt	J1		5093	Level 3 Breast/Lymphatic Surgery and Related Procedures	107.3136	
19328	Rmvl intact breast implant	Q2		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19330	Rmvl ruptured breast implant	Q2		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19340	Insj breast implt sm d mast	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
19342	Insj/rplcmt brst implt sep d	J1		5093	Level 3 Breast/Lymphatic Surgery and Related Procedures	107.3136	
19350	Breast reconstruction	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19355	Correct inverted nipple(s)	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19357	Tiss xpndr plmt brst rcnstj	J1		5094	Level 4 Breast/Lymphatic Surgery and Related Procedures	195.1166	
19361	Brst rcnstj latsms drsi flap	C					
19364	Brst rcnstj free flap	C					
19367	Brst rcnstj 1 pdcl tram flap	C					
19368	Brst rcnstj 1pdcl tram anast	C					
19369	Brst rcnstj 2 pdcl tram flap	C					
19370	Revj peri-implt capsule brst	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19371	Peri-implt capsle brst compl	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19380	Revj reconstructed breast	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
19396	Design custom breast implant	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
19499	Unlisted procedure breast	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
2000F	Blood pressure measure	M					
2001F	Weight record	E1					
2002F	Clin sign vol ovrlld assess	E1					
2004F	Initial exam involved joints	E1					
20100	Explore wound neck	T		5162	Level 2 ENT Procedures	5.7111	
20101	Explore wound chest	T		5054	Level 4 Skin Procedures	20.5142	
20102	Explore wound abdomen	T		5054	Level 4 Skin Procedures	20.5142	
20103	Explore wound extremity	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
2010F	Vital signs recorded	E1					
2014F	Mental status assess	E1					
20150	Excise epiphyseal bar	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

2015F	Asthma impairment assessed	E1					
2016F	Asthma risk assessed	E1					
2018F	Hydration status assess	E1					
2019F	Dilated macul exam done	E1					
20200	Muscle biopsy	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
20205	Deep muscle biopsy	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
20206	Needle biopsy muscle	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
2020F	Dilated fundus eval done	E1					
2021F	Dilat macular exam done	E1					
20220	Bone biopsy trocar/needle	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
20225	Bone biopsy trocar/needle	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
2022F	Dilat rta xm evc rtnophy	M					
2023F	Dilat rta xm w/o rtnophy	E1					
20240	Bone biopsy open superficial	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
20245	Bone biopsy open deep	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
2024F	7 fld rta photo evc rtnophy	M					
20250	Open bone biopsy	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
20251	Open bone biopsy	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
2025F	7 fld rta photo w/o rtnophy	M					
2026F	Eye img valid evc rtnophy	M					
2027F	Optic nerve head eval done	E1					
2028F	Foot exam performed	E1					
2029F	Complete phys skin exam done	E1					
2030F	H2o stat docd normal	E1					
2031F	H2o stat docd dehydrated	E1					
2033F	Eye img valid w/o rtnophy	M					
2035F	Tymp memb motion examd	E1					
2040F	Bk pn xm on init visit date	E1					
2044F	Doc mntl tst b/4 bk trxmnt	E1					
20500	Injection of sinus tract	J1		5163	Level 3 ENT Procedures	16.6121	
20501	Inject sinus tract for x-ray	N					
2050F	Wound char size etc docd	E1					
20520	Removal of foreign body	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
20525	Removal of foreign body	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
20526	Ther injection carp tunnel	T		5441	Level 1 Nerve Injections	3.3105	
20527	Inj dupuytren cord w/enzyme	T		5441	Level 1 Nerve Injections	3.3105	
20550	Inj tendon sheath/ligament	T		5441	Level 1 Nerve Injections	3.3105	
20551	Inj tendon origin/insertion	T		5441	Level 1 Nerve Injections	3.3105	
20552	Inj trigger point 1/2 muscl	T		5441	Level 1 Nerve Injections	3.3105	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

20553	Inject trigger points 3/>	T		5441	Level 1 Nerve Injections	3.3105	
20555	Place ndl musc/tis for rt	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
20560	Ndl insj w/o njx 1 or 2 musc	S	E1				
20561	Ndl insj w/o njx 3+ musc	S	E1				
20600	Drain/inj joint/bursa w/o us	T		5441	Level 1 Nerve Injections	3.3105	
20604	Drain/inj joint/bursa w/us	T		5441	Level 1 Nerve Injections	3.3105	
20605	Drain/inj joint/bursa w/o us	T		5441	Level 1 Nerve Injections	3.3105	
20606	Drain/inj joint/bursa w/us	T		5442	Level 2 Nerve Injections	7.7664	
2060F	Pt talk eval hlthwkr re mdd	E1					
20610	Drain/inj joint/bursa w/o us	T		5441	Level 1 Nerve Injections	3.3105	
20611	Drain/inj joint/bursa w/us	T		5441	Level 1 Nerve Injections	3.3105	
20612	Aspirate/inj ganglion cyst	T		5441	Level 1 Nerve Injections	3.3105	
20615	Treatment of bone cyst	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
20650	Insert and remove bone pin	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
20660	Apply rem fixation device	Q2		5112	Level 2 Musculoskeletal Procedures	17.9481	
20661	Application of head brace	C					
20662	Application of pelvis brace	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
20663	Application of thigh brace	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
20664	Application of halo	C					
20665	Removal of fixation device	Q1		5735	Level 5 Minor Procedures	4.4751	
20670	Removal of support implant	Q2		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
20680	Removal of support implant	Q2		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
20690	Apply bone fixation device	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
20692	Apply bone fixation device	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
20693	Adjust bone fixation device	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
20694	Remove bone fixation device	Q2		5112	Level 2 Musculoskeletal Procedures	17.9481	
20696	Comp multiplane ext fixation	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
20697	Comp ext fixate strut change	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
20700	Mnl prep&insj dp rx dlvr dev	N					
20701	Rmvl deep rx delivery device	N					
20702	Mnl prep&insj imed rx dev	N					
20703	Rmvl imed rx delivery device	N					
20704	Mnl prep&insj i-artic rx dev	N					
20705	Rmvl i-artic rx delivery dev	N					
20802	Replantation arm complete	C					
20805	Replant forearm complete	C					
20808	Replantation hand complete	C					
20816	Replantation digit complete	C					
20822	Replantation digit complete	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

20824	Replantation thumb complete	C					
20827	Replantation thumb complete	C					
20838	Replantation foot complete	C					
20900	Removal of bone for graft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
20902	Removal of bone for graft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
20910	Remove cartilage for graft	T		5053	Level 3 Skin Procedures	6.8648	
20912	Remove cartilage for graft	T		5055	Level 5 Skin Procedures	41.0565	
20920	Removal of fascia for graft	T		5054	Level 4 Skin Procedures	20.5142	
20922	Removal of fascia for graft	T		5054	Level 4 Skin Procedures	20.5142	
20924	Removal of tendon for graft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
20930	Sp bone algrft morsel add-on	N					
20931	Sp bone algrft struct add-on	N					
20932	Osteoart algrft w/surf & b1	N					
20933	Hemicrt intrclry algrft prtl	N					
20934	Intercalary algrft compl	N					
20936	Sp bone agrft local add-on	N					
20937	Sp bone agrft morsel add-on	N					
20938	Sp bone agrft struct add-on	N					
20939	Bone marrow aspir bone grfg	N					
20950	Fluid pressure muscle	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
20955	Fibula bone graft microvasc	C					
20956	Iliac bone graft microvasc	C					
20957	Mt bone graft microvasc	C					
20962	Other bone graft microvasc	C					
20969	Bone/skin graft microvasc	C					
20970	Bone/skin graft iliac crest	C					
20972	Bone/skin graft metatarsal	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
20973	Bone/skin graft great toe	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
20974	Electrical bone stimulation	A	E1				
20975	Electrical bone stimulation	N	E1				
20979	Us bone stimulation	Q1	E1				
20982	Ablate bone tumor(s) perq	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
20983	Ablate bone tumor(s) perq	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
20985	Cptr-asst dir ms px	N					
20999	Unlisted px muscskel general	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
21010	Incision of jaw joint	J1		5164	Level 4 ENT Procedures	36.3699	
21011	Exc face les sc <2 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
21012	Exc face les sbq 2 cm/>	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
21013	Exc face tum deep < 2 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

21014	Exc face tum deep 2 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21015	Resect face/scalp tum < 2 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21016	Resect face/scalp tum 2 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21025	Excision of bone lower jaw	J1		5165	Level 5 ENT Procedures	66.3421	
21026	Excision of facial bone(s)	J1		5165	Level 5 ENT Procedures	66.3421	
21029	Contour of face bone lesion	J1		5164	Level 4 ENT Procedures	36.3699	
21030	Excise max/zygoma b9 tumor	J1		5165	Level 5 ENT Procedures	66.3421	
21031	Remove exostosis mandible	J1		5164	Level 4 ENT Procedures	36.3699	
21032	Remove exostosis maxilla	J1		5164	Level 4 ENT Procedures	36.3699	
21034	Excise max/zygoma mal tumor	J1		5165	Level 5 ENT Procedures	66.3421	
21040	Excise mandible lesion	J1		5164	Level 4 ENT Procedures	36.3699	
21044	Removal of jaw bone lesion	J1		5165	Level 5 ENT Procedures	66.3421	
21045	Extensive jaw surgery	C					
21046	Remove mandible cyst complex	J1		5165	Level 5 ENT Procedures	66.3421	
21047	Excise lwr jaw cyst w/repair	J1		5165	Level 5 ENT Procedures	66.3421	
21048	Remove maxilla cyst complex	J1		5165	Level 5 ENT Procedures	66.3421	
21049	Excis uppr jaw cyst w/repair	J1		5165	Level 5 ENT Procedures	66.3421	
21050	Removal of jaw joint	J1		5165	Level 5 ENT Procedures	66.3421	
21060	Remove jaw joint cartilage	J1		5165	Level 5 ENT Procedures	66.3421	
21070	Remove coronoid process	J1		5165	Level 5 ENT Procedures	66.3421	
21073	Mnpj of tmj w/anesth	J1		5163	Level 3 ENT Procedures	16.6121	
21076	Prepare face/oral prosthesis	J1		5163	Level 3 ENT Procedures	16.6121	
21077	Prepare face/oral prosthesis	J1		5165	Level 5 ENT Procedures	66.3421	
21079	Prepare face/oral prosthesis	J1		5164	Level 4 ENT Procedures	36.3699	
21080	Prepare face/oral prosthesis	J1		5164	Level 4 ENT Procedures	36.3699	
21081	Prepare face/oral prosthesis	J1		5165	Level 5 ENT Procedures	66.3421	
21082	Prepare face/oral prosthesis	J1		5164	Level 4 ENT Procedures	36.3699	
21083	Prepare face/oral prosthesis	J1		5164	Level 4 ENT Procedures	36.3699	
21084	Prepare face/oral prosthesis	J1		5164	Level 4 ENT Procedures	36.3699	
21085	Prepare face/oral prosthesis	T		5161	Level 1 ENT Procedures	2.6043	
21086	Prepare face/oral prosthesis	J1		5164	Level 4 ENT Procedures	36.3699	
21087	Prepare face/oral prosthesis	J1		5165	Level 5 ENT Procedures	66.3421	
21088	Prepare face/oral prosthesis	J1		5164	Level 4 ENT Procedures	36.3699	
21089	Unlisted maxlflc prosth px	T		5161	Level 1 ENT Procedures	2.6043	
21100	Maxillofacial fixation	J1		5165	Level 5 ENT Procedures	66.3421	
21110	Interdental fixation	Q2		5163	Level 3 ENT Procedures	16.6121	
21116	Injection jaw joint x-ray	N					
21120	Reconstruction of chin	J1		5165	Level 5 ENT Procedures	66.3421	
21121	Reconstruction of chin	J1		5164	Level 4 ENT Procedures	36.3699	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

21122	Reconstruction of chin	J1		5165	Level 5 ENT Procedures	66.3421	
21123	Reconstruction of chin	J1		5164	Level 4 ENT Procedures	36.3699	
21125	Augmentation lower jaw bone	J1		5165	Level 5 ENT Procedures	66.3421	
21127	Augmentation lower jaw bone	J1		5165	Level 5 ENT Procedures	66.3421	
21137	Reduction of forehead	J1		5164	Level 4 ENT Procedures	36.3699	
21138	Reduction of forehead	J1		5165	Level 5 ENT Procedures	66.3421	
21139	Reduction of forehead	J1		5165	Level 5 ENT Procedures	66.3421	
21141	Lefort i-1 piece w/o graft	J1		5165	Level 5 ENT Procedures	66.3421	
21142	Lefort i-2 piece w/o graft	J1		5165	Level 5 ENT Procedures	66.3421	
21143	Lefort i-3/> piece w/o graft	J1		5165	Level 5 ENT Procedures	66.3421	
21145	Lefort i-1 piece w/ graft	C					
21146	Lefort i-2 piece w/ graft	C					
21147	Lefort i-3/> piece w/ graft	C					
21150	Lefort ii anterior intrusion	J1		5165	Level 5 ENT Procedures	66.3421	
21151	Lefort ii w/bone grafts	C					
21154	Lefort iii w/o lefort i	C					
21155	Lefort iii w/ lefort i	C					
21159	Lefort iii w/fhdw/o lefort i	C					
21160	Lefort iii w/fhd w/ lefort i	C					
21172	Reconstruct orbit/forehead	J1		5165	Level 5 ENT Procedures	66.3421	
21175	Reconstruct orbit/forehead	J1		5165	Level 5 ENT Procedures	66.3421	
21179	Reconstruct entire forehead	C					
21180	Reconstruct entire forehead	C					
21181	Contour cranial bone lesion	J1		5165	Level 5 ENT Procedures	66.3421	
21182	Reconstruct cranial bone	C					
21183	Reconstruct cranial bone	C					
21184	Reconstruct cranial bone	C					
21188	Reconstruction of midface	C					
21193	Reconst lwr jaw w/o graft	J1		5165	Level 5 ENT Procedures	66.3421	
21194	Reconst lwr jaw w/graft	J1		5165	Level 5 ENT Procedures	66.3421	
21195	Reconst lwr jaw w/o fixation	J1		5165	Level 5 ENT Procedures	66.3421	
21196	Reconst lwr jaw w/fixation	J1		5165	Level 5 ENT Procedures	66.3421	
21198	Reconstr lwr jaw segment	J1		5165	Level 5 ENT Procedures	66.3421	
21199	Reconstr lwr jaw w/advance	J1		5165	Level 5 ENT Procedures	66.3421	
21206	Reconstruct upper jaw bone	J1		5165	Level 5 ENT Procedures	66.3421	
21208	Augmentation of facial bones	J1		5165	Level 5 ENT Procedures	66.3421	
21209	Reduction of facial bones	J1		5165	Level 5 ENT Procedures	66.3421	
21210	Face bone graft	J1		5165	Level 5 ENT Procedures	66.3421	
21215	Lower jaw bone graft	J1		5165	Level 5 ENT Procedures	66.3421	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

21230	Rib cartilage graft	J1		5165	Level 5 ENT Procedures	66.3421	
21235	Ear cartilage graft	J1		5165	Level 5 ENT Procedures	66.3421	
21240	Reconstruction of jaw joint	J1		5165	Level 5 ENT Procedures	66.3421	
21242	Reconstruction of jaw joint	J1		5165	Level 5 ENT Procedures	66.3421	
21243	Reconstruction of jaw joint	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
21244	Reconstruction of lower jaw	J1		5165	Level 5 ENT Procedures	66.3421	
21245	Reconstruction of jaw	J1		5165	Level 5 ENT Procedures	66.3421	
21246	Reconstruction of jaw	J1		5165	Level 5 ENT Procedures	66.3421	
21247	Reconstruct lower jaw bone	C					
21248	Reconstruction of jaw	J1		5165	Level 5 ENT Procedures	66.3421	
21249	Reconstruction of jaw	J1		5165	Level 5 ENT Procedures	66.3421	
21255	Reconstruct lower jaw bone	J1		5165	Level 5 ENT Procedures	66.3421	
21256	Reconstruction of orbit	J1		5165	Level 5 ENT Procedures	66.3421	
21260	Revise eye sockets	J1		5165	Level 5 ENT Procedures	66.3421	
21261	Revise eye sockets	J1		5165	Level 5 ENT Procedures	66.3421	
21263	Revise eye sockets	J1		5165	Level 5 ENT Procedures	66.3421	
21267	Revise eye sockets	J1		5165	Level 5 ENT Procedures	66.3421	
21268	Revise eye sockets	C					
21270	Augmentation cheek bone	J1		5165	Level 5 ENT Procedures	66.3421	
21275	Revision orbitofacial bones	J1		5165	Level 5 ENT Procedures	66.3421	
21280	Revision of eyelid	J1		5164	Level 4 ENT Procedures	36.3699	
21282	Revision of eyelid	J1		5164	Level 4 ENT Procedures	36.3699	
21295	Revision of jaw muscle/bone	J1		5163	Level 3 ENT Procedures	16.6121	
21296	Revision of jaw muscle/bone	J1		5164	Level 4 ENT Procedures	36.3699	
21299	Unlisted cranfcl&maxlfc px	T		5161	Level 1 ENT Procedures	2.6043	
21315	Clsd tx nsl fx mnpj wo stblj	J1		5163	Level 3 ENT Procedures	16.6121	
21320	Clsd tx nsl fx w/mnpj&stablj	J1		5164	Level 4 ENT Procedures	36.3699	
21325	Open tx nose fx uncomplicatd	J1		5164	Level 4 ENT Procedures	36.3699	
21330	Open tx nose fx w/skele fixj	J1		5165	Level 5 ENT Procedures	66.3421	
21335	Open tx nose & septal fx	J1		5164	Level 4 ENT Procedures	36.3699	
21336	Open tx septal fx w/wo stabj	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
21337	Closed tx septal&nose fx	J1		5164	Level 4 ENT Procedures	36.3699	
21338	Open nasaoethmoid fx w/o fixj	J1		5165	Level 5 ENT Procedures	66.3421	
21339	Open nasaoethmoid fx w/ fixj	J1		5165	Level 5 ENT Procedures	66.3421	
21340	Perq tx nasaoethmoid fx	J1		5164	Level 4 ENT Procedures	36.3699	
21343	Open tx dprsd front sinus fx	C					
21344	Open tx compl front sinus fx	C					
21345	Closed tx nose/jaw fx	J1		5163	Level 3 ENT Procedures	16.6121	
21346	Opn tx nasomax fx w/fixj	J1		5165	Level 5 ENT Procedures	66.3421	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

21347	Opn tx nasomax fx multiple	J1		5165	Level 5 ENT Procedures	66.3421	
21348	Opn tx nasomax fx w/graft	C					
21355	Perq tx malar fracture	J1		5164	Level 4 ENT Procedures	36.3699	
21356	Opn tx dprsd zygomatic arch	J1		5165	Level 5 ENT Procedures	66.3421	
21360	Opn tx dprsd malar fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21365	Opn tx complx malar fx	J1		5165	Level 5 ENT Procedures	66.3421	
21366	Opn tx complx malar w/grft	J1		5165	Level 5 ENT Procedures	66.3421	
21385	Opn tx orbit fx transantral	J1		5165	Level 5 ENT Procedures	66.3421	
21386	Opn tx orbit fx periorbital	J1		5165	Level 5 ENT Procedures	66.3421	
21387	Opn tx orbit fx combined	J1		5165	Level 5 ENT Procedures	66.3421	
21390	Opn tx orbit periorbtl implt	J1		5165	Level 5 ENT Procedures	66.3421	
21395	Opn tx orbit periorbt w/grft	J1		5165	Level 5 ENT Procedures	66.3421	
21400	Closed tx orbit w/o manipulj	T		5162	Level 2 ENT Procedures	5.7111	
21401	Closed tx orbit w/manipulj	J1		5163	Level 3 ENT Procedures	16.6121	
21406	Opn tx orbit fx w/o implant	J1		5165	Level 5 ENT Procedures	66.3421	
21407	Opn tx orbit fx w/implant	J1		5165	Level 5 ENT Procedures	66.3421	
21408	Opn tx orbit fx w/bone grft	J1		5165	Level 5 ENT Procedures	66.3421	
21421	Treat mouth roof fracture	J1		5164	Level 4 ENT Procedures	36.3699	
21422	Treat mouth roof fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21423	Treat mouth roof fracture	C					
21431	Treat craniofacial fracture	C					
21432	Treat craniofacial fracture	C					
21433	Treat craniofacial fracture	C					
21435	Treat craniofacial fracture	C					
21436	Treat craniofacial fracture	C					
21440	Treat dental ridge fracture	J1		5164	Level 4 ENT Procedures	36.3699	
21445	Treat dental ridge fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21450	Treat lower jaw fracture	T		5162	Level 2 ENT Procedures	5.7111	
21451	Treat lower jaw fracture	J1		5163	Level 3 ENT Procedures	16.6121	
21452	Treat lower jaw fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21453	Treat lower jaw fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21454	Treat lower jaw fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21461	Treat lower jaw fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21462	Treat lower jaw fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21465	Treat lower jaw fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21470	Treat lower jaw fracture	J1		5165	Level 5 ENT Procedures	66.3421	
21480	Reset dislocated jaw	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
21485	Reset dislocated jaw	J1		5163	Level 3 ENT Procedures	16.6121	
21490	Repair dislocated jaw	J1		5164	Level 4 ENT Procedures	36.3699	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

21497	Interdental wiring	J1		5163	Level 3 ENT Procedures	16.6121	
21499	Unlisted muscskel px head	T		5161	Level 1 ENT Procedures	2.6043	
21501	Drain neck/chest lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21502	Drain chest lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
21510	Drainage of bone lesion	C					
21550	Biopsy of neck/chest	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
21552	Exc neck les sc 3 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21554	Exc neck tum deep 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21555	Exc neck les sc < 3 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
21556	Exc neck tum deep < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21557	Resect neck thorax tumor<5cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21558	Resect neck tumor 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21600	Partial removal of rib	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
21601	Exc chest wall tumor w/ribs	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21602	Exc ch wal tum w/o lymphadec	C					
21603	Exc ch wal tum w/lymphadec	C					
21610	Partial removal of rib	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
21615	Removal of rib	C					
21616	Removal of rib and nerves	C					
21620	Partial removal of sternum	C					
21627	Sternal debridement	C					
21630	Extensive sternum surgery	C					
21685	Hyoid myotomy & suspension	J1		5165	Level 5 ENT Procedures	66.3421	
21700	Revision of neck muscle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
21705	Revision of neck muscle/rib	C					
21720	Revision of neck muscle	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
21725	Revision of neck muscle	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
21740	Reconstruction of sternum	C					
21742	Repair stern/nuss w/o scope	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
21743	Repair sternum/nuss w/scope	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
21750	Repair of sternum separation	C					
21811	Optx of rib fx w/fixj scope	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
21812	Treatment of rib fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
21813	Treatment of rib fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
21820	Treat sternum fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
21825	Treat sternum fracture	C					
21899	Unlisted px neck/thorax	T		5161	Level 1 ENT Procedures	2.6043	
21920	Biopsy soft tissue of back	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
21925	Biopsy soft tissue of back	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

21930	Exc back les sc < 3 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
21931	Exc back les sc 3 cm/>	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
21932	Exc back tum deep < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21933	Exc back tum deep 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21935	Resect back tum < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
21936	Resect back tum 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
22010	I&d p-spine c/t/cerv-thor	C					
22015	I&d abscess p-spine l/s/l	C					
22100	Remove part of neck vertebra	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
22101	Remove part thorax vertebra	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
22102	Remove part lumbar vertebra	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
22103	Remove extra spine segment	N					
22110	Remove part of neck vertebra	C					
22112	Remove part thorax vertebra	C					
22114	Remove part lumbar vertebra	C					
22116	Remove extra spine segment	C					
22206	Incis spine 3 column thorac	C					
22207	Incis spine 3 column lumbar	C					
22208	Incis spine 3 column adl seg	C					
22210	Incis 1 vertebral seg cerv	C					
22212	Incis 1 vertebral seg thorac	C					
22214	Incis 1 vertebral seg lumbar	C					
22216	Incis addl spine segment	C					
22220	Osteot dsc ant 1 vrt sgm crv	C					
22222	Osteot dsc ant 1vrt sgm thr	C					
22224	Osteot dsc ant 1vrt sgm lmb	C					
22226	Osteot dsc ant 1vrt sgm ea	C					
22310	Closed tx vert fx w/o manj	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
22315	Closed tx vert fx w/manj	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
22318	Treat odontoid fx w/o graft	C					
22319	Treat odontoid fx w/graft	C					
22325	Treat spine fracture	C					
22326	Treat neck spine fracture	C					
22327	Treat thorax spine fracture	C					
22328	Treat each add spine fx	C					
22505	Manipulation of spine	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
22510	Perq cervicothoracic inject	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
22511	Perq lumbosacral injection	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
22512	Vertebroplasty addl inject	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

22513	Perq vertebral augmentation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
22514	Perq vertebral augmentation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
22515	Perq vertebral augmentation	N					
22526	Idet single level	E1					
22527	Idet 1 or more levels	E1					
22532	Arthrd lat xtrcvtry tq thrc	C					
22533	Arthrd lat xtrcvtry tq lmbr	C					
22534	Arthrd lat xtrcvtry tq ea ad	C					
22548	Arthrd ant toral/xoral c1-c2	C					
22551	Arthrd ant ntrbdy cervical	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
22552	Arthrd ant ntrbd cervical ea	N					
22554	Arthrd ant ntrbd min dsc crv	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
22556	Arthrd ant ntrbd min dsc thc	C					
22558	Arthrd ant ntrbd min dsc lum	C					
22585	Arthrd ant ntrbd min dsc ea	N					
22586	Arthrd pre-sac ntrbdy l5-s1	C					
22590	Arthrd pst tq craniocervical	C					
22595	Arthrd pst tq atlas-axis	C					
22600	Arthrd pst tq 1ntrspc crv	C					
22610	Arthrd pst tq 1ntrspc thrc	C					
22612	Arthrd pst tq 1ntrspc lumbar	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
22614	Arthrd pst tq 1ntrspc ea add	N					
22630	Arthrd pst tq 1ntrspc lum	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
22632	Arthrd pst tq 1ntrspc lm ea	N					
22633	Arthrd cmbn 1ntrspc lumbar	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
22634	Arthrd cmbn 1ntrspc ea addl	N					
22800	Arthrd pst dfrm<6 vrt sgm	C					
22802	Arthrd pst dfrm 7-12 vrt sgm	C					
22804	Arthrd pst dfrm 13+ vrt sgm	C					
22808	Arthrd ant dfrm 2-3 vrt sgm	C					
22810	Arthrd ant dfrm 4-7 vrt sgm	C					
22812	Arthrd ant dfrm 8+ vrt sgm	C					
22818	Kyphectomy 1-2 segments	C					
22819	Kyphectomy 3 or more	C					
22830	Exploration of spinal fusion	C					
22836	Ant thrc vrt body tethrg <7	C					
22837	Ant thrc vrt body tethrg 8+	C					
22838	Rev rplc/rmv thrc vrt tethrg	C					
22840	Insert spine fixation device	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

22841	Insert spine fixation device	C					
22842	Insert spine fixation device	N					
22843	Insert spine fixation device	C					
22844	Insert spine fixation device	C					
22845	Insert spine fixation device	N					
22846	Insert spine fixation device	C					
22847	Insert spine fixation device	C					
22848	Insert pelv fixation device	N					
22849	Reinsert spinal fixation	C					
22850	Remove spine fixation device	C					
22852	Remove spine fixation device	C					
22853	Insj biomechanical device	N					
22854	Insj biomechanical device	N					
22855	Removal anterior instrmj	C					
22856	Tot disc arthrp 1ntrspc crv	J1	E1				
22857	Tot disc arthrp 1ntrspc lmr	C					
22858	Tot disc arthrp 2nd lvl crv	N					
22859	Insj biomechanical device	N					
22860	Tot disc arthrp 2ntrspc lmr	C					
22861	Rev rplcm arthrp 1ntrspc crv	C					
22862	Rev rplcm rthrp 1ntrspc lmr	C					
22864	Rmvl tot arthrp 1ntrspc crv	C					
22865	Rmvl tot arthrp 1ntrspc lmr	C					
22867	Insj stablj dev w/dcmprn	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
22868	Insj stablj dev w/dcmprn	N					
22869	Insj stablj dev w/o dcmprn	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
22870	Insj stablj dev w/o dcmprn	N					
22899	Unlisted procedure spine	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
22900	Exc abdl tum deep < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
22901	Exc abdl tum deep 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
22902	Exc abd les sc < 3 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
22903	Exc abd les sc 3 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
22904	Radical resect abd tumor<5cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
22905	Rad resect abd tumor 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
22999	Unlisted px abdomen muscskel	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
23000	Removal of calcium deposits	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
23020	Release shoulder joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23030	Drain shoulder lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
23031	Drain shoulder bursa	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

23035	Drain shoulder bone lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
23040	Exploratory shoulder surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23044	Exploratory shoulder surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23065	Biopsy shoulder tissues	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
23066	Biopsy shoulder tissues	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
23071	Exc shoulder les sc 3 cm/>	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
23073	Exc shoulder tum deep 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
23075	Exc shoulder les sc < 3 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
23076	Exc shoulder tum deep < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
23077	Resect shoulder tumor < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
23078	Resect shoulder tumor 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
23100	Biopsy of shoulder joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23101	Shoulder joint surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23105	Remove shoulder joint lining	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23106	Incision of collarbone joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23107	Explore treat shoulder joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23120	Partial removal collar bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23125	Removal of collar bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23130	Remove shoulder bone part	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23140	Removal of bone lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23145	Removal of bone lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23146	Removal of bone lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23150	Removal of humerus lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23155	Removal of humerus lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23156	Removal of humerus lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23170	Remove collar bone lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23172	Remove shoulder blade lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23174	Remove humerus lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23180	Remove collar bone lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23182	Remove shoulder blade lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23184	Remove humerus lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23190	Partial removal of scapula	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
23195	Removal of head of humerus	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23200	Resect clavicle tumor	C					
23210	Resect scapula tumor	C					
23220	Resect prox humerus tumor	C					
23330	Remove shoulder foreign body	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
23333	Remove shoulder fb deep	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
23334	Shoulder prosthesis removal	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

23335	Shoulder prosthesis removal	C					
23350	Injection for shoulder x-ray	N					
23395	Muscle transfer shoulder/arm	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23397	Muscle transfers	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23400	Fixation of shoulder blade	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23405	Incision of tendon & muscle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23406	Incise tendon(s) & muscle(s)	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23410	Repair rotator cuff acute	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23412	Repair rotator cuff chronic	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23415	Release of shoulder ligament	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23420	Repair of shoulder	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23430	Repair biceps tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23440	Remove/transplant tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23450	Repair shoulder capsule	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23455	Repair shoulder capsule	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23460	Repair shoulder capsule	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23462	Repair shoulder capsule	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23465	Repair shoulder capsule	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23466	Repair shoulder capsule	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23470	Reconstruct shoulder joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
23472	Reconstruct shoulder joint	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
23473	Revis reconst shoulder joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
23474	Revis reconst shoulder joint	C					
23480	Revision of collar bone	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23485	Revision of collar bone	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
23490	Reinforce clavicle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23491	Reinforce shoulder bones	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
23500	Cltx clavicular fx w/o mnpj	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
23505	Cltx clavicular fx w/mnpj	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
23515	Optx clavicular fx w/int fix	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23520	Cltx strnclav dislc w/o mnpj	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
23525	Cltx strnclav dislc w/mnpj	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
23530	Optx strnclav dislc aqt/chrn	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23532	Optx strclv dslc aq/chrn grf	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23540	Cltx acromclav dislc wo mnpj	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
23545	Cltx acromclav dislc w/mnpj	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
23550	Optx acromclv dislc aqt/chrn	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23552	Optx acrclv dslc aq/chrn grf	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
23570	Cltx scapular fx w/o mnpj	T		5111	Level 1 Musculoskeletal Procedures	2.6902	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

23575	Cltx scap fx w/mnpj +-tractj	J1	5112	Level 2 Musculoskeletal Procedures	17.9481
23585	Optx scapular fx w/int fixj	J1	5114	Level 4 Musculoskeletal Procedures	80.1145
23600	Cltx prox humrl fx w/o mnpj	T	5111	Level 1 Musculoskeletal Procedures	2.6902
23605	Cltx prx hmrl fx mnpj+-tract	J1	5112	Level 2 Musculoskeletal Procedures	17.9481
23615	Optx prox humrl fx w/int fix	J1	5115	Level 5 Musculoskeletal Procedures	144.2970
23616	Optx prx hmrl fx fix rpr rpl	J1	5116	Level 6 Musculoskeletal Procedures	206.2381
23620	Cltx gr hmrl tbrs fx wo mnpj	T	5111	Level 1 Musculoskeletal Procedures	2.6902
23625	Cltx gr hmrl tbrs fx w/mnpj	J1	5112	Level 2 Musculoskeletal Procedures	17.9481
23630	Optx gr hmrl tbrs fx int fix	J1	5114	Level 4 Musculoskeletal Procedures	80.1145
23650	Cltx sho dslc w/mnpj wo anes	T	5111	Level 1 Musculoskeletal Procedures	2.6902
23655	Cltx sho dslc w/mnpj w/anes	J1	5112	Level 2 Musculoskeletal Procedures	17.9481
23660	Optx acute shoulder dislc	J1	5114	Level 4 Musculoskeletal Procedures	80.1145
23665	Cltx sho dslc fx gr hmrl tbr	J1	5112	Level 2 Musculoskeletal Procedures	17.9481
23670	Optx sho dislc fx	J1	5114	Level 4 Musculoskeletal Procedures	80.1145
23675	Cltx sho dislc neck fx mnpj	J1	5112	Level 2 Musculoskeletal Procedures	17.9481
23680	Optx sho dislc neck fx fixj	J1	5115	Level 5 Musculoskeletal Procedures	144.2970
23700	Mnpj anes sho jt fixj aprats	J1	5112	Level 2 Musculoskeletal Procedures	17.9481
23800	Arthrodesis glenohumeral jt	J1	5114	Level 4 Musculoskeletal Procedures	80.1145
23802	Arthrd glenohumeral jt w/grf	J1	5115	Level 5 Musculoskeletal Procedures	144.2970
23900	Interthoracoscpjr amputation	C			
23920	Disarticulation shoulder	C			
23921	Disarticulation sho sec clsr	T	5054	Level 4 Skin Procedures	20.5142
23929	Unlisted procedure shoulder	T	5111	Level 1 Musculoskeletal Procedures	2.6902
23930	I&d upr a/e dp absch/hmtma	J1	5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969
23931	I&d upr a/e bursa	J1	5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704
23935	Inc dp opn b1 crtx hum/elbw	J1	5113	Level 3 Musculoskeletal Procedures	36.3872
24000	Arthrt elbw expl drg/rmvl fb	J1	5113	Level 3 Musculoskeletal Procedures	36.3872
24006	Arthrt elbw capsul exc rls	J1	5113	Level 3 Musculoskeletal Procedures	36.3872
24065	Biopsy arm/elbow soft tissue	J1	5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704
24066	Biopsy arm/elbow soft tissue	J1	5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969
24071	Exc arm/elbow les sc 3 cm/>	J1	5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969
24073	Ex arm/elbow tum deep 5 cm/>	J1	5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969
24075	Exc arm/elbow les sc < 3 cm	J1	5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704
24076	Ex arm/elbow tum deep < 5 cm	J1	5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969
24077	Rad rescj tum tiss a/e <5cm	J1	5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969
24079	Rad rescj tum tiss a/e 5 cm+	J1	5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969
24100	Arthrt elbw synovial bx only	J1	5113	Level 3 Musculoskeletal Procedures	36.3872
24101	Arthrt elbw jt expl bx rmvl	J1	5113	Level 3 Musculoskeletal Procedures	36.3872
24102	Arthrt elbow w/synovectomy	J1	5113	Level 3 Musculoskeletal Procedures	36.3872

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

24105	Excision olecranon bursa	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24110	Exc/crtg b1 cst/b9 tum hum	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24115	Exc/crtg b1 cst/tum hum agrf	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24116	Exc/crtg b1 cst/tum hum algr	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24120	Exc/crtg b1 cst/b9 tum rds	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24125	Exc/crtg b1 cst/tum rds agrf	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24126	Exc/crtg b1 cst/tum rds algr	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24130	Excision radial head	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24134	Sequestrectomy shft/dstl hum	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24136	Sequestrectomy radial h/n	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24138	Sequestrectomy olecrn proces	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24140	Partial exc bone humerus	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24145	Prtl exc bone radial h/n	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24147	Prtl exc bone olecrn process	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24149	Radical resection of elbow	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24150	Rad rescj tum dstl/shft hum	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24152	Rad resection tum radial h/n	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24155	Resection of elbow joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24160	Rmvl prosth humrl&ulnar cmpnt	Q2		5113	Level 3 Musculoskeletal Procedures	36.3872	
24164	Removal prosth radial head	Q2		5113	Level 3 Musculoskeletal Procedures	36.3872	
24200	Rmvl fb upper arm/elbw subq	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
24201	Rmvl fb upper arm/elbw deep	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
24220	Injection px for elbow arthg	N					
24300	Mnpj elbow under anes	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
24301	Musc/tdn transfer upr a/e 1	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24305	Tendon lngth upr a/e ea tdn	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24310	Tnot opn elbw to sho ea tdn	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24320	Tenoplasty elbow to sho 1	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24330	Flexor-plasty elbow	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24331	Flexor-plasty elbw w/advmnt	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24332	Tenolysis triceps	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24340	Tenodesis biceps tdn at elbw	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24341	Rpr tdn/musc upr a/e each	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24342	Repair of ruptured tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24343	Repr elbow lat ligmnt w/tiss	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24344	Reconstruct elbow lat ligmnt	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24345	Repr elbw med ligmnt w/tissu	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24346	Reconstruct elbow med ligmnt	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24357	Repair elbow perc	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

24358	Repair elbow w/deb open	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24359	Repair elbow deb/attch open	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24360	Reconstruct elbow joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24361	Reconstruct elbow joint	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
24362	Reconstruct elbow joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24363	Replace elbow joint	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
24365	Reconstruct head of radius	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24366	Reconstruct head of radius	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24370	Revise reconst elbow joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24371	Revise reconst elbow joint	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
24400	Revision of humerus	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24410	Revision of humerus	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24420	Revision of humerus	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24430	Repair of humerus	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24435	Repair humerus with graft	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24470	Revision of elbow joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24495	Decompression of forearm	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24498	Reinforce humerus	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24500	Treat humerus fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
24505	Treat humerus fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
24515	Treat humerus fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24516	Treat humerus fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24530	Treat humerus fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
24535	Treat humerus fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
24538	Treat humerus fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24545	Treat humerus fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24546	Treat humerus fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24560	Treat humerus fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
24565	Treat humerus fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
24566	Treat humerus fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
24575	Treat humerus fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24576	Treat humerus fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
24577	Treat humerus fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
24579	Treat humerus fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24582	Treat humerus fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24586	Treat elbow fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24587	Treat elbow fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24600	Treat elbow dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
24605	Treat elbow dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

24615	Treat elbow dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24620	Treat elbow fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
24635	Treat elbow fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24640	Treat elbow dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
24650	Treat radius fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
24655	Treat radius fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
24665	Treat radius fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24666	Treat radius fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24670	Treat ulnar fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
24675	Treat ulnar fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
24685	Treat ulnar fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24800	Fusion of elbow joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24802	Fusion/graft of elbow joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
24900	Amputation of upper arm	C					
24920	Amputation of upper arm	C					
24925	Amputation follow-up surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
24930	Amputation follow-up surgery	C					
24931	Amputate upper arm & implant	C					
24935	Revision of amputation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
24940	Revision of upper arm	C					
24999	Unlisted px humerus/elbow	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25000	Incision of tendon sheath	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25001	Incise flexor carpi radialis	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25020	Decompress forearm 1 space	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25023	Decompress forearm 1 space	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25024	Decompress forearm 2 spaces	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25025	Decompress forearm 2 spaces	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25028	Drainage of forearm lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25031	Drainage of forearm bursa	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25035	Treat forearm bone lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25040	Explore/treat wrist joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25065	Biopsy forearm soft tissues	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
25066	Biopsy forearm soft tissues	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
25071	Exc forearm les sc 3 cm/>	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
25073	Exc forearm tum deep 3 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
25075	Exc forearm les sc < 3 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
25076	Exc forearm tum deep < 3 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
25077	Resect forearm/wrist tum<3cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
25078	Resect forearm/wrist tum 3cm>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

25085	Incision of wrist capsule	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25100	Biopsy of wrist joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25101	Explore/treat wrist joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25105	Remove wrist joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25107	Remove wrist joint cartilage	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25109	Excise tendon forearm/wrist	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25110	Remove wrist tendon lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25111	Remove wrist tendon lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25112	Reremove wrist tendon lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25115	Remove wrist/forearm lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25116	Remove wrist/forearm lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25118	Excise wrist tendon sheath	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25119	Partial removal of ulna	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25120	Removal of forearm lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25125	Remove/graft forearm lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25126	Remove/graft forearm lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25130	Removal of wrist lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25135	Remove & graft wrist lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25136	Remove & graft wrist lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25145	Remove forearm bone lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25150	Partial removal of ulna	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25151	Partial removal of radius	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25170	Resect radius/ulnar tumor	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25210	Removal of wrist bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25215	Removal of wrist bones	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25230	Partial removal of radius	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25240	Partial removal of ulna	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25246	Injection for wrist x-ray	N					
25248	Remove forearm foreign body	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25250	Removal of wrist prosthesis	Q2		5112	Level 2 Musculoskeletal Procedures	17.9481	
25251	Removal of wrist prosthesis	Q2		5113	Level 3 Musculoskeletal Procedures	36.3872	
25259	Manipulate wrist w/anesthes	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25260	Repair forearm tendon/muscle	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25263	Repair forearm tendon/muscle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25265	Repair forearm tendon/muscle	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25270	Repair forearm tendon/muscle	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25272	Repair forearm tendon/muscle	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25274	Repair forearm tendon/muscle	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25275	Repair forearm tendon sheath	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

25280	Revise wrist/forearm tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25290	Incise wrist/forearm tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25295	Release wrist/forearm tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25300	Fusion of tendons at wrist	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25301	Fusion of tendons at wrist	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25310	Transplant forearm tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25312	Transplant forearm tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25315	Revise palsy hand tendon(s)	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25316	Revise palsy hand tendon(s)	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25320	Repair/revise wrist joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25332	Revise wrist joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25335	Realignment of hand	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25337	Reconstruct ulna/radioulnar	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25350	Revision of radius	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25355	Revision of radius	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25360	Revision of ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25365	Revise radius & ulna	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
25370	Revise radius or ulna	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25375	Revise radius & ulna	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25390	Shorten radius or ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25391	Lengthen radius or ulna	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
25392	Shorten radius & ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25393	Lengthen radius & ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25394	Repair carpal bone shorten	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25400	Repair radius or ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25405	Repair/graft radius or ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25415	Repair radius & ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25420	Repair/graft radius & ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25425	Repair/graft radius or ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25426	Repair/graft radius & ulna	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25430	Vasc graft into carpal bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25431	Repair nonunion carpal bone	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25440	Repair/graft wrist bone	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25441	Reconstruct wrist joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
25442	Reconstruct wrist joint	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
25443	Reconstruct wrist joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25444	Reconstruct wrist joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
25445	Reconstruct wrist joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25446	Wrist replacement	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

25447	Repair wrist joints	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25448	Arthrp ntrcrpl/crp/mtrcp ssp	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25449	Remove wrist joint implant	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25450	Revision of wrist joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25455	Revision of wrist joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25490	Reinforce radius	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25491	Reinforce ulna	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
25492	Reinforce radius and ulna	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25500	Treat fracture of radius	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25505	Treat fracture of radius	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25515	Treat fracture of radius	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25520	Treat fracture of radius	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25525	Treat fracture of radius	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25526	Treat fracture of radius	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25530	Treat fracture of ulna	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25535	Treat fracture of ulna	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25545	Treat fracture of ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25560	Treat fracture radius & ulna	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25565	Treat fracture radius & ulna	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25574	Treat fracture radius & ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25575	Treat fracture radius/ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25600	Treat fracture radius/ulna	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25605	Treat fracture radius/ulna	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25606	Treat fx distal radial	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25607	Treat fx rad extra-articul	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25608	Treat fx rad intra-articul	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25609	Treat fx radial 3+ frag	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25622	Treat wrist bone fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25624	Treat wrist bone fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25628	Treat wrist bone fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25630	Treat wrist bone fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25635	Treat wrist bone fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25645	Treat wrist bone fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25650	Treat wrist bone fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25651	Pin ulnar styloid fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25652	Treat fracture ulnar styloid	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25660	Treat wrist dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25670	Treat wrist dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25671	Pin radioulnar dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

25675	Treat wrist dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25676	Treat wrist dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25680	Treat wrist fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
25685	Treat wrist fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25690	Treat wrist dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25695	Treat wrist dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25800	Fusion of wrist joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25805	Fusion/graft of wrist joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25810	Fusion/graft of wrist joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
25820	Fusion of hand bones	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25825	Fuse hand bones with graft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25830	Fusion radioulnar jnt/ulna	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25900	Amputation of forearm	C					
25905	Amputation of forearm	C					
25907	Amputation follow-up surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25909	Amputation follow-up surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
25915	Amputation of forearm	C					
25920	Amputate hand at wrist	C					
25922	Amputate hand at wrist	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
25924	Amputation follow-up surgery	C					
25927	Amputation of hand	C					
25929	Amputation follow-up surgery	T		5054	Level 4 Skin Procedures	20.5142	
25931	Amputation follow-up surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
25999	Unlisted px forearm/wrist	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26010	Drainage of finger abscess	T		5051	Level 1 Skin Procedures	2.2284	
26011	Drainage of finger abscess	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
26020	Drain hand tendon sheath	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26025	Drainage of palm bursa	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26030	Drainage of palm bursas	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26034	Treat hand bone lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26035	Decompress fingers/hand	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26037	Decompress fingers/hand	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26040	Release palm contracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26045	Release palm contracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26055	Incise finger tendon sheath	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26060	Incision of finger tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26070	Explore/treat hand joint	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26075	Explore/treat finger joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26080	Explore/treat finger joint	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

26100	Biopsy hand joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26105	Biopsy finger joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26110	Biopsy finger joint lining	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26111	Exc hand les sc 1.5 cm/>	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
26113	Exc hand tum deep 1.5 cm/>	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
26115	Exc hand les sc < 1.5 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
26116	Exc hand tum deep < 1.5 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
26117	Rad resect hand tumor < 3 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
26118	Rad resect hand tumor 3 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
26121	Release palm contracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26123	Release palm contracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26125	Release palm contracture	N					
26130	Remove wrist joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26135	Revise finger joint each	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26140	Revise finger joint each	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26145	Tendon excision palm/finger	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26160	Remove tendon sheath lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26170	Removal of palm tendon each	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26180	Removal of finger tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26185	Remove finger bone	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26200	Remove hand bone lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26205	Remove/graft bone lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26210	Removal of finger lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26215	Remove/graft finger lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26230	Partial removal of hand bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26235	Partial removal finger bone	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26236	Partial removal finger bone	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26250	Extensive hand surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26260	Resect prox finger tumor	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26262	Resect distal finger tumor	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26320	Removal of implant from hand	Q2		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
26340	Manipulate finger w/anesth	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26341	Manipulat palm cord post inj	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26350	Repair finger/hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26352	Repair/graft hand tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26356	Repair finger/hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26357	Repair finger/hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26358	Repair/graft hand tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26370	Repair finger/hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

26372	Repair/graft hand tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26373	Repair finger/hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26390	Revise hand/finger tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26392	Repair/graft hand tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26410	Repair hand tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26412	Repair/graft hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26415	Excision hand/finger tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26416	Graft hand or finger tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26418	Repair finger tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26420	Repair/graft finger tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26426	Repair finger/hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26428	Repair/graft finger tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26432	Repair finger tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26433	Repair finger tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26434	Repair/graft finger tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26437	Realignment of tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26440	Release palm/finger tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26442	Release palm & finger tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26445	Release hand/finger tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26449	Release forearm/hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26450	Incision of palm tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26455	Incision of finger tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26460	Incise hand/finger tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26471	Fusion of finger tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26474	Fusion of finger tendons	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26476	Tendon lengthening	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26477	Tendon shortening	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26478	Lengthening of hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26479	Shortening of hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26480	Transplant hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26483	Transplant/graft hand tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26485	Transplant palm tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26489	Transplant/graft palm tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26490	Revise thumb tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26492	Tendon transfer with graft	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26494	Hand tendon/muscle transfer	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26496	Revise thumb tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26497	Finger tendon transfer	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26498	Finger tendon transfer	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

26499	Revision of finger	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26500	Hand tendon reconstruction	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26502	Hand tendon reconstruction	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26508	Release thumb contracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26510	Thumb tendon transfer	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26516	Fusion of knuckle joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26517	Fusion of knuckle joints	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26518	Fusion of knuckle joints	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26520	Release knuckle contracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26525	Release finger contracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26530	Revise knuckle joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26531	Revise knuckle with implant	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26535	Revise finger joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26536	Revise/implant finger joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26540	Repair hand joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26541	Repair hand joint with graft	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26542	Repair hand joint with graft	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26545	Reconstruct finger joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26546	Repair nonunion hand	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26548	Reconstruct finger joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26550	Construct thumb replacement	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26551	Great toe-hand transfer	C					
26553	Single transfer toe-hand	C					
26554	Double transfer toe-hand	C					
26555	Positional change of finger	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26556	Toe joint transfer	C					
26560	Repair of web finger	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26561	Repair of web finger	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26562	Repair of web finger	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26565	Correct metacarpal flaw	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26567	Correct finger deformity	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26568	Lengthen metacarpal/finger	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26580	Repair hand deformity	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26587	Reconstruct extra finger	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26590	Repair finger deformity	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26591	Repair muscles of hand	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26593	Release muscles of hand	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26596	Excision constricting tissue	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26600	Treat metacarpal fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

26605	Treat metacarpal fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26607	Treat metacarpal fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26608	Treat metacarpal fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26615	Treat metacarpal fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26641	Treat thumb dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26645	Treat thumb fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26650	Treat thumb fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26665	Treat thumb fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26670	Treat hand dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26675	Treat hand dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26676	Pin hand dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26685	Treat hand dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26686	Treat hand dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26700	Treat knuckle dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26705	Treat knuckle dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26706	Pin knuckle dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26715	Treat knuckle dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26720	Treat finger fracture each	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26725	Treat finger fracture each	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26727	Treat finger fracture each	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26735	Treat finger fracture each	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26740	Treat finger fracture each	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26742	Treat finger fracture each	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26746	Treat finger fracture each	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26750	Treat finger fracture each	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26755	Treat finger fracture each	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26756	Pin finger fracture each	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26765	Treat finger fracture each	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26770	Treat finger dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26775	Treat finger dislocation	T		5102	Level 2 Strapping and Cast Application	2.9784	
26776	Pin finger dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26785	Treat finger dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26820	Thumb fusion with graft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26841	Fusion of thumb	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26842	Thumb fusion with graft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26843	Fusion of hand joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26844	Fusion/graft of hand joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26850	Fusion of knuckle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
26852	Fusion of knuckle with graft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

26860	Fusion of finger joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26861	Fusion of finger jnt add-on	N					
26862	Fusion/graft of finger joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26863	Fuse/graft added joint	N					
26910	Amputate metacarpal bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26951	Amputation of finger/thumb	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26952	Amputation of finger/thumb	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26989	Unlisted px hands/fingers	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
26990	Drainage of pelvis lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
26991	Drainage of pelvis bursa	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
26992	Drainage of bone lesion	C					
27000	Incision of hip tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27001	Incision of hip tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27003	Incision of hip tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27005	Incision of hip tendon	C					
27006	Incision of hip tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27025	Incision of hip/thigh fascia	C					
27027	Buttock fasciotomy	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27030	Drainage of hip joint	C					
27033	Exploration of hip joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27035	Denervation of hip joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27036	Excision of hip joint/muscle	C					
27040	Biopsy of soft tissues	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
27041	Biopsy of soft tissues	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
27043	Exc hip pelvis les sc 3 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27045	Exc hip/pelv tum deep 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27047	Exc hip/pelvis les sc < 3 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27048	Exc hip/pelv tum deep < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27049	Resect hip/pelv tum < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27050	Biopsy of sacroiliac joint	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27052	Biopsy of hip joint	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27054	Removal of hip joint lining	C					
27057	Buttock fasciotomy w/dbrdmt	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27059	Resect hip/pelv tum 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27060	Removal of ischial bursa	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27062	Remove femur lesion/bursa	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27065	Remove hip bone les super	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27066	Remove hip bone les deep	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27067	Remove/graft hip bone lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

27070	Part remove hip bone super	C					
27071	Part removal hip bone deep	C					
27075	Resect hip tumor	C					
27076	Resect hip tum incl acetabul	C					
27077	Resect hip tum w/innom bone	C					
27078	Rsect hip tum incl femur	C					
27080	Removal of tail bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27086	Remove hip foreign body	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27087	Remove hip foreign body	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27090	Removal of hip prosthesis	C					
27091	Removal of hip prosthesis	C					
27093	Injection for hip x-ray	N					
27095	Injection for hip x-ray	N					
27096	Inject sacroiliac joint	B					
27097	Revision of hip tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27098	Transfer tendon to pelvis	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27100	Transfer of abdominal muscle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27105	Transfer of spinal muscle	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27110	Transfer of iliopsoas muscle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27111	Transfer of iliopsoas muscle	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27120	Reconstruction of hip socket	C					
27122	Reconstruction of hip socket	C					
27125	Partial hip replacement	C					
27130	Total hip arthroplasty	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27132	Total hip arthroplasty	C					
27134	Revise hip joint replacement	C					
27137	Revise hip joint replacement	C					
27138	Revise hip joint replacement	C					
27140	Transplant femur ridge	C					
27146	Incision of hip bone	C					
27147	Revision of hip bone	C					
27151	Incision of hip bones	C					
27156	Revision of hip bones	C					
27158	Revision of pelvis	C					
27161	Incision of neck of femur	C					
27165	Incision/fixation of femur	C					
27170	Repair/graft femur head/neck	C					
27175	Treat slipped epiphysis	C					
27176	Treat slipped epiphysis	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

27177	Treat slipped epiphysis	C					
27178	Treat slipped epiphysis	C					
27179	Revise head/neck of femur	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27181	Treat slipped epiphysis	C					
27185	Revision of femur epiphysis	C					
27187	Reinforce hip bones	C					
27197	Clsd tx pelvic ring fx	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27198	Clsd tx pelvic ring fx	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27200	Treat tail bone fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27202	Treat tail bone fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27215	Treat pelvic fracture(s)	E1					
27216	Treat pelvic ring fracture	E1					
27217	Treat pelvic ring fracture	E1					
27218	Treat pelvic ring fracture	E1					
27220	Treat hip socket fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27222	Treat hip socket fracture	C					
27226	Treat hip wall fracture	C					
27227	Treat hip fracture(s)	C					
27228	Treat hip fracture(s)	C					
27230	Treat thigh fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27232	Treat thigh fracture	C					
27235	Treat thigh fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27236	Treat thigh fracture	C					
27238	Treat thigh fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27240	Treat thigh fracture	C					
27244	Treat thigh fracture	C					
27245	Treat thigh fracture	C					
27246	Treat thigh fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27248	Treat thigh fracture	C					
27250	Treat hip dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27252	Treat hip dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27253	Treat hip dislocation	C					
27254	Treat hip dislocation	C					
27256	Treat hip dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27257	Treat hip dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27258	Treat hip dislocation	C					
27259	Treat hip dislocation	C					
27265	Treat hip dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27266	Treat hip dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

27267	Cltx thigh fx	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27268	Cltx thigh fx w/mnpj	C					
27269	Optx thigh fx	C					
27275	Manipulation of hip joint	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27278	Arthrd si jt prq wo tfxj dev	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
27279	Arthrd si jt perq/min nvas	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
27280	Arthr si jt opn b1grf instrm	C					
27282	Arthrodesis symphysis pubis	C					
27284	Fusion of hip joint	C					
27286	Fusion of hip joint	C					
27290	Amputation of leg at hip	C					
27295	Amputation of leg at hip	C					
27299	Unlisted px pelvis/hip joint	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27301	Drain thigh/knee lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27303	Drainage of bone lesion	C					
27305	Incise thigh tendon & fascia	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27306	Incision of thigh tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27307	Incision of thigh tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27310	Exploration of knee joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27323	Biopsy thigh soft tissues	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
27324	Biopsy thigh soft tissues	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27325	Neurectomy hamstring	J1		5431	Level 1 Nerve Procedures	21.8997	
27326	Neurectomy popliteal	J1		5431	Level 1 Nerve Procedures	21.8997	
27327	Exc thigh/knee les sc < 3 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
27328	Exc thigh/knee tum deep <5cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27329	Resect thigh/knee tum < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27330	Biopsy knee joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27331	Explore/treat knee joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27332	Removal of knee cartilage	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27333	Removal of knee cartilage	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27334	Remove knee joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27335	Remove knee joint lining	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27337	Exc thigh/knee les sc 3 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27339	Exc thigh/knee tum dep 5cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27340	Removal of kneecap bursa	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27345	Removal of knee cyst	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27347	Remove knee cyst	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27350	Removal of kneecap	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27355	Remove femur lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

27356	Remove femur lesion/graft	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27357	Remove femur lesion/graft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27358	Remove femur lesion/fixation	N					
27360	Partial removal leg bone(s)	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27364	Resect thigh/knee tum 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27365	Resect femur/knee tumor	C					
27369	Njx cntrst kne arthg/ct/mri	N					
27372	Removal of foreign body	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27380	Repair of kneecap tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27381	Repair/graft kneecap tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27385	Repair of thigh muscle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27386	Repair/graft of thigh muscle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27390	Incision of thigh tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27391	Incision of thigh tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27392	Incision of thigh tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27393	Lengthening of thigh tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27394	Lengthening of thigh tendons	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27395	Lengthening of thigh tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27396	Transplant of thigh tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27397	Transplants of thigh tendons	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27400	Revise thigh muscles/tendons	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27403	Repair of knee cartilage	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27405	Repair of knee ligament	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27407	Repair of knee ligament	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27409	Repair of knee ligaments	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27412	Autochondrocyte implant knee	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27415	Osteochondral knee allograft	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27416	Osteochondral knee autograft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27418	Repair degenerated kneecap	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27420	Revision of unstable kneecap	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27422	Revision of unstable kneecap	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27424	Revision/removal of kneecap	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27425	Lat retinacular release open	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27427	Reconstruction knee	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27428	Reconstruction knee	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27429	Reconstruction knee	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27430	Revision of thigh muscles	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27435	Incision of knee joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27437	Revise kneecap	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

27438	Revise kneecap with implant	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27440	Revision of knee joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27441	Revision of knee joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27442	Revision of knee joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27443	Revision of knee joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27445	Revision of knee joint	C					
27446	Revision of knee joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27447	Total knee arthroplasty	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27448	Incision of thigh	C					
27450	Incision of thigh	C					
27454	Realignment of thigh bone	C					
27455	Realignment of knee	C					
27457	Realignment of knee	C					
27465	Shortening of thigh bone	C					
27466	Lengthening of thigh bone	C					
27468	Shorten/lengthen thighs	C					
27470	Repair of thigh	C					
27472	Repair/graft of thigh	C					
27475	Surgery to stop leg growth	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27477	Surgery to stop leg growth	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27479	Surgery to stop leg growth	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27485	Surgery to stop leg growth	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27486	Revise/replace knee joint	C					
27487	Revise/replace knee joint	C					
27488	Removal of knee prosthesis	C					
27495	Reinforce thigh	C					
27496	Decompression of thigh/knee	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27497	Decompression of thigh/knee	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27498	Decompression of thigh/knee	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27499	Decompression of thigh/knee	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27500	Treatment of thigh fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27501	Treatment of thigh fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27502	Treatment of thigh fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27503	Treatment of thigh fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27506	Treatment of thigh fracture	C					
27507	Treatment of thigh fracture	C					
27508	Treatment of thigh fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27509	Treatment of thigh fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27510	Treatment of thigh fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

27511	Treatment of thigh fracture	C					
27513	Treatment of thigh fracture	C					
27514	Treatment of thigh fracture	C					
27516	Treat thigh fx growth plate	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27517	Treat thigh fx growth plate	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27519	Treat thigh fx growth plate	C					
27520	Treat kneecap fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27524	Treat kneecap fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27530	Treat knee fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27532	Treat knee fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27535	Treat knee fracture	C					
27536	Treat knee fracture	C					
27538	Treat knee fracture(s)	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27540	Treat knee fracture	C					
27550	Treat knee dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27552	Treat knee dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27556	Treat knee dislocation	C					
27557	Treat knee dislocation	C					
27558	Treat knee dislocation	C					
27560	Treat kneecap dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27562	Treat kneecap dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27566	Treat kneecap dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27570	Fixation of knee joint	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27580	Fusion of knee	C					
27590	Amputate leg at thigh	C					
27591	Amputate leg at thigh	C					
27592	Amputate leg at thigh	C					
27594	Amputation follow-up surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27596	Amputation follow-up surgery	C					
27598	Amputate lower leg at knee	C					
27599	Unlisted px femur/knee	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27600	Decompression of lower leg	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27601	Decompression of lower leg	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27602	Decompression of lower leg	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27603	Drain lower leg lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27604	Drain lower leg bursa	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27605	Incision of achilles tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27606	Incision of achilles tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27607	Treat lower leg bone lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

27610	Explore/treat ankle joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27612	Exploration of ankle joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27613	Biopsy lower leg soft tissue	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
27614	Biopsy lower leg soft tissue	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27615	Resect leg/ankle tum < 5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27616	Resect leg/ankle tum 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27618	Exc leg/ankle tum < 3 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
27619	Exc leg/ankle tum deep <5 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27620	Explore/treat ankle joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27625	Remove ankle joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27626	Remove ankle joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27630	Removal of tendon lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27632	Exc leg/ankle les sc 3 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27634	Exc leg/ankle tum dep 5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
27635	Remove lower leg bone lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27637	Remove/graft leg bone lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27638	Remove/graft leg bone lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27640	Partial removal of tibia	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27641	Partial removal of fibula	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27645	Resect tibia tumor	C					
27646	Resect fibula tumor	C					
27647	Resect talus/calcaneus tum	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27648	Injection for ankle x-ray	N					
27650	Repair achilles tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27652	Repair/graft achilles tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27654	Repair of achilles tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27656	Repair leg fascia defect	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27658	Repair of leg tendon each	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27659	Repair of leg tendon each	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27664	Repair of leg tendon each	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27665	Repair of leg tendon each	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27675	Repair lower leg tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27676	Repair lower leg tendons	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27680	Release of lower leg tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27681	Release of lower leg tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27685	Revision of lower leg tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27686	Revise lower leg tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27687	Revision of calf tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27690	Revise lower leg tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

27691	Revise lower leg tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27692	Revise additional leg tendon	N					
27695	Repair of ankle ligament	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27696	Repair of ankle ligaments	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27698	Repair of ankle ligament	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27700	Revision of ankle joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27702	Reconstruct ankle joint	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
27703	Reconstruction ankle joint	C					
27704	Removal of ankle implant	Q2		5113	Level 3 Musculoskeletal Procedures	36.3872	
27705	Incision of tibia	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27707	Incision of fibula	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27709	Incision of tibia & fibula	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27712	Realignment of lower leg	C					
27715	Revision of lower leg	C					
27720	Repair of tibia	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27722	Repair/graft of tibia	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27724	Repair/graft of tibia	C					
27725	Repair of lower leg	C					
27726	Repair fibula nonunion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27727	Repair of lower leg	C					
27730	Repair of tibia epiphysis	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27732	Repair of fibula epiphysis	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27734	Repair lower leg epiphyses	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27740	Repair of leg epiphyses	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27742	Repair of leg epiphyses	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27745	Reinforce tibia	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27750	Treatment of tibia fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27752	Treatment of tibia fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27756	Treatment of tibia fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27758	Treatment of tibia fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27759	Treatment of tibia fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27760	Cltx medial ankle fx	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27762	Cltx med ankle fx w/mnpj	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27766	Optx medial ankle fx	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27767	Cltx post ankle fx	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27768	Cltx post ankle fx w/mnpj	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27769	Optx post ankle fx	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27780	Treatment of fibula fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27781	Treatment of fibula fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

27784	Treatment of fibula fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27786	Treatment of ankle fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27788	Treatment of ankle fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27792	Treatment of ankle fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27808	Treatment of ankle fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27810	Treatment of ankle fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27814	Treatment of ankle fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27816	Treatment of ankle fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27818	Treatment of ankle fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27822	Treatment of ankle fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27823	Treatment of ankle fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27824	Treat lower leg fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27825	Treat lower leg fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27826	Treat lower leg fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27827	Treat lower leg fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27828	Treat lower leg fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27829	Treat lower leg joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27830	Treat lower leg dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27831	Treat lower leg dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27832	Treat lower leg dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27840	Treat ankle dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
27842	Treat ankle dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
27846	Treat ankle dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27848	Treat ankle dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27860	Fixation of ankle joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27870	Fusion of ankle joint open	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27871	Fusion of tibiofibular joint	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
27880	Amputation of lower leg	C					
27881	Amputation of lower leg	C					
27882	Amputation of lower leg	C					
27884	Amputation follow-up surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27886	Amputation follow-up surgery	C					
27888	Amputation of foot at ankle	C					
27889	Amputation of foot at ankle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27892	Decompression of leg	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27893	Decompression of leg	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
27894	Decompression of leg	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
27899	Unlisted px leg/ankle	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28001	Drainage of bursa of foot	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

28002	Treatment of foot infection	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28003	Treatment of foot infection	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28005	Treat foot bone lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28008	Incision of foot fascia	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28010	Incision of toe tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28011	Incision of toe tendons	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28020	Exploration of foot joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28022	Exploration of foot joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28024	Exploration of toe joint	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28035	Decompression of tibia nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
28039	Exc foot/toe tum sc 1.5 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
28041	Exc foot/toe tum dep 1.5cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
28043	Exc foot/toe tum sc < 1.5 cm	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
28045	Exc foot/toe tum deep <1.5cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
28046	Resect foot/toe tumor < 3 cm	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
28047	Resect foot/toe tumor 3 cm/>	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
28050	Biopsy of foot joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28052	Biopsy of foot joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28054	Biopsy of toe joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28055	Neurectomy foot	J1		5431	Level 1 Nerve Procedures	21.8997	
28060	Partial removal foot fascia	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28062	Removal of foot fascia	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28070	Removal of foot joint lining	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28072	Removal of foot joint lining	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28080	Removal of foot lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28086	Excise foot tendon sheath	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28088	Excise foot tendon sheath	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28090	Removal of foot lesion	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28092	Removal of toe lesions	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28100	Removal of ankle/heel lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28102	Remove/graft foot lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28103	Remove/graft foot lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28104	Removal of foot lesion	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28106	Remove/graft foot lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28107	Remove/graft foot lesion	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28108	Removal of toe lesions	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28110	Part removal of metatarsal	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28111	Part removal of metatarsal	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28112	Part removal of metatarsal	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

28113	Part removal of metatarsal	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28114	Removal of metatarsal heads	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28116	Revision of foot	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28118	Removal of heel bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28119	Removal of heel spur	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28120	Part removal of ankle/heel	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28122	Partial removal of foot bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28124	Partial removal of toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28126	Partial removal of toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28130	Removal of ankle bone	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28140	Removal of metatarsal	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28150	Removal of toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28153	Partial removal of toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28160	Partial removal of toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28171	Resect tarsal tumor	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28173	Resect metatarsal tumor	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28175	Resect phalanx of toe tumor	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28190	Removal of foot foreign body	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
28192	Removal of foot foreign body	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
28193	Removal of foot foreign body	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
28200	Repair of foot tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28202	Repair/graft of foot tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28208	Repair of foot tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28210	Repair/graft of foot tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28220	Release of foot tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28222	Release of foot tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28225	Release of foot tendon	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28226	Release of foot tendons	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28230	Incision of foot tendon(s)	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28232	Incision of toe tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28234	Incision of foot tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28238	Revision of foot tendon	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28240	Release of big toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28250	Revision of foot fascia	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28260	Release of midfoot joint	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28261	Revision of foot tendon	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28262	Revision of foot and ankle	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28264	Release of midfoot joint	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28270	Release of foot contracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

28272	Release of toe joint each	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28280	Fusion of toes	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28285	Repair of hammertoe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28286	Repair of hammertoe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28288	Partial removal of foot bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28289	Corrj halux rigdus w/o implt	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28291	Corrj halux rigdus w/implt	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28292	Correction hallux valgus	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28295	Correction hallux valgus	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28296	Correction hallux valgus	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28297	Correction hallux valgus	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
28298	Correction hallux valgus	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28299	Correction hallux valgus	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28300	Incision of heel bone	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28302	Incision of ankle bone	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28304	Incision of midfoot bones	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28305	Incise/graft midfoot bones	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28306	Incision of metatarsal	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28307	Incision of metatarsal	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28308	Incision of metatarsal	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28309	Incision of metatarsals	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28310	Revision of big toe	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28312	Revision of toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28313	Repair deformity of toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28315	Removal of sesamoid bone	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28320	Repair of foot bones	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
28322	Repair of metatarsals	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28340	Resect enlarged toe tissue	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28341	Resect enlarged toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28344	Repair extra toe(s)	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28345	Repair webbed toe(s)	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28360	Reconstruct cleft foot	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28400	Treatment of heel fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28405	Treatment of heel fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28406	Treatment of heel fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28415	Treat heel fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28420	Treat/graft heel fracture	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
28430	Treatment of ankle fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28435	Treatment of ankle fracture	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

28436	Treatment of ankle fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28445	Treat ankle fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28446	Osteochondral talus autograft	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28450	Treat midfoot fracture each	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28455	Treat midfoot fracture each	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28456	Treat midfoot fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28465	Treat midfoot fracture each	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28470	Treat metatarsal fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28475	Treat metatarsal fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28476	Treat metatarsal fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28485	Treat metatarsal fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28490	Treat big toe fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28495	Treat big toe fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28496	Treat big toe fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28505	Treat big toe fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28510	Treatment of toe fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28515	Treatment of toe fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28525	Treat toe fracture	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28530	Treat sesamoid bone fracture	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28531	Treat sesamoid bone fracture	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28540	Treat foot dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28545	Treat foot dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28546	Treat foot dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28555	Repair foot dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28570	Treat foot dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28575	Treat foot dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28576	Treat foot dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28585	Repair foot dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28600	Treat foot dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28605	Treat foot dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28606	Treat foot dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28615	Repair foot dislocation	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28630	Treat toe dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28635	Treat toe dislocation	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28636	Treat toe dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28645	Repair toe dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28660	Treat toe dislocation	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
28665	Treat toe dislocation	T		5102	Level 2 Strapping and Cast Application	2.9784	
28666	Treat toe dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

28675	Repair of toe dislocation	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28705	Fusion of foot bones	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
28715	Fusion of foot bones	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
28725	Fusion of foot bones	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
28730	Fusion of foot bones	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
28735	Fusion of foot bones	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
28737	Revision of foot bones	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
28740	Fusion of foot bones	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28750	Fusion of big toe joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28755	Fusion of big toe joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28760	Fusion of big toe joint	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
28800	Amputation of midfoot	C					
28805	Amputation thru metatarsal	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28810	Amputation toe & metatarsal	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28820	Amputation of toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28825	Partial amputation of toe	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
28890	Hi enrgy eswt plantar fascia	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
28899	Unlisted px foot/toes	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
29000	Application of body cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29010	Application of body cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29015	Application of body cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29035	Application of body cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29040	Application of body cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29044	Application of body cast	T		5101	Level 1 Strapping and Cast Application	1.7696	
29046	Application of body cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29049	Application of figure eight	T		5102	Level 2 Strapping and Cast Application	2.9784	
29055	Application of shoulder cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29058	Application of shoulder cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29065	Application of long arm cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29075	Application of forearm cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29085	Apply hand/wrist cast	T		5101	Level 1 Strapping and Cast Application	1.7696	
29086	Apply finger cast	T		5101	Level 1 Strapping and Cast Application	1.7696	
29105	Apply long arm splint	T		5101	Level 1 Strapping and Cast Application	1.7696	
29125	Apply forearm splint	Q1		5734	Level 4 Minor Procedures	1.4456	
29126	Apply forearm splint	Q1		5734	Level 4 Minor Procedures	1.4456	
29130	Application of finger splint	Q1		5734	Level 4 Minor Procedures	1.4456	
29131	Application of finger splint	Q1		5733	Level 3 Minor Procedures	0.6661	
29200	Strapping of chest	T		5101	Level 1 Strapping and Cast Application	1.7696	
29240	Strapping of shoulder	Q1		5734	Level 4 Minor Procedures	1.4456	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

29260	Strapping of elbow or wrist	Q1		5733	Level 3 Minor Procedures	0.6661	
29280	Strapping of hand or finger	Q1		5733	Level 3 Minor Procedures	0.6661	
29305	Application of hip cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29325	Application of hip casts	T		5102	Level 2 Strapping and Cast Application	2.9784	
29345	Application of long leg cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29355	Application of long leg cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29358	Apply long leg cast brace	T		5102	Level 2 Strapping and Cast Application	2.9784	
29365	Application of long leg cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29405	Apply short leg cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29425	Apply short leg cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29435	Apply short leg cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29440	Addition of walker to cast	T		5101	Level 1 Strapping and Cast Application	1.7696	
29445	Apply rigid leg cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29450	Application of leg cast	T		5101	Level 1 Strapping and Cast Application	1.7696	
29505	Application long leg splint	T		5101	Level 1 Strapping and Cast Application	1.7696	
29515	Application lower leg splint	T		5101	Level 1 Strapping and Cast Application	1.7696	
29520	Strapping of hip	Q1		5734	Level 4 Minor Procedures	1.4456	
29530	Strapping of knee	Q1		5734	Level 4 Minor Procedures	1.4456	
29540	Strapping of ankle and/or ft	T		5101	Level 1 Strapping and Cast Application	1.7696	
29550	Strapping of toes	Q1		5733	Level 3 Minor Procedures	0.6661	
29580	Application of paste boot	T		5101	Level 1 Strapping and Cast Application	1.7696	
29581	Apply multlay comprs lwr leg	T		5101	Level 1 Strapping and Cast Application	1.7696	
29584	Appl multlay comprs arm/hand	T		5101	Level 1 Strapping and Cast Application	1.7696	
29700	Removal/revision of cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29705	Removal/revision of cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29710	Removal/revision of cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29720	Repair of body cast	T		5101	Level 1 Strapping and Cast Application	1.7696	
29730	Windowing of cast	T		5101	Level 1 Strapping and Cast Application	1.7696	
29740	Wedging of cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29750	Wedging of clubfoot cast	T		5102	Level 2 Strapping and Cast Application	2.9784	
29799	Unlisted px casting/strpg	T		5101	Level 1 Strapping and Cast Application	1.7696	
29800	Jaw arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29804	Jaw arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29805	Sho arthrs dx +- synovial bx	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29806	Sho arthrs srg capsulorraphy	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29807	Sho arthrs srg rpr slap les	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29819	Sho arthrs srg rmvl loose/fb	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29820	Sho arthrs srg prt synvct	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29821	Sho arthrs srg compl synvct	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

29822	Sho arthrs srg lmtd dbrdmt	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29823	Sho arthrs srg xtntv dbrdmt	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29824	Sho arthrs srg dstl clavicle	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29825	Sho arthrs srg lss&rescj ads	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29826	Sho arthrs srg decompression	N					
29827	Sho arthrs srg rt8tr cuf rpr	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29828	Sho arthrs srg bicp tenodsis	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29830	Elbow arthroscopy	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29834	Elbow arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29835	Elbow arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29836	Elbow arthroscopy/surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29837	Elbow arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29838	Elbow arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29840	Wrist arthroscopy	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29843	Wrist arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29844	Wrist arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29845	Wrist arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29846	Wrist arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29847	Wrist arthroscopy/surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29848	Wrist endoscopy/surgery	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
29850	Knee arthroscopy/surgery	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
29851	Knee arthroscopy/surgery	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
29855	Tibial arthroscopy/surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29856	Tibial arthroscopy/surgery	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
29860	Hip arthroscopy dx	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29861	Hip arthro w/fb removal	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29862	Hip arthro w/debridement	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29863	Hip arthro w/synovectomy	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29866	Autgrft implnt knee w/scope	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29867	Allgrft implnt knee w/scope	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
29868	Meniscal trnspl knee w/scpe	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29870	Knee arthroscopy dx	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29871	Knee arthroscopy/drainage	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29873	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29874	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29875	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29876	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29877	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29879	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

29880	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29881	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29882	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29883	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29884	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29885	Knee arthroscopy/surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29886	Knee arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29887	Knee arthroscopy/surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29888	Knee arthroscopy/surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29889	Knee arthroscopy/surgery	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
29891	Ankle arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29892	Ankle arthroscopy/surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29893	Scope plantar fasciotomy	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29894	Ankle arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29895	Ankle arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29897	Ankle arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29898	Ankle arthroscopy/surgery	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29899	Ankle arthroscopy/surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29900	Mcp joint arthroscopy dx	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29901	Mcp joint arthroscopy surg	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29902	Mcp joint arthroscopy surg	J1		5112	Level 2 Musculoskeletal Procedures	17.9481	
29904	Subtalar arthro w/fb rmvl	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29905	Subtalar arthro w/exc	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29906	Subtalar arthro w/deb	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
29907	Subtalar arthro w/fusion	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
29914	Hip arthro w/femoroplasty	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29915	Hip arthro acetabuloplasty	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29916	Hip arthro w/labral repair	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
29999	Unlisted px arthroscopy	T		5111	Level 1 Musculoskeletal Procedures	2.6902	
30000	Drainage of nose lesion	T		5161	Level 1 ENT Procedures	2.6043	
30020	Drainage of nose lesion	T		5162	Level 2 ENT Procedures	5.7111	
3006F	Cxr doc rev	E1					
3008F	Body mass index docd	E1					
30100	Intranasal biopsy	J1		5163	Level 3 ENT Procedures	16.6121	
30110	Removal of nose polyp(s)	J1		5163	Level 3 ENT Procedures	16.6121	
30115	Removal of nose polyp(s)	J1		5164	Level 4 ENT Procedures	36.3699	
30117	Removal of intranasal lesion	J1		5164	Level 4 ENT Procedures	36.3699	
30118	Removal of intranasal lesion	J1		5164	Level 4 ENT Procedures	36.3699	
3011F	Lipid panel doc rev	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

30120	Revision of nose	J1		5164	Level 4 ENT Procedures	36.3699	
30124	Removal of nose lesion	J1		5163	Level 3 ENT Procedures	16.6121	
30125	Removal of nose lesion	J1		5165	Level 5 ENT Procedures	66.3421	
30130	Excise inferior turbinate	J1		5164	Level 4 ENT Procedures	36.3699	
30140	Resect inferior turbinate	J1		5164	Level 4 ENT Procedures	36.3699	
3014F	Screen mammo doc rev	E1					
30150	Partial removal of nose	J1		5165	Level 5 ENT Procedures	66.3421	
3015F	Cerv cancer screen docd	E1					
30160	Removal of nose	J1		5165	Level 5 ENT Procedures	66.3421	
3016F	Pt scrnd unhlthy oh use	E1					
3017F	Colorectal ca screen doc rev	M					
3018F	Pre-prxd rsk et al docd	E1					
3019F	Lvef assess planpost dschrge	E1					
30200	Injection treatment of nose	T		5162	Level 2 ENT Procedures	5.7111	
3020F	Lvf assess	E1					
30210	Nasal sinus therapy	J1		5163	Level 3 ENT Procedures	16.6121	
3021F	Lvef mod/sever deprs syst	E1					
30220	Insert nasal septal button	J1		5163	Level 3 ENT Procedures	16.6121	
3022F	Lvef >=40% systolic	M					
3023F	Spirom doc rev	E1					
3025F	Spirom fev/fvc <70% w/copd	E1					
3027F	Spirom fev/fvc>=70%/w/ocopd	E1					
3028F	O2 saturation doc rev	E1					
30300	Remove nasal foreign body	Q1		5734	Level 4 Minor Procedures	1.4456	
30310	Remove nasal foreign body	J1		5164	Level 4 ENT Procedures	36.3699	
30320	Remove nasal foreign body	J1		5163	Level 3 ENT Procedures	16.6121	
3035F	O2 saturation<=88%/pao<=55	E1					
3037F	O2 saturation >88%/pao>55 hg	E1					
3038F	Pulm fx w/in 12 mon b/4 surg	E1					
30400	Reconstruction of nose	J1		5165	Level 5 ENT Procedures	66.3421	
3040F	Fev <40% predicted value	E1					
30410	Reconstruction of nose	J1		5165	Level 5 ENT Procedures	66.3421	
30420	Reconstruction of nose	J1		5165	Level 5 ENT Procedures	66.3421	
3042F	Fev >=40% predicted value	E1					
30430	Revision of nose	J1		5165	Level 5 ENT Procedures	66.3421	
30435	Revision of nose	J1		5165	Level 5 ENT Procedures	66.3421	
3044F	Hg a1c level lt 7.0%	E1					
30450	Revision of nose	J1		5165	Level 5 ENT Procedures	66.3421	
30460	Revision of nose	J1		5165	Level 5 ENT Procedures	66.3421	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

30462	Revision of nose	J1		5165	Level 5 ENT Procedures	66.3421	
30465	Repair nasal stenosis	J1		5165	Level 5 ENT Procedures	66.3421	
30468	Rpr nsl vlv collapse w/implt	J1		5165	Level 5 ENT Procedures	66.3421	
30469	Rpr nsl vlv collapse w/rmdlg	J1		5165	Level 5 ENT Procedures	66.3421	
3046F	Hemoglobin a1c level >9.0%	E1					
3048F	Ldl-c <100 mg/dl	E1					
3049F	Ldl-c 100-129 mg/dl	E1					
3050F	Ldl-c >= 130 mg/dl	E1					
3051F	Hg a1c>equal 7.0%<8.0%	E1					
30520	Repair of nasal septum	J1		5164	Level 4 ENT Procedures	36.3699	
3052F	Hg a1c>equal 8.0%<equal 9.0%	E1					
30540	Repair nasal defect	J1		5165	Level 5 ENT Procedures	66.3421	
30545	Repair nasal defect	J1		5165	Level 5 ENT Procedures	66.3421	
3055F	Lvef less than/equal to 35%	E1					
30560	Release of nasal adhesions	T		5162	Level 2 ENT Procedures	5.7111	
3056F	Lvef greater than 35%	E1					
30580	Repair upper jaw fistula	J1		5165	Level 5 ENT Procedures	66.3421	
30600	Repair mouth/nose fistula	J1		5165	Level 5 ENT Procedures	66.3421	
3060F	Pos microalbuminuria rev	E1					
3061F	Neg microalbuminuria rev	E1					
30620	Intranasal reconstruction	J1		5165	Level 5 ENT Procedures	66.3421	
3062F	Pos macroalbuminuria rev	E1					
30630	Repair nasal septum defect	J1		5164	Level 4 ENT Procedures	36.3699	
3066F	Nephropathy doc tx	E1					
3072F	Low risk for retinopathy	M					
3073F	Pre-surg eye measures docd	E1					
3074F	Syst bp lt 130 mm hg	E1					
3075F	Syst bp ge 130 - 139mm hg	E1					
3077F	Syst bp >= 140 mm hg	E1					
3078F	Diast bp <80 mm hg	E1					
3079F	Diast bp 80-89 mm hg	E1					
30801	Ablate inf turbinate superf	J1		5163	Level 3 ENT Procedures	16.6121	
30802	Ablate inf turbinate submuc	J1		5163	Level 3 ENT Procedures	16.6121	
3080F	Diast bp >= 90 mm hg	E1					
3082F	Kt/v <1.2	E1					
3083F	Kt/v >= 1.2 & <1.7	E1					
3084F	Kt/v >= 1.7	E1					
3085F	Suicide risk assessed	E1					
3088F	Mdd mild	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

3089F	Mdd moderate	E1					
30901	Control of nosebleed	Q1		5734	Level 4 Minor Procedures	1.4456	
30903	Control of nosebleed	T		5734	Level 4 Minor Procedures	1.4456	
30905	Control of nosebleed	T		5734	Level 4 Minor Procedures	1.4456	
30906	Repeat control of nosebleed	T		5161	Level 1 ENT Procedures	2.6043	
3090F	Mdd severe w/o psych	E1					
30915	Ligation nasal sinus artery	J1		5183	Level 3 Vascular Procedures	35.2981	
3091F	Mdd severe w/psych	E1					
30920	Ligation upper jaw artery	J1		5183	Level 3 Vascular Procedures	35.2981	
3092F	Mdd in remission	E1					
30930	Ther fx nasal inf turbinate	J1		5164	Level 4 ENT Procedures	36.3699	
3093F	Doc new diag 1st/addl mdd	E1					
3095F	Central dexta results docd	M					
3096F	Central dexta ordered	E1					
30999	Unlisted procedure nose	T		5161	Level 1 ENT Procedures	2.6043	
31000	Irrigation maxillary sinus	T		5161	Level 1 ENT Procedures	2.6043	
31002	Irrigation sphenoid sinus	J1		5163	Level 3 ENT Procedures	16.6121	
3100F	Image test ref carot diam	E1					
31020	Exploration maxillary sinus	J1		5164	Level 4 ENT Procedures	36.3699	
31030	Exploration maxillary sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31032	Explore sinus remove polyps	J1		5165	Level 5 ENT Procedures	66.3421	
31040	Exploration behind upper jaw	J1		5165	Level 5 ENT Procedures	66.3421	
31050	Exploration sphenoid sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31051	Sphenoid sinus surgery	J1		5165	Level 5 ENT Procedures	66.3421	
31070	Exploration of frontal sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31075	Exploration of frontal sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31080	Removal of frontal sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31081	Removal of frontal sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31084	Removal of frontal sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31085	Removal of frontal sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31086	Removal of frontal sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31087	Removal of frontal sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31090	Exploration of sinuses	J1		5165	Level 5 ENT Procedures	66.3421	
3110F	Pres/absn hmrhg/lesion docd	E1					
3111F	Ct/mri brain done w/in 24hrs	E1					
3112F	Ct/mri brain done 24 hrs	E1					
3115F	Quant results activity & symp	E1					
3117F	Hf assessment tool completed	E1					
3118F	Ny heart assoc class docd	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

3119F	No eval activity clin symp	E1					
31200	Removal of ethmoid sinus	J1		5165	Level 5 ENT Procedures	66.3421	
31201	Removal of ethmoid sinus	J1		5163	Level 3 ENT Procedures	16.6121	
31205	Removal of ethmoid sinus	J1		5164	Level 4 ENT Procedures	36.3699	
3120F	12-lead ecg performed	E1					
31225	Removal of upper jaw	C					
31230	Removal of upper jaw	C					
31231	Nasal endoscopy dx	T		5151	Level 1 Airway Endoscopy	2.1772	
31233	Nsl/sins ndsc dx max sinusc	T		5152	Level 2 Airway Endoscopy	4.3548	
31235	Nsl/sins ndsc dx sphn sinusc	J1		5153	Level 3 Airway Endoscopy	19.3394	
31237	Nasal/sinus endoscopy surg	J1		5153	Level 3 Airway Endoscopy	19.3394	
31238	Nasal/sinus endoscopy surg	J1		5153	Level 3 Airway Endoscopy	19.3394	
31239	Nasal/sinus endoscopy surg	J1		5154	Level 4 Airway Endoscopy	41.3479	
31240	Nasal/sinus endoscopy surg	J1		5153	Level 3 Airway Endoscopy	19.3394	
31241	Nsl/sins ndsc w/artery lig	J1		5153	Level 3 Airway Endoscopy	19.3394	
31242	Nsl/sinus ndsc rf abltj pnn	J1		5165	Level 5 ENT Procedures	66.3421	
31243	Nsl/sinus ndsc cryoabltj pnn	J1		5165	Level 5 ENT Procedures	66.3421	
31253	Nsl/sins ndsc total	J1		5155	Level 5 Airway Endoscopy	77.6331	
31254	Nsl/sins ndsc w/prtl ethmdct	J1		5155	Level 5 Airway Endoscopy	77.6331	
31255	Nsl/sins ndsc w/tot ethmdct	J1		5155	Level 5 Airway Endoscopy	77.6331	
31256	Exploration maxillary sinus	J1		5154	Level 4 Airway Endoscopy	41.3479	
31257	Nsl/sins ndsc tot w/sphendt	J1		5155	Level 5 Airway Endoscopy	77.6331	
31259	Nsl/sins ndsc sphn tiss rmvl	J1		5155	Level 5 Airway Endoscopy	77.6331	
31267	Endoscopy maxillary sinus	J1		5155	Level 5 Airway Endoscopy	77.6331	
3126F	Esoph bx rppt w/dyspl info	M					
31276	Nsl/sins ndsc frnt tiss rmvl	J1		5155	Level 5 Airway Endoscopy	77.6331	
31287	Nasal/sinus endoscopy surg	J1		5155	Level 5 Airway Endoscopy	77.6331	
31288	Nasal/sinus endoscopy surg	J1		5155	Level 5 Airway Endoscopy	77.6331	
31290	Nasal/sinus endoscopy surg	C					
31291	Nasal/sinus endoscopy surg	C					
31292	Nsl/sins ndsc med/inf dcmpn	J1		5155	Level 5 Airway Endoscopy	77.6331	
31293	Nsl/sins ndsc med&inf dcmpn	J1		5155	Level 5 Airway Endoscopy	77.6331	
31294	Nsl/sins ndsc surg on dcmpn	J1		5155	Level 5 Airway Endoscopy	77.6331	
31295	Nsl/sins ndsc surg max sins	J1		5155	Level 5 Airway Endoscopy	77.6331	
31296	Nsl/sins ndsc surg frnt sins	J1		5155	Level 5 Airway Endoscopy	77.6331	
31297	Nsl/sins ndsc surg sphn sins	J1		5155	Level 5 Airway Endoscopy	77.6331	
31298	Nsl/sins ndsc surg frnt&sphn	J1		5155	Level 5 Airway Endoscopy	77.6331	
31299	Unlisted px accessory sinus	T		5161	Level 1 ENT Procedures	2.6043	
31300	Removal of larynx lesion	J1		5164	Level 4 ENT Procedures	36.3699	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

3130F	Upper gi endoscopy performed	E1					
3132F	Doc ref upper gi endoscopy	E1					
31360	Removal of larynx	C					
31365	Removal of larynx	C					
31367	Partial removal of larynx	C					
31368	Partial removal of larynx	C					
31370	Partial removal of larynx	C					
31375	Partial removal of larynx	C					
31380	Partial removal of larynx	C					
31382	Partial removal of larynx	C					
31390	Removal of larynx & pharynx	C					
31395	Reconstruct larynx & pharynx	C					
31400	Revision of larynx	J1		5165	Level 5 ENT Procedures	66.3421	
3140F	Upper gi endo shows barrrts	E1					
3141F	Upper gi endo not barrrts	E1					
31420	Removal of epiglottis	J1		5165	Level 5 ENT Procedures	66.3421	
3142F	Barium swallow test ordered	E1					
31500	Insert emergency airway	T		5161	Level 1 ENT Procedures	2.6043	
31502	Change of windpipe airway	T		5161	Level 1 ENT Procedures	2.6043	
31505	Diagnostic laryngoscopy	T		5151	Level 1 Airway Endoscopy	2.1772	
3150F	Forceps esoph biopsy done	E1					
31510	Laryngoscopy with biopsy	J1		5154	Level 4 Airway Endoscopy	41.3479	
31511	Remove foreign body larynx	T		5151	Level 1 Airway Endoscopy	2.1772	
31512	Removal of larynx lesion	J1		5154	Level 4 Airway Endoscopy	41.3479	
31513	Injection into vocal cord	T		5152	Level 2 Airway Endoscopy	4.3548	
31515	Laryngoscopy for aspiration	T		5152	Level 2 Airway Endoscopy	4.3548	
31520	Dx laryngoscopy newborn	T		5152	Level 2 Airway Endoscopy	4.3548	
31525	Dx laryngoscopy excl nb	J1		5153	Level 3 Airway Endoscopy	19.3394	
31526	Dx laryngoscopy w/oper scope	J1		5153	Level 3 Airway Endoscopy	19.3394	
31527	Laryngoscopy for treatment	J1		5154	Level 4 Airway Endoscopy	41.3479	
31528	Laryngoscopy and dilation	J1		5154	Level 4 Airway Endoscopy	41.3479	
31529	Laryngoscopy and dilation	J1		5154	Level 4 Airway Endoscopy	41.3479	
31530	Laryngoscopy w/fb removal	J1		5153	Level 3 Airway Endoscopy	19.3394	
31531	Laryngoscopy w/fb & op scope	J1		5154	Level 4 Airway Endoscopy	41.3479	
31535	Laryngoscopy w/biopsy	J1		5154	Level 4 Airway Endoscopy	41.3479	
31536	Laryngoscopy w/bx & op scope	J1		5154	Level 4 Airway Endoscopy	41.3479	
31540	Laryngoscopy w/exc of tumor	J1		5154	Level 4 Airway Endoscopy	41.3479	
31541	Larynscoep w/tumr exc + scope	J1		5154	Level 4 Airway Endoscopy	41.3479	
31545	Remove vc lesion w/scope	J1		5154	Level 4 Airway Endoscopy	41.3479	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

31546	Remove vc lesion scope/graft	J1		5155	Level 5 Airway Endoscopy	77.6331	
31551	Laryngoplasty laryngeal sten	J1		5165	Level 5 ENT Procedures	66.3421	
31552	Laryngoplasty laryngeal sten	J1		5165	Level 5 ENT Procedures	66.3421	
31553	Laryngoplasty laryngeal sten	J1		5165	Level 5 ENT Procedures	66.3421	
31554	Laryngoplasty laryngeal sten	J1		5165	Level 5 ENT Procedures	66.3421	
3155F	Cytogen test marrow b/4 tx	E1					
31560	Laryngoscop w/arytenoidectom	J1		5155	Level 5 Airway Endoscopy	77.6331	
31561	Larynscoep remve cart + scop	J1		5155	Level 5 Airway Endoscopy	77.6331	
31570	Laryngoscope w/vc inj	J1		5154	Level 4 Airway Endoscopy	41.3479	
31571	Laryngoscop w/vc inj + scope	J1		5154	Level 4 Airway Endoscopy	41.3479	
31572	Largsc w/laser dstrj les	J1		5154	Level 4 Airway Endoscopy	41.3479	
31573	Largsc w/ther injection	J1		5153	Level 3 Airway Endoscopy	19.3394	
31574	Largsc w/njx augmentation	J1		5153	Level 3 Airway Endoscopy	19.3394	
31575	Diagnostic laryngoscopy	T		5151	Level 1 Airway Endoscopy	2.1772	
31576	Laryngoscopy with biopsy	J1		5153	Level 3 Airway Endoscopy	19.3394	
31577	Largsc w/rmvl foreign bdy(s)	T		5152	Level 2 Airway Endoscopy	4.3548	
31578	Largsc w/removal lesion	J1		5154	Level 4 Airway Endoscopy	41.3479	
31579	Laryngoscopy telescopic	T		5152	Level 2 Airway Endoscopy	4.3548	
31580	Laryngoplasty laryngeal web	J1		5165	Level 5 ENT Procedures	66.3421	
31584	Laryngoplasty fx rdctj fixj	J1		5165	Level 5 ENT Procedures	66.3421	
31587	Laryngoplasty cricoid split	J1		5165	Level 5 ENT Procedures	66.3421	
31590	Reinnervate larynx	J1		5165	Level 5 ENT Procedures	66.3421	
31591	Laryngoplasty medialization	J1		5165	Level 5 ENT Procedures	66.3421	
31592	Cricotracheal resection	J1		5165	Level 5 ENT Procedures	66.3421	
31599	Unlisted procedure larynx	T		5161	Level 1 ENT Procedures	2.6043	
31600	Incision of windpipe	J1		5164	Level 4 ENT Procedures	36.3699	
31601	Incision of windpipe	J1		5165	Level 5 ENT Procedures	66.3421	
31603	Incision of windpipe	J1		5163	Level 3 ENT Procedures	16.6121	
31605	Incision of windpipe	T		5161	Level 1 ENT Procedures	2.6043	
3160F	Doc fe+ stores b/4 epo thx	E1					
31610	Incision of windpipe	J1		5165	Level 5 ENT Procedures	66.3421	
31611	Surgery/speech prosthesis	J1		5164	Level 4 ENT Procedures	36.3699	
31612	Puncture/clear windpipe	J1		5164	Level 4 ENT Procedures	36.3699	
31613	Repair windpipe opening	J1		5164	Level 4 ENT Procedures	36.3699	
31614	Repair windpipe opening	J1		5165	Level 5 ENT Procedures	66.3421	
31615	Visualization of windpipe	T		5162	Level 2 ENT Procedures	5.7111	
31622	Dx bronchoscope/wash	J1		5153	Level 3 Airway Endoscopy	19.3394	
31623	Dx bronchoscope/brush	J1		5153	Level 3 Airway Endoscopy	19.3394	
31624	Dx bronchoscope/lavage	J1		5153	Level 3 Airway Endoscopy	19.3394	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

31625	Bronchoscopy w/biopsy(s)	J1		5153	Level 3 Airway Endoscopy	19.3394	
31626	Bronchoscopy w/markers	J1		5155	Level 5 Airway Endoscopy	77.6331	
31627	Navigational bronchoscopy	N					
31628	Bronchoscopy/lung bx each	J1		5154	Level 4 Airway Endoscopy	41.3479	
31629	Bronchoscopy/needle bx each	J1		5154	Level 4 Airway Endoscopy	41.3479	
31630	Bronchoscopy dilate/fx repr	J1		5154	Level 4 Airway Endoscopy	41.3479	
31631	Bronchoscopy dilate w/stent	J1		5155	Level 5 Airway Endoscopy	77.6331	
31632	Bronchoscopy/lung bx addl	N					
31633	Bronchoscopy/needle bx addl	N					
31634	Bronch w/balloon occlusion	J1		5155	Level 5 Airway Endoscopy	77.6331	
31635	Bronchoscopy w/fb removal	J1		5153	Level 3 Airway Endoscopy	19.3394	
31636	Bronchoscopy bronch stents	J1		5155	Level 5 Airway Endoscopy	77.6331	
31637	Bronchoscopy stent add-on	N					
31638	Bronchoscopy revise stent	J1		5155	Level 5 Airway Endoscopy	77.6331	
31640	Bronchoscopy w/tumor excise	J1		5154	Level 4 Airway Endoscopy	41.3479	
31641	Bronchoscopy treat blockage	J1		5154	Level 4 Airway Endoscopy	41.3479	
31643	Diag bronchoscope/catheter	J1		5153	Level 3 Airway Endoscopy	19.3394	
31645	Brnchsc w/ther aspir 1st	J1		5153	Level 3 Airway Endoscopy	19.3394	
31646	Brnchsc w/ther aspir sbsq	T		5152	Level 2 Airway Endoscopy	4.3548	
31647	Bronchial valve init insert	J1		5155	Level 5 Airway Endoscopy	77.6331	
31648	Bronchial valve remov init	J1		5154	Level 4 Airway Endoscopy	41.3479	
31649	Bronchial valve remov addl	Q2		5153	Level 3 Airway Endoscopy	19.3394	
31651	Bronchial valve addl insert	N					
31652	Bronch ebus sampling 1/2 node	J1		5154	Level 4 Airway Endoscopy	41.3479	
31653	Bronch ebus sampling 3/> node	J1		5154	Level 4 Airway Endoscopy	41.3479	
31654	Bronch ebus ivntj perph les	N					
31660	Bronch thermoplasty 1 lobe	J1		5155	Level 5 Airway Endoscopy	77.6331	
31661	Bronch thermoplasty 2/> lobes	J1		5155	Level 5 Airway Endoscopy	77.6331	
3170F	Baselin flo cytometry b/4 tx	E1					
31717	Bronchial brush biopsy	T		5152	Level 2 Airway Endoscopy	4.3548	
31720	Clearance of airways	Q1		5791	Pulmonary Treatment	2.2810	
31725	Clearance of airways	C					
31730	Intro windpipe wire/tube	J1		5153	Level 3 Airway Endoscopy	19.3394	
31750	Repair of windpipe	J1		5165	Level 5 ENT Procedures	66.3421	
31755	Repair of windpipe	J1		5165	Level 5 ENT Procedures	66.3421	
31760	Repair of windpipe	C					
31766	Reconstruction of windpipe	C					
31770	Repair/graft of bronchus	C					
31775	Reconstruct bronchus	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

31780	Reconstruct windpipe	C					
31781	Reconstruct windpipe	C					
31785	Remove windpipe lesion	J1		5165	Level 5 ENT Procedures	66.3421	
31786	Remove windpipe lesion	C					
31800	Repair of windpipe injury	C					
31805	Repair of windpipe injury	C					
31820	Closure of windpipe lesion	J1		5164	Level 4 ENT Procedures	36.3699	
31825	Repair of windpipe defect	J1		5164	Level 4 ENT Procedures	36.3699	
31830	Revise windpipe scar	J1		5164	Level 4 ENT Procedures	36.3699	
31899	Unlisted px trachea bronchi	T		5151	Level 1 Airway Endoscopy	2.1772	
3200F	Barium swallow test not req	E1					
32035	Thoracostomy w/rib resection	C					
32036	Thoracostomy w/flap drainage	C					
32096	Open wedge/bx lung infiltr	C					
32097	Open wedge/bx lung nodule	C					
32098	Open biopsy of lung pleura	C					
32100	Exploration of chest	C					
3210F	Grp a strep test performed	M					
32110	Explore/repair chest	C					
32120	Re-exploration of chest	C					
32124	Explore chest free adhesions	C					
32140	Removal of lung lesion(s)	C					
32141	Remove/treat lung lesions	C					
32150	Removal of lung lesion(s)	C					
32151	Remove lung foreign body	C					
3215F	Pt immunity to hep a docd	E1					
32160	Open chest heart massage	C					
3216F	Pt immunity to hep b docd	E1					
3218F	Rna tstng hep c docd done	E1					
32200	Drain open lung lesion	C					
3220F	Hep c quant rna tstng docd	E1					
32215	Treat chest lining	C					
32220	Release of lung	C					
32225	Partial release of lung	C					
3230F	Note hring tst w/in 6 mon	E1					
32310	Removal of chest lining	C					
32320	Free/remove chest lining	C					
32400	Needle biopsy chest lining	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
32408	Core ndl bx lng/med perq	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

32440	Remove lung pneumonectomy	C					
32442	Sleeve pneumonectomy	C					
32445	Removal of lung extrapleural	C					
32480	Partial removal of lung	C					
32482	Bilobectomy	C					
32484	Segmentectomy	C					
32486	Sleeve lobectomy	C					
32488	Completion pneumonectomy	C					
32491	Lung volume reduction	C					
32501	Repair bronchus add-on	C					
32503	Resect apical lung tumor	C					
32504	Resect apical lung tum/chest	C					
32505	Wedge resect of lung initial	C					
32506	Wedge resect of lung add-on	C					
32507	Wedge resect of lung diag	C					
3250F	Nonprim loc anat bx site tum	M					
32540	Removal of lung lesion	C					
32550	Insert pleural cath	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
32551	Insertion of chest tube	J1		5182	Level 2 Vascular Procedures	17.4213	
32552	Remove lung catheter	Q2		5181	Level 1 Vascular Procedures	6.9336	
32553	Ins mark thor for rt perq	S		5613	Level 3 Therapeutic Radiation Treatment Preparation	15.3446	
32554	Aspirate pleura w/o imaging	T		5181	Level 1 Vascular Procedures	6.9336	
32555	Aspirate pleura w/ imaging	T		5181	Level 1 Vascular Procedures	6.9336	
32556	Insert cath pleura w/o image	J1		5302	Level 2 Upper GI Procedures	21.2741	
32557	Insert cath pleura w/ image	J1		5182	Level 2 Vascular Procedures	17.4213	
32560	Treat pleurodesis w/agent	T		5181	Level 1 Vascular Procedures	6.9336	
32561	Lyse chest fibrin init day	T	E1				
32562	Lyse chest fibrin subq day	T	E1				
32601	Thoracoscopy diagnostic	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
32604	Thoracoscopy wbx sac	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
32606	Thoracoscopy w/bx med space	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
32607	Thoracoscopy w/bx infiltrate	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
32608	Thoracoscopy w/bx nodule	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
32609	Thoracoscopy w/bx pleura	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
3260F	Pt cat/pn cat/hist grd docd	M					
32650	Thoracoscopy w/pleurodesis	C					
32651	Thoracoscopy remove cortex	C					
32652	Thoracoscopy rem totl cortex	C					
32653	Thoracoscopy remov fb/fibrin	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

32654	Thoracoscopy contrl bleeding	C					
32655	Thoracoscopy resect bullae	C					
32656	Thoracoscopy w/pleurectomy	C					
32658	Thoracoscopy w/sac fb remove	C					
32659	Thoracoscopy w/sac drainage	C					
3265F	Rna tstng hepc vir ord/docd	E1					
32661	Thoracoscopy w/pericard exc	C					
32662	Thoracoscopy w/mediast exc	C					
32663	Thoracoscopy w/lobectomy	C					
32664	Thoracoscopy w/ th nrv exc	C					
32665	Thoracoscop w/esoph musc exc	C					
32666	Thoracoscopy w/wedge resect	C					
32667	Thoracoscopy w/w resect addl	C					
32668	Thoracoscopy w/w resect diag	C					
32669	Thoracoscopy remove segment	C					
3266F	Hepc gn tstng docd b/4txmnt	E1					
32670	Thoracoscopy bilobectomy	C					
32671	Thoracoscopy pneumonectomy	C					
32672	Thoracoscopy for lvrs	C					
32673	Thoracoscopy w/thymus resect	C					
32674	Thoracoscopy lymph node exc	C					
3267F	Path rpt w/ pt pn cat et al	M					
3268F	Psa/t/glsc docd b/4 txmnt	E1					
3269F	Bone scn b/4 txmnt/aftr dx	M					
32701	Thorax stereo rad targetw/tx	B	A				\$183.74
3270F	No bone scn b/4 txmnt/aftrdx	M					
3271F	Low risk prostate cancer	E1					
3272F	Med risk prostate cancer	E1					
3273F	High risk prostate cancer	E1					
3274F	Prost cnr rsk not lw/md/hgh	E1					
3278F	Serum lvls ca/iph/lpd ord	E1					
3279F	Hgb lvl >= 13 g/dl	E1					
32800	Repair lung hernia	C					
3280F	Hgb lvl 11-12.9 g/dl	E1					
32810	Close chest after drainage	C					
32815	Close bronchial fistula	C					
3281F	Hgb lvl <11 g/dl	E1					
32820	Reconstruct injured chest	C					
3284F	lop down >15% of pre-svc lvl	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

32850	Donor pneumonectomy	C					
32851	Lung transplant single	C					
32852	Lung transplant with bypass	C					
32853	Lung transplant double	C					
32854	Lung transplant with bypass	C					
32855	Prepare donor lung single	C					
32856	Prepare donor lung double	C					
3285F	Iop down <15% of pre-svc lvl	E1					
3288F	Fall risk assessment docd	E1					
32900	Removal of rib(s)	C					
32905	Revise & repair chest wall	C					
32906	Revise & repair chest wall	C					
3290F	Pt=d(rh)- and unsensitized	E1					
3291F	Pt=d(rh)+ or sensitized	E1					
3292F	Hiv tstng asked/docd/revwd	E1					
3293F	Abo rh blood typing docd	E1					
32940	Revision of lung	C					
3294F	Grp b strep screening docd	E1					
32960	Therapeutic pneumothorax	T		5181	Level 1 Vascular Procedures	6.9336	
32994	Ablate pulm tumor perq crybl	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
32997	Total lung lavage	C					
32998	Ablate pulm tumor perq rf	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
32999	Unlisted px lungs & pleura	T		5181	Level 1 Vascular Procedures	6.9336	
3300F	Ajcc stage docd b/4 thxpy	M					
33016	Pericardiocentesis w/imaging	J1		5182	Level 2 Vascular Procedures	17.4213	
33017	Prcrd drg 6yr+ w/o cgen car	C					
33018	Prcrd drg 0-5yr or w/anomly	C					
33019	Perq prcrd drg insj cath ct	C					
3301F	Cancer stage docd metast	M					
33020	Incision of heart sac	C					
33025	Incision of heart sac	C					
33030	Partial removal of heart sac	C					
33031	Partial removal of heart sac	C					
33050	Resect heart sac lesion	C					
33120	Removal of heart lesion	C					
33130	Removal of heart lesion	C					
33140	Heart revascularize (tmr)	C					
33141	Heart tmr w/other procedure	C					
3315F	Er+ or pr+ breast cancer	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

3316F	Er- or pr- breast cancer	E1					
3317F	Path rpt malig cancer docd	E1					
3318F	Path rpt malig cancer docd	E1					
3319F	X-ray/ct/ultrsnd et al ord	M					
33202	Insert epicard eltrd open	C					
33203	Insert epicard eltrd endo	C					
33206	Insert heart pm atrial	J1	5223	Level 3 Pacemaker and Similar Procedures	117.3651		
33207	Insert heart pm ventricular	J1	5223	Level 3 Pacemaker and Similar Procedures	117.3651		
33208	Insrt heart pm atrial & vent	J1	5223	Level 3 Pacemaker and Similar Procedures	117.3651		
3320F	No xray/ct/ et al ordd	M					
33210	Insert electrd/pm cath sngl	J1	5222	Level 2 Pacemaker and Similar Procedures	92.8123		
33211	Insert card electrodes dual	J1	5222	Level 2 Pacemaker and Similar Procedures	92.8123		
33212	Insert pulse gen sngl lead	J1	5222	Level 2 Pacemaker and Similar Procedures	92.8123		
33213	Insert pulse gen dual leads	J1	5223	Level 3 Pacemaker and Similar Procedures	117.3651		
33214	Upgrade of pacemaker system	J1	5223	Level 3 Pacemaker and Similar Procedures	117.3651		
33215	Reposition pacing-defib lead	J1	5183	Level 3 Vascular Procedures	35.2981		
33216	Insert 1 electrode pm-defib	J1	5222	Level 2 Pacemaker and Similar Procedures	92.8123		
33217	Insert 2 electrode pm-defib	J1	5222	Level 2 Pacemaker and Similar Procedures	92.8123		
33218	Repair lead pace-defib one	T	5221	Level 1 Pacemaker and Similar Procedures	40.8135		
3321F	Ajcc cncc 0/ia melan docd	M					
33220	Repair lead pace-defib dual	T	5221	Level 1 Pacemaker and Similar Procedures	40.8135		
33221	Insert pulse gen mult leads	J1	5224	Level 4 Pacemaker and Similar Procedures	213.8766		
33222	Relocation pocket pacemaker	T	5054	Level 4 Skin Procedures	20.5142		
33223	Relocate pocket for defib	T	5054	Level 4 Skin Procedures	20.5142		
33224	Insert pacing lead & connect	J1	5223	Level 3 Pacemaker and Similar Procedures	117.3651		
33225	L ventric pacing lead add-on	N					
33226	Reposition l ventric lead	J1	5183	Level 3 Vascular Procedures	35.2981		
33227	Remove&replace pm gen singl	J1	5222	Level 2 Pacemaker and Similar Procedures	92.8123		
33228	Remv&replc pm gen dual lead	J1	5223	Level 3 Pacemaker and Similar Procedures	117.3651		
33229	Remv&replc pm gen mult leads	J1	5224	Level 4 Pacemaker and Similar Procedures	213.8766		
3322F	Melanomaajcc stage 0 or ia	M					
33230	Insrt pulse gen w/dual leads	J1	5231	Level 1 ICD and Similar Procedures	251.7264		
33231	Insrt pulse gen w/mult leads	J1	5232	Level 2 ICD and Similar Procedures	359.5597		
33233	Removal of pm generator	Q2	5222	Level 2 Pacemaker and Similar Procedures	92.8123		
33234	Removal of pacemaker system	Q2	5221	Level 1 Pacemaker and Similar Procedures	40.8135		
33235	Removal pacemaker electrode	Q2	5221	Level 1 Pacemaker and Similar Procedures	40.8135		
33236	Remove electrode/thoracotomy	C					
33237	Remove electrode/thoracotomy	C					
33238	Remove electrode/thoracotomy	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

3323F	Clin node stgng docdb/4 surg	E1					
33240	Insrt pulse gen w/singl lead	J1		5231	Level 1 ICD and Similar Procedures	251.7264	
33241	Remove pulse generator	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
33243	Remove eltrd/thoracotomy	C					
33244	Remove elctrd transvenously	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
33249	Insj/rplcmt defib w/lead(s)	J1		5232	Level 2 ICD and Similar Procedures	359.5597	
3324F	Mri ct scan ord rwd rqstd	E1					
33250	Ablate heart dysrhythm focus	C					
33251	Ablate heart dysrhythm focus	C					
33254	Ablate atria lmtd	C					
33255	Ablate atria w/o bypass ext	C					
33256	Ablate atria w/bypass exten	C					
33257	Ablate atria lmtd add-on	C					
33258	Ablate atria x10sv add-on	C					
33259	Ablate atria w/bypass add-on	C					
3325F	Preop asses 4 cataract surg	E1					
33261	Ablate heart dysrhythm focus	C					
33262	Rmvl& replc pulse gen 1 lead	J1		5231	Level 1 ICD and Similar Procedures	251.7264	
33263	Rmvl & rplcmt dfb gen 2 lead	J1		5231	Level 1 ICD and Similar Procedures	251.7264	
33264	Rmvl & rplcmt dfb gen mlt ld	J1		5232	Level 2 ICD and Similar Procedures	359.5597	
33265	Ablate atria lmtd endo	C					
33266	Ablate atria x10sv endo	C					
33267	Excl laa open any method	C					
33268	Excl laa opn oth px any meth	C					
33269	Excl laa thrscp any method	C					
33270	Ins/rep subq defibrillator	J1		5232	Level 2 ICD and Similar Procedures	359.5597	
33271	Insj subq impltbl dfb elctrd	J1		5222	Level 2 Pacemaker and Similar Procedures	92.8123	
33272	Rmvl of subq defibrillator	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
33273	Repos prev impltbl subq dfb	T		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
33274	Tcat insj/rpl perm ldl's pm	J1		5224	Level 4 Pacemaker and Similar Procedures	213.8766	
33275	Tcat rmvl perm ldl's pm w/img	J1		5183	Level 3 Vascular Procedures	35.2981	
33276	Insj phrnc nrv stim sys	S	E1				
33277	Insj phrnc nrv stim transvns	N					
33278	Rmvl phrnc nrv stim sys	J1	E1				
33279	Rmvl phrnc nrv stim transvns	J1	E1				
33280	Rmvl phrnc nrv stim pg only	J1	E1				
33281	Reposg phrnc nrv stim trnsvn	J1	E1				
33285	Insj subq car rhythm mntr	J1		5222	Level 2 Pacemaker and Similar Procedures	92.8123	
33286	Rmvl subq car rhythm mntr	Q2		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

33287	Rmv&rplcmt phrnc nrv stim pg	J1	E1				
33288	Rmv&rplcmt phrnc nrv stim ld	J1	E1				
33289	Tcat impl wrls p-art prs snr	J1		5200	Implantation Wireless PA Pressure Monitor	318.8140	
3328F	Prfrmnc docd 2 wks b/4 surg	E1					
33300	Repair of heart wound	C					
33305	Repair of heart wound	C					
3330F	Imaging study ordered (bkg)	E1					
33310	Exploratory heart surgery	C					
33315	Exploratory heart surgery	C					
3331F	Bk imaging tst not ordered	E1					
33320	Repair major blood vessel(s)	C					
33321	Repair major vessel	C					
33322	Repair major blood vessel(s)	C					
33330	Insert major vessel graft	C					
33335	Insert major vessel graft	C					
33340	Perq clsr tcat l atr apndge	C					
33361	Replace aortic valve perq	C					
33362	Replace aortic valve open	C					
33363	Replace aortic valve open	C					
33364	Replace aortic valve open	C					
33365	Replace aortic valve open	C					
33366	Trcath replace aortic valve	C					
33367	Replace aortic valve w/byp	C					
33368	Replace aortic valve w/byp	C					
33369	Replace aortic valve w/byp	C					
33370	Tcat plmt&rmvl cepd perq	N					
33390	Valvuloplasty aortic valve	C					
33391	Valvuloplasty aortic valve	C					
33404	Prepare heart-aorta conduit	C					
33405	Replacement aortic valve opn	C					
33406	Replacement aortic valve opn	C					
3340F	Mammo assess inc xray docd	E1					
33410	Replacement aortic valve opn	C					
33411	Replacement of aortic valve	C					
33412	Replacement of aortic valve	C					
33413	Replacement of aortic valve	C					
33414	Repair of aortic valve	C					
33415	Revision subvalvular tissue	C					
33416	Revise ventricle muscle	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

33417	Repair of aortic valve	C					
33418	Repair tcat mitral valve	C					
33419	Repair tcat mitral valve	N					
3341F	Mammo assess negative docd	E1					
33420	Revision of mitral valve	C					
33422	Revision of mitral valve	C					
33425	Repair of mitral valve	C					
33426	Repair of mitral valve	C					
33427	Repair of mitral valve	C					
3342F	Mammo assess bengn docd	E1					
33430	Replacement of mitral valve	C					
3343F	Mammo probably bengn docd	E1					
33440	Rplcmt a-valve tlcj autol pv	C					
3344F	Mammo assess susp docd	E1					
3345F	Mammo assess hghlymalig doc	E1					
33460	Revision of tricuspid valve	C					
33463	Valvuloplasty tricuspid	C					
33464	Valvuloplasty tricuspid	C					
33465	Replace tricuspid valve	C					
33468	Revision of tricuspid valve	C					
33474	Revision of pulmonary valve	C					
33475	Replacement pulmonary valve	C					
33476	Revision of heart chamber	C					
33477	Implant tcat pulm vlv perq	C					
33478	Revision of heart chamber	C					
33496	Repair prosth valve clot	C					
33500	Repair heart vessel fistula	C					
33501	Repair heart vessel fistula	C					
33502	Coronary artery correction	C					
33503	Coronary artery graft	C					
33504	Coronary artery graft	C					
33505	Repair artery w/tunnel	C					
33506	Repair artery translocation	C					
33507	Repair art intramural	C					
33508	Endoscopic vein harvest	N					
33509	Ndsc hrv uxtr art 1 sgm cab	C					
3350F	Mammo bx proven malig docd	E1					
33510	Cabg vein single	C					
33511	Cabg vein two	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

33512	Cabg vein three	C					
33513	Cabg vein four	C					
33514	Cabg vein five	C					
33516	Cabg vein six or more	C					
33517	Cabg artery-vein single	C					
33518	Cabg artery-vein two	C					
33519	Cabg artery-vein three	C					
3351F	Neg scrn dep symp by deptool	E1					
33521	Cabg artery-vein four	C					
33522	Cabg artery-vein five	C					
33523	Cabg art-vein six or more	C					
3352F	No sig dep symp by dep tool	E1					
33530	Coronary artery bypass/reop	C					
33533	Cabg arterial single	C					
33534	Cabg arterial two	C					
33535	Cabg arterial three	C					
33536	Cabg arterial four or more	C					
3353F	Mild-mod dep symp by deptool	E1					
33542	Removal of heart lesion	C					
33545	Repair of heart damage	C					
33548	Restore/remodel ventricle	C					
3354F	Clin sig dep sym by dep tool	E1					
33572	Open coronary endarterectomy	C					
33600	Closure of valve	C					
33602	Closure of valve	C					
33606	Anastomosis/artery-aorta	C					
33608	Repair anomaly w/conduit	C					
33610	Repair by enlargement	C					
33611	Repair double ventricle	C					
33612	Repair double ventricle	C					
33615	Repair modified fontan	C					
33617	Repair single ventricle	C					
33619	Repair single ventricle	C					
33620	Apply r&l pulm art bands	C					
33621	Transthor cath for stent	C					
33622	Redo compl cardiac anomaly	C					
33641	Repair heart septum defect	C					
33645	Revision of heart veins	C					
33647	Repair heart septum defects	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

33660	Repair of heart defects	C					
33665	Repair of heart defects	C					
33670	Repair of heart chambers	C					
33675	Close mult vsd	C					
33676	Close mult vsd w/resection	C					
33677	CI mult vsd w/rem pul band	C					
33681	Repair heart septum defect	C					
33684	Repair heart septum defect	C					
33688	Repair heart septum defect	C					
33690	Reinforce pulmonary artery	C					
33692	Repair of heart defects	C					
33694	Repair of heart defects	C					
33697	Repair of heart defects	C					
33702	Repair of heart defects	C					
3370F	Ajcc brst cncr stage 0 docd	E1					
33710	Repair of heart defects	C					
33720	Repair of heart defect	C					
33724	Repair venous anomaly	C					
33726	Repair pul venous stenosis	C					
3372F	Ajcc brst cncr stage 1 docd	E1					
33730	Repair heart-vein defect(s)	C					
33732	Repair heart-vein defect	C					
33735	Revision of heart chamber	C					
33736	Revision of heart chamber	C					
33741	Tas congenital car anomal	C					
33745	Tis cgen car anomal 1st shnt	C					
33746	Tis cgen car anomal ea addl	C					
3374F	Ajcc brst cncr stage 1 docd	E1					
33750	Major vessel shunt	C					
33755	Major vessel shunt	C					
33762	Major vessel shunt	C					
33764	Major vessel shunt & graft	C					
33766	Major vessel shunt	C					
33767	Major vessel shunt	C					
33768	Cavopulmonary shunting	C					
3376F	Ajcc brstcncr stage 2 docd	E1					
33770	Repair great vessels defect	C					
33771	Repair great vessels defect	C					
33774	Repair great vessels defect	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

33775	Repair great vessels defect	C					
33776	Repair great vessels defect	C					
33777	Repair great vessels defect	C					
33778	Repair great vessels defect	C					
33779	Repair great vessels defect	C					
33780	Repair great vessels defect	C					
33781	Repair great vessels defect	C					
33782	Nikaidoh proc	C					
33783	Nikaidoh proc w/ostia implt	C					
33786	Repair arterial trunk	C					
33788	Revision of pulmonary artery	C					
3378F	Ajcc brstcncr stage 3 docd	E1					
33800	Aortic suspension	C					
33802	Repair vessel defect	C					
33803	Repair vessel defect	C					
3380F	Ajcc brstcncr stage 4 docd	E1					
33814	Repair septal defect	C					
33820	Revise major vessel	C					
33822	Revise major vessel	C					
33824	Revise major vessel	C					
3382F	Ajcc cln cncr stage 0 docd	E1					
33840	Remove aorta constriction	C					
33845	Remove aorta constriction	C					
3384F	Ajcc cln cncr stage 1 docd	E1					
33851	Remove aorta constriction	C					
33852	Repair septal defect	C					
33853	Repair septal defect	C					
33858	As-aort grf f/aortic dsj	C					
33859	As-aort grf f/ds oth/thn dsj	C					
33863	Ascending aortic graft	C					
33864	Ascending aortic graft	C					
33866	Aortic hemiarch graft	N					
3386F	Ajcc cln cncr stage 2 docd	E1					
33871	Transvrs a-arch grf hypthrm	C					
33875	Thoracic aortic graft	C					
33877	Thoracoabdominal graft	C					
33880	Endovasc taa repr incl subcl	C					
33881	Endovasc taa repr w/o subcl	C					
33883	Insert endovasc prosth taa	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

33884	Endovasc prosth taa add-on	C					
33886	Endovasc prosth delayed	C					
33889	Artery transpose/endovas taa	C					
3388F	Ajcc cln cncr stage 3 docd	E1					
33891	Car-car bp grft/endovas taa	C					
33894	Evasc st rpr thr/aa acrs br	C					
33895	Evasc st rpr thr/aa x crsg	C					
33897	Perq trluml angp nt/recr coa	C					
33900	Perq p-art revsc 1 nm nt uni	J1	5193	Level 3 Endovascular Procedures	127.1806		
33901	Perq p-art revsc 1 nm nt bi	J1	5193	Level 3 Endovascular Procedures	127.1806		
33902	Perq p-art revsc 1 abnor uni	J1	5194	Level 4 Endovascular Procedures	201.3785		
33903	Perq p-art revsc 1 abnor bi	J1	5193	Level 3 Endovascular Procedures	127.1806		
33904	Perq p-art revsc each addl	N					
3390F	Ajcc cln cncr stage 4 docd	E1					
33910	Remove lung artery emboli	C					
33915	Remove lung artery emboli	C					
33916	Surgery of great vessel	C					
33917	Repair pulmonary artery	C					
33920	Repair pulmonary atresia	C					
33922	Transect pulmonary artery	C					
33924	Remove pulmonary shunt	C					
33925	Rpr pul art unifocal w/o cpb	C					
33926	Repr pul art unifocal w/cpb	C					
33927	Impltj tot rplcmt hrt sys	C					
33928	Rmvl & rplcmt tot hrt sys	C					
33929	Rmvl rplcmt hrt sys f/trnspl	C					
33930	Removal of donor heart/lung	C					
33933	Prepare donor heart/lung	C					
33935	Transplantation heart/lung	C					
33940	Removal of donor heart	C					
33944	Prepare donor heart	C					
33945	Transplantation of heart	C					
33946	Ecmo/ecls initiation venous	C					
33947	Ecmo/ecls initiation artery	C					
33948	Ecmo/ecls daily mgmt-venous	C					
33949	Ecmo/ecls daily mgmt artery	C					
3394F	Quant her2 ihc eval brst cx	M					
33951	Ecmo/ecls insj prph cannula	C					
33952	Ecmo/ecls insj prph cannula	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

33953	Ecmo/ecls insj prph cannula	C					
33954	Ecmo/ecls insj prph cannula	C					
33955	Ecmo/ecls insj ctr cannula	C					
33956	Ecmo/ecls insj ctr cannula	C					
33957	Ecmo/ecls repos perph cnula	C					
33958	Ecmo/ecls repos perph cnula	C					
33959	Ecmo/ecls repos perph cnula	C					
3395F	Quant nonher2 ihc brst cx	M					
33962	Ecmo/ecls repos perph cnula	C					
33963	Ecmo/ecls repos perph cnula	C					
33964	Ecmo/ecls repos perph cnula	C					
33965	Ecmo/ecls rmvl perph cannula	C					
33966	Ecmo/ecls rmvl prph cannula	C					
33967	Insert i-aort percut device	C					
33968	Remove aortic assist device	C					
33969	Ecmo/ecls rmvl perph cannula	C					
33970	Aortic circulation assist	C					
33971	Aortic circulation assist	C					
33973	Insert balloon device	C					
33974	Remove intra-aortic balloon	C					
33975	Implant ventricular device	C					
33976	Implant ventricular device	C					
33977	Remove ventricular device	C					
33978	Remove ventricular device	C					
33979	Insert intracorporeal device	C					
33980	Remove intracorporeal device	C					
33981	Replace vad pump ext	C					
33982	Replace vad intra w/o bp	C					
33983	Replace vad intra w/bp	C					
33984	Ecmo/ecls rmvl prph cannula	C					
33985	Ecmo/ecls rmvl ctr cannula	C					
33986	Ecmo/ecls rmvl ctr cannula	C					
33987	Artery expos/graft artery	C					
33988	Insertion of left heart vent	C					
33989	Removal of left heart vent	C					
33990	Insj perq vad l hrt arterial	C					
33991	Insj perq vad l hrt artl&ven	C					
33992	Rmvl perq left heart vad	C					
33993	Reposg perq r/l hrt vad	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

33995	Insj perq vad r hrt venous	C					
33997	Rmvl perq right heart vad	C					
33999	Unlisted px cardiac surgery	T		5181	Level 1 Vascular Procedures	6.9336	
34001	Removal of artery clot	C					
34051	Removal of artery clot	C					
34101	Removal of artery clot	J1		5184	Level 4 Vascular Procedures	60.6231	
34111	Removal of arm artery clot	J1		5184	Level 4 Vascular Procedures	60.6231	
34151	Removal of artery clot	C					
34201	Removal of artery clot	J1		5184	Level 4 Vascular Procedures	60.6231	
34203	Removal of leg artery clot	J1		5184	Level 4 Vascular Procedures	60.6231	
34401	Removal of vein clot	C					
34421	Removal of vein clot	J1		5183	Level 3 Vascular Procedures	35.2981	
34451	Removal of vein clot	C					
34471	Removal of vein clot	T		5181	Level 1 Vascular Procedures	6.9336	
34490	Removal of vein clot	J1		5183	Level 3 Vascular Procedures	35.2981	
34501	Repair valve femoral vein	J1		5184	Level 4 Vascular Procedures	60.6231	
34502	Reconstruct vena cava	C					
3450F	Dyspnea scrnd no-mild dysp	E1					
34510	Transposition of vein valve	J1		5184	Level 4 Vascular Procedures	60.6231	
3451F	Dyspnea scrnd mod-high dysp	E1					
34520	Cross-over vein graft	J1		5184	Level 4 Vascular Procedures	60.6231	
3452F	Dyspnea not screened	E1					
34530	Leg vein fusion	J1		5183	Level 3 Vascular Procedures	35.2981	
3455F	Tb scrng done-interpd 6mon	E1					
34701	Evasc rpr a-ao ndgft	C					
34702	Evasc rpr a-ao ndgft rpt	C					
34703	Evasc rpr a-unilac ndgft	C					
34704	Evasc rpr a-unilac ndgft rpt	C					
34705	Evac rpr a-biiliac ndgft	C					
34706	Evasc rpr a-biiliac rpt	C					
34707	Evasc rpr ilio-iliac ndgft	C					
34708	Evasc rpr ilio-iliac rpt	C					
34709	Plmt xtn prosth evasc rpr	C					
3470F	Ra disease activity low	E1					
34710	Dlyd plmt xtn prosth 1st vsl	C					
34711	Dlyd plmt xtn prosth ea addl	C					
34712	Tcat dlvr enhncd fixj dev	C					
34713	Perq access & clsr fem art	N					
34714	Opn fem art expos cndt crtj	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

34715	Opn ax/subcla art expos	N					
34716	Opn ax/subcla art expos cndt	N					
34717	Evasc rpr a-iliac ndgft	C					
34718	Evasc rpr n/a a-iliac ndgft	C					
3471F	Ra disease activity mod	E1					
3472F	Ra disease activity high	E1					
3475F	Disease progn ra poor docd	E1					
3476F	Disease progn ra good docd	E1					
34808	Endovas iliac a device addon	C					
34812	Opn fem art expos	C					
34813	Femoral endovas graft add-on	C					
34820	Opn iliac art expos	C					
34830	Open aortic tube prosth repr	C					
34831	Open aortoiliac prosth repr	C					
34832	Open aortofemor prosth repr	C					
34833	Opn ilac art expos cndt crtj	C					
34834	Opn brach art expos	C					
34839	Plnning pt spec fenest graft	B					
34841	Endovasc visc aorta 1 graft	C					
34842	Endovasc visc aorta 2 graft	C					
34843	Endovasc visc aorta 3 graft	C					
34844	Endovasc visc aorta 4 graft	C					
34845	Visc & infraren abd 1 prosth	C					
34846	Visc & infraren abd 2 prosth	C					
34847	Visc & infraren abd 3 prosth	C					
34848	Visc & infraren abd 4+ prost	C					
3490F	History aids-defining cond	E1					
3491F	Hiv unsure baby of hiv+moms	E1					
3492F	History cd4+ cell count <350	E1					
3493F	No hist cd4+ cell count <350	E1					
3494F	Cd4+cell count <200cells/mm3	E1					
3495F	Cd4+cell cnt 200-499 cells	E1					
3496F	Cd4+ cell count >= 500 cells	E1					
3497F	Cd4+ cell percentage <15%	E1					
3498F	Cd4+ cell >=15% (hiv)	E1					
35001	Repair defect of artery	C					
35002	Repair artery rupture neck	C					
35005	Repair defect of artery	C					
3500F	Cd4+cell cnt/% docd as done	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

35011	Repair defect of artery	J1		5184	Level 4 Vascular Procedures	60.6231	
35013	Repair artery rupture arm	C					
35021	Repair defect of artery	C					
35022	Repair artery rupture chest	C					
3502F	Hiv rna vrl ld <lmts quantif	E1					
3503F	Hiv rna vrl ldnot<lmts quntf	E1					
35045	Repair defect of arm artery	J1		5184	Level 4 Vascular Procedures	60.6231	
35081	Repair defect of artery	C					
35082	Repair artery rupture aorta	C					
35091	Repair defect of artery	C					
35092	Repair artery rupture aorta	C					
35102	Repair defect of artery	C					
35103	Repair artery rupture aorta	C					
3510F	Doc tb scrng-rslts interpd	E1					
35111	Repair defect of artery	C					
35112	Repair artery rupture spleen	C					
3511F	Chlmyd/gonrh tsts docd done	E1					
35121	Repair defect of artery	C					
35122	Repair artery rupture belly	C					
3512F	Syph scrng docd as done	E1					
35131	Repair defect of artery	C					
35132	Repair artery rupture groin	C					
3513F	Hep b scrng docd as done	E1					
35141	Repair defect of artery	C					
35142	Repair artery rupture thigh	C					
3514F	Hep c scrng docd as done	E1					
35151	Repair defect of artery	C					
35152	Repair ruptd popliteal art	C					
3515F	Pt has docd immun to hep c	E1					
3517F	Hbv assess&results intrp 1yr	E1					
35180	Repair blood vessel lesion	J1		5182	Level 2 Vascular Procedures	17.4213	
35182	Repair blood vessel lesion	C					
35184	Repair blood vessel lesion	J1		5183	Level 3 Vascular Procedures	35.2981	
35188	Repair blood vessel lesion	J1		5184	Level 4 Vascular Procedures	60.6231	
35189	Repair blood vessel lesion	C					
35190	Repair blood vessel lesion	J1		5184	Level 4 Vascular Procedures	60.6231	
35201	Repair blood vessel lesion	J1		5184	Level 4 Vascular Procedures	60.6231	
35206	Repair blood vessel lesion	J1		5183	Level 3 Vascular Procedures	35.2981	
35207	Repair blood vessel lesion	J1		5183	Level 3 Vascular Procedures	35.2981	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

3520F	Cdifficile testing performed	E1					
35211	Repair blood vessel lesion	C					
35216	Repair blood vessel lesion	C					
35221	Repair blood vessel lesion	C					
35226	Repair blood vessel lesion	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
35231	Repair blood vessel lesion	J1		5183	Level 3 Vascular Procedures	35.2981	
35236	Repair blood vessel lesion	J1		5184	Level 4 Vascular Procedures	60.6231	
35241	Repair blood vessel lesion	C					
35246	Repair blood vessel lesion	C					
35251	Repair blood vessel lesion	C					
35256	Repair blood vessel lesion	J1		5184	Level 4 Vascular Procedures	60.6231	
35261	Repair blood vessel lesion	J1		5183	Level 3 Vascular Procedures	35.2981	
35266	Repair blood vessel lesion	J1		5184	Level 4 Vascular Procedures	60.6231	
35271	Repair blood vessel lesion	C					
35276	Repair blood vessel lesion	C					
35281	Repair blood vessel lesion	C					
35286	Repair blood vessel lesion	J1		5184	Level 4 Vascular Procedures	60.6231	
35301	Rechanneling of artery	C					
35302	Rechanneling of artery	C					
35303	Rechanneling of artery	C					
35304	Rechanneling of artery	C					
35305	Rechanneling of artery	C					
35306	Rechanneling of artery	C					
35311	Rechanneling of artery	C					
35321	Rechanneling of artery	J1		5184	Level 4 Vascular Procedures	60.6231	
35331	Rechanneling of artery	C					
35341	Rechanneling of artery	C					
35351	Rechanneling of artery	C					
35355	Rechanneling of artery	C					
35361	Rechanneling of artery	C					
35363	Rechanneling of artery	C					
35371	Rechanneling of artery	C					
35372	Rechanneling of artery	C					
35390	Reoperation carotid add-on	C					
35400	Angioscopy	C					
35500	Harvest vein for bypass	N					
35501	Art byp grft ipsilat carotid	C					
35506	Art byp grft subclav-carotid	C					
35508	Art byp grft carotid-vertbrl	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

35509	Art byp grft contral carotid	C					
3550F	Low rsk thromboembolism	E1					
35510	Art byp grft carotid-brchial	C					
35511	Art byp grft subclav-subclav	C					
35512	Art byp grft subclav-brchial	C					
35515	Art byp grft subclav-vertbrl	C					
35516	Art byp grft subclav-axillary	C					
35518	Art byp grft axillary-axilry	C					
3551F	Intrmed rsk thromboembolism	E1					
35521	Art byp grft axill-femoral	C					
35522	Art byp grft axill-brachial	C					
35523	Art byp grft brchl-ulnr-rdl	C					
35525	Art byp grft brachial-brchl	C					
35526	Art byp grft aor/carot/innom	C					
3552F	Hgh risk for thromboembolism	E1					
35531	Art byp grft aorcel/aormesen	C					
35533	Art byp grft axill/fem/fem	C					
35535	Art byp grft hepatorenal	C					
35536	Art byp grft splenorenal	C					
35537	Art byp grft aortoiliac	C					
35538	Art byp grft aortobi-iliac	C					
35539	Art byp grft aortofemoral	C					
35540	Art byp grft aortbifemoral	C					
35556	Art byp grft fem-popliteal	C					
35558	Art byp grft fem-femoral	C					
3555F	Pt inr measurement performed	E1					
35560	Art byp grft aortorenal	C					
35563	Art byp grft ilioiliac	C					
35565	Art byp grft iliofemoral	C					
35566	Art byp fem-ant-post tib/prl	C					
35570	Art byp tibial-tib/peroneal	C					
35571	Art byp pop-tibl-prl-other	C					
35572	Harvest femoropopliteal vein	N					
35583	Vein byp grft fem-popliteal	C					
35585	Vein byp fem-tibial peroneal	C					
35587	Vein byp pop-tibl peroneal	C					
35600	Open hrv uxtr art 1 sgm cab	C					
35601	Art byp common ipsi carotid	C					
35606	Art byp carotid-subclavian	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

35612	Art byp subclav-subclavian	C					
35616	Art byp subclav-axillary	C					
35621	Art byp axillary-femoral	C					
35623	Art byp axillary-pop-tibial	C					
35626	Art byp aorsubcl/carot/innom	C					
35631	Art byp aor-celiac-msn-renal	C					
35632	Art byp ilio-celiac	C					
35633	Art byp ilio-mesenteric	C					
35634	Art byp iliorenal	C					
35636	Art byp spenorenal	C					
35637	Art byp aortoiliac	C					
35638	Art byp aortobi-iliac	C					
35642	Art byp carotid-vertebral	C					
35645	Art byp subclav-vertebrl	C					
35646	Art byp aortobifemoral	C					
35647	Art byp aortofemoral	C					
35650	Art byp axillary-axillary	C					
35654	Art byp axill-fem-femoral	C					
35656	Art byp femoral-popliteal	C					
35661	Art byp femoral-femoral	C					
35663	Art byp ilioiliac	C					
35665	Art byp iliofemoral	C					
35666	Art byp fem-ant-post tib/prl	C					
35671	Art byp pop-tibl-prl-other	C					
35681	Composite byp grft pros&vein	C					
35682	Composite byp grft 2 veins	C					
35683	Composite byp grft 3/> segmt	C					
35685	Bypass graft patency/patch	N					
35686	Bypass graft/av fist patency	N					
35691	Art trnsposj vertbrl carotid	C					
35693	Art trnsposj subclavian	C					
35694	Art trnsposj subclav carotid	C					
35695	Art trnsposj carotid subclav	C					
35697	Reimplant artery each	C					
35700	Reoperation bypass graft	C					
35701	Expl n/flwd surg neck art	C					
35702	Expl n/flwd surg uxtr art	C					
35703	Expl n/flwd surg lxtr art	C					
3570F	Rprt bone scint xref w xray	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

3572F	Pt consid poss risk fx	E1					
3573F	Pt not consid poss risk fx	E1					
35800	Explore neck vessels	C					
35820	Explore chest vessels	C					
35840	Explore abdominal vessels	C					
35860	Explore limb vessels	J1		5183	Level 3 Vascular Procedures	35.2981	
35870	Repair vessel graft defect	C					
35875	Removal of clot in graft	J1		5184	Level 4 Vascular Procedures	60.6231	
35876	Removal of clot in graft	J1		5184	Level 4 Vascular Procedures	60.6231	
35879	Revise graft w/vein	J1		5184	Level 4 Vascular Procedures	60.6231	
35881	Revise graft w/vein	J1		5184	Level 4 Vascular Procedures	60.6231	
35883	Revj fem anast nonautog grf	J1		5184	Level 4 Vascular Procedures	60.6231	
35884	Revj fem anast autog vn grf	J1		5184	Level 4 Vascular Procedures	60.6231	
35901	Excision graft neck	C					
35903	Excision graft extremity	J1		5183	Level 3 Vascular Procedures	35.2981	
35905	Excision graft thorax	C					
35907	Excision graft abdomen	C					
36000	Place needle in vein	N					
36002	Pseudoaneurysm injection trt	T		5181	Level 1 Vascular Procedures	6.9336	
36005	Injection ext venography	N					
36010	Place catheter in vein	N					
36011	Place catheter in vein	N					
36012	Place catheter in vein	N					
36013	Place catheter in artery	N					
36014	Place catheter in artery	N					
36015	Place catheter in artery	N					
36100	Establish access to artery	N					
36140	Intro ndl icath upr/lxtr art	N					
36160	Establish access to aorta	N					
36200	Place catheter in aorta	N					
36215	Place catheter in artery	N					
36216	Place catheter in artery	N					
36217	Place catheter in artery	N					
36218	Place catheter in artery	N					
36221	Place cath thoracic aorta	Q2		5183	Level 3 Vascular Procedures	35.2981	
36222	Place cath carotid/inom art	Q2		5183	Level 3 Vascular Procedures	35.2981	
36223	Place cath carotid/inom art	Q2		5184	Level 4 Vascular Procedures	60.6231	
36224	Place cath carotd art	Q2		5184	Level 4 Vascular Procedures	60.6231	
36225	Place cath subclavian art	Q2		5183	Level 3 Vascular Procedures	35.2981	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

36226	Place cath vertebral art	Q2		5184	Level 4 Vascular Procedures	60.6231	
36227	Place cath xtrnl carotid	N					
36228	Place cath intracranial art	N					
36245	Ins cath abd/l-ext art 1st	N					
36246	Ins cath abd/l-ext art 2nd	N					
36247	Ins cath abd/l-ext art 3rd	N					
36248	Ins cath abd/l-ext art addl	N					
36251	Ins cath ren art 1st unilat	Q2		5183	Level 3 Vascular Procedures	35.2981	
36252	Ins cath ren art 1st bilat	Q2		5183	Level 3 Vascular Procedures	35.2981	
36253	Ins cath ren art 2nd+ unilat	Q2		5184	Level 4 Vascular Procedures	60.6231	
36254	Ins cath ren art 2nd+ bilat	Q2		5183	Level 3 Vascular Procedures	35.2981	
36260	Insertion of infusion pump	J1		5184	Level 4 Vascular Procedures	60.6231	
36261	Revision of infusion pump	T		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
36262	Removal of infusion pump	Q2		5221	Level 1 Pacemaker and Similar Procedures	40.8135	
36299	Unlisted px vascular njx	N					
36400	Bl draw < 3 yrs fem/jugular	N					
36405	Bl draw <3 yrs scalp vein	N					
36406	Bl draw <3 yrs other vein	N					
36410	Non-routine bl draw 3/> yrs	N					
36415	Routine venipuncture	Q4					\$9.09
36416	Capillary blood draw	N					
36420	Vein access cutdown < 1 yr	Q1		5734	Level 4 Minor Procedures	1.4456	
36425	Vein access cutdown > 1 yr	Q1		5735	Level 5 Minor Procedures	4.4751	
36430	Blood transfusion service	S		5241	Level 1 Blood Product Exchange and Related Services	4.9028	
36440	Bl push transfuse 2 yr/<	S		5241	Level 1 Blood Product Exchange and Related Services	4.9028	
36450	Bl exchange/transfuse nb	S		5241	Level 1 Blood Product Exchange and Related Services	4.9028	
36455	Bl exchange/transfuse non-nb	S		5241	Level 1 Blood Product Exchange and Related Services	4.9028	
36456	Prtl exchange transfuse nb	S		5241	Level 1 Blood Product Exchange and Related Services	4.9028	
36460	Transfusion service fetal	S		5241	Level 1 Blood Product Exchange and Related Services	4.9028	
36465	Njx noncmpnd sclrsnt 1 vein	T		5054	Level 4 Skin Procedures	20.5142	
36466	Njx noncmpnd sclrsnt mlt vn	T		5054	Level 4 Skin Procedures	20.5142	
36468	Njx sclrsnt spider veins	Q1		5052	Level 2 Skin Procedures	4.4806	
36470	Njx sclrsnt 1 incmptnt vein	T		5052	Level 2 Skin Procedures	4.4806	
36471	Njx sclrsnt mlt incmptnt vn	T		5052	Level 2 Skin Procedures	4.4806	
36473	Endovenous mchnchem 1st vein	J1		5183	Level 3 Vascular Procedures	35.2981	
36474	Endovenous mchnchem add-on	N					
36475	Endovenous rf 1st vein	J1		5183	Level 3 Vascular Procedures	35.2981	
36476	Endovenous rf vein add-on	N					
36478	Endovenous laser 1st vein	J1		5183	Level 3 Vascular Procedures	35.2981	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

36479	Endovenous laser vein addon	N					
36481	Insertion of catheter vein	N					
36482	Endoven ther chem adhes 1st	J1		5184	Level 4 Vascular Procedures	60.6231	
36483	Endoven ther chem adhes sbsq	N					
36500	Insertion of catheter vein	N					
3650F	Eeg ordered rwwd reqstd	E1					
36510	Insertion of catheter vein	N					
36511	Apheresis wbc	S		5242	Level 2 Blood Product Exchange and Related Services	18.3840	
36512	Apheresis rbc	S		5242	Level 2 Blood Product Exchange and Related Services	18.3840	
36513	Apheresis platelets	S		5241	Level 1 Blood Product Exchange and Related Services	4.9028	
36514	Apheresis plasma	S		5242	Level 2 Blood Product Exchange and Related Services	18.3840	
36516	Apheresis immunoads slctv	S		5243	Level 3 Blood Product Exchange and Related Services	52.5426	
36522	Photopheresis	S		5243	Level 3 Blood Product Exchange and Related Services	52.5426	
36555	Insert non-tunnel cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36556	Insert non-tunnel cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36557	Insert tunneled cv cath	J1		5184	Level 4 Vascular Procedures	60.6231	
36558	Insert tunneled cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36560	Insert tunneled cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36561	Insert tunneled cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36563	Insert tunneled cv cath	J1		5184	Level 4 Vascular Procedures	60.6231	
36565	Insert tunneled cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36566	Insert tunneled cv cath	J1		5184	Level 4 Vascular Procedures	60.6231	
36568	Insj picc <5 yr w/o imaging	J1		5182	Level 2 Vascular Procedures	17.4213	
36569	Insj picc 5 yr+ w/o imaging	J1		5182	Level 2 Vascular Procedures	17.4213	
36570	Insert picvad cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36571	Insert picvad cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36572	Insj picc rs&i <5 yr	T		5181	Level 1 Vascular Procedures	6.9336	
36573	Insj picc rs&i 5 yr+	J1		5182	Level 2 Vascular Procedures	17.4213	
36575	Repair tunneled cv cath	T		5181	Level 1 Vascular Procedures	6.9336	
36576	Repair tunneled cv cath	J1		5182	Level 2 Vascular Procedures	17.4213	
36578	Replace tunneled cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36580	Replace cvad cath	J1		5182	Level 2 Vascular Procedures	17.4213	
36581	Replace tunneled cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36582	Replace tunneled cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36583	Replace tunneled cv cath	J1		5184	Level 4 Vascular Procedures	60.6231	
36584	Compl rplcmt picc rs&i	J1		5182	Level 2 Vascular Procedures	17.4213	
36585	Replace picvad cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36589	Removal tunneled cv cath	Q2		5181	Level 1 Vascular Procedures	6.9336	
36590	Removal tunneled cv cath	Q2		5182	Level 2 Vascular Procedures	17.4213	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

36591	Draw blood off venous device	Q1		5734	Level 4 Minor Procedures	1.4456	
36592	Collect blood from picc	Q1		5734	Level 4 Minor Procedures	1.4456	
36593	Declot vascular device	T		5694	Level 4 Drug Administration	3.7198	
36595	Mech remov tunneled cv cath	J1		5183	Level 3 Vascular Procedures	35.2981	
36596	Mech remov tunneled cv cath	J1		5182	Level 2 Vascular Procedures	17.4213	
36597	Reposition venous catheter	J1		5182	Level 2 Vascular Procedures	17.4213	
36598	Inj w/fluor eval cv device	T		5693	Level 3 Drug Administration	2.3628	
36600	Withdrawal of arterial blood	Q1		5734	Level 4 Minor Procedures	1.4456	
36620	Insertion catheter artery	N					
36625	Insertion catheter artery	N					
36640	Insertion catheter artery	J1		5183	Level 3 Vascular Procedures	35.2981	
36660	Insertion catheter artery	C					
36680	Insert needle bone cavity	Q1		5735	Level 5 Minor Procedures	4.4751	
36800	Insertion of cannula	J1		5184	Level 4 Vascular Procedures	60.6231	
36810	Insertion of cannula	J1		5183	Level 3 Vascular Procedures	35.2981	
36815	Insertion of cannula	J1		5184	Level 4 Vascular Procedures	60.6231	
36818	Av fuse uppr arm cephalic	J1		5184	Level 4 Vascular Procedures	60.6231	
36819	Av fuse uppr arm basilic	J1		5184	Level 4 Vascular Procedures	60.6231	
36820	Av fusion/forearm vein	J1		5184	Level 4 Vascular Procedures	60.6231	
36821	Av fusion direct any site	J1		5183	Level 3 Vascular Procedures	35.2981	
36823	Insertion of cannula(s)	C					
36825	Artery-vein autograft	J1		5184	Level 4 Vascular Procedures	60.6231	
36830	Artery-vein nonautograft	J1		5184	Level 4 Vascular Procedures	60.6231	
36831	Open thrombect av fistula	J1		5184	Level 4 Vascular Procedures	60.6231	
36832	Av fistula revision open	J1		5184	Level 4 Vascular Procedures	60.6231	
36833	Av fistula revision	J1		5184	Level 4 Vascular Procedures	60.6231	
36835	Artery to vein shunt	J1		5183	Level 3 Vascular Procedures	35.2981	
36836	Prq av fstl crtj uxtr 1 acs	J1		5194	Level 4 Endovascular Procedures	201.3785	
36837	Prq av fstl crt uxtr sep acs	J1		5194	Level 4 Endovascular Procedures	201.3785	
36838	Dist revas ligation hemo	J1		5184	Level 4 Vascular Procedures	60.6231	
36860	External cannula declotting	J1		5182	Level 2 Vascular Procedures	17.4213	
36861	Cannula declotting	J1		5184	Level 4 Vascular Procedures	60.6231	
36901	Intro cath dialysis circuit	J1		5182	Level 2 Vascular Procedures	17.4213	
36902	Intro cath dialysis circuit	J1		5192	Level 2 Endovascular Procedures	63.9406	
36903	Intro cath dialysis circuit	J1		5193	Level 3 Endovascular Procedures	127.1806	
36904	Thrmbs/nfs dialysis circuit	J1		5192	Level 2 Endovascular Procedures	63.9406	
36905	Thrmbs/nfs dialysis circuit	J1		5193	Level 3 Endovascular Procedures	127.1806	
36906	Thrmbs/nfs dialysis circuit	J1		5194	Level 4 Endovascular Procedures	201.3785	
36907	Balo angiop ctr dialysis seg	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

36908	Stent plmt ctr dialysis seg	N					
36909	Dialysis circuit embolj	N					
3700F	Psych disorders assessed	E1					
37140	Revision of circulation	C					
37145	Revision of circulation	C					
37160	Revision of circulation	C					
37180	Revision of circulation	C					
37181	Splice spleen/kidney veins	C					
37182	Insert hepatic shunt (tips)	C					
37183	Revision tips	J1	5192	Level 2 Endovascular Procedures	63.9406		
37184	Prim art m-thrmc 1st vsi	J1	5194	Level 4 Endovascular Procedures	201.3785		
37185	Prim art m-thrmc sbsq vsi	N					
37186	Sec art thrombectomy add-on	N					
37187	Venous mech thrombectomy	J1	5193	Level 3 Endovascular Procedures	127.1806		
37188	Ven mechnl thrmbc repeat tx	J1	5183	Level 3 Vascular Procedures	35.2981		
37191	Ins endovas vena cava filtr	J1	5184	Level 4 Vascular Procedures	60.6231		
37192	Redo endovas vena cava filtr	J1	5183	Level 3 Vascular Procedures	35.2981		
37193	Rem endovas vena cava filter	J1	5183	Level 3 Vascular Procedures	35.2981		
37195	Thrombolytic therapy stroke	T	5694	Level 4 Drug Administration	3.7198		
37197	Remove intrvas foreign body	J1	5183	Level 3 Vascular Procedures	35.2981		
37200	Transcatheter biopsy	J1	5184	Level 4 Vascular Procedures	60.6231		
3720F	Cognit impairment assessed	M					
37211	Thrombolytic art therapy	J1	5184	Level 4 Vascular Procedures	60.6231		
37212	Thrombolytic venous therapy	J1	5183	Level 3 Vascular Procedures	35.2981		
37213	Thrombolytic art/ven therapy	J1	5183	Level 3 Vascular Procedures	35.2981		
37214	Cessj therapy cath removal	J1	5183	Level 3 Vascular Procedures	35.2981		
37215	Transcath stent cca w/eps	C					
37216	Transcath stent cca w/o eps	E1					
37217	Stent placemt retro carotid	C					
37218	Stent placemt ante carotid	C					
37220	Iliac revasc	J1	5192	Level 2 Endovascular Procedures	63.9406		
37221	Iliac revasc w/stent	J1	5193	Level 3 Endovascular Procedures	127.1806		
37222	Iliac revasc add-on	N					
37223	Iliac revasc w/stent add-on	N					
37224	Fem/popl revas w/tla	J1	5192	Level 2 Endovascular Procedures	63.9406		
37225	Fem/popl revas w/ather	J1	5194	Level 4 Endovascular Procedures	201.3785		
37226	Fem/popl revasc w/stent	J1	5193	Level 3 Endovascular Procedures	127.1806		
37227	Fem/popl revasc stnt & ather	J1	5194	Level 4 Endovascular Procedures	201.3785		
37228	Tib/per revasc w/tla	J1	5193	Level 3 Endovascular Procedures	127.1806		

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

37229	Tib/per revasc w/ather	J1		5194	Level 4 Endovascular Procedures	201.3785	
37230	Tib/per revasc w/stent	J1		5194	Level 4 Endovascular Procedures	201.3785	
37231	Tib/per revasc stent & ather	J1		5194	Level 4 Endovascular Procedures	201.3785	
37232	Tib/per revasc add-on	N					
37233	Tibper revasc w/ather add-on	N					
37234	Revsc opn/prq tib/pero stent	N					
37235	Tib/per revasc stnt & ather	N					
37236	Open/perq place stent 1st	J1		5193	Level 3 Endovascular Procedures	127.1806	
37237	Open/perq place stent ea add	N					
37238	Open/perq place stent same	J1		5193	Level 3 Endovascular Procedures	127.1806	
37239	Open/perq place stent ea add	N					
37241	Vasc embolize/occlude venous	J1		5193	Level 3 Endovascular Procedures	127.1806	
37242	Vasc embolize/occlude artery	J1		5194	Level 4 Endovascular Procedures	201.3785	
37243	Vasc embolize/occlude organ	J1		5193	Level 3 Endovascular Procedures	127.1806	
37244	Vasc embolize/occlude bleed	J1		5193	Level 3 Endovascular Procedures	127.1806	
37246	Trluml balo angiop 1st art	J1		5192	Level 2 Endovascular Procedures	63.9406	
37247	Trluml balo angiop addl art	N					
37248	Trluml balo angiop 1st vein	J1		5192	Level 2 Endovascular Procedures	63.9406	
37249	Trluml balo angiop addl vein	N					
37252	Intrvasc us noncoronary 1st	N					
37253	Intrvasc us noncoronary addl	N					
3725F	Screen depression performed	M					
37500	Endoscopy ligate perf veins	J1		5184	Level 4 Vascular Procedures	60.6231	
37501	Unlisted vasc endoscopy px	T		5181	Level 1 Vascular Procedures	6.9336	
3750F	Ptnotrcvngsteroid>=10mg/day	E1					
3751F	Electrodiag polyneuro 6 mn	E1					
3752F	No electrodiag polyneuro 6mn	E1					
3753F	Pt has symp&signs neuropathy	E1					
3754F	Screening tests dm done	E1					
3755F	Cog&behav imprmnt scrng done	E1					
37565	Ligation of neck vein	J1		5183	Level 3 Vascular Procedures	35.2981	
3756F	Pt w/pseudobulb affect/als	E1					
3757F	Pt w/o pseudobulb affect/als	E1					
3758F	Pt ref pulm fx test/peakflow	E1					
3759F	Pt scrn dysphag/wt loss/nutr	E1					
37600	Ligation of neck artery	J1		5183	Level 3 Vascular Procedures	35.2981	
37605	Ligation of neck artery	J1		5183	Level 3 Vascular Procedures	35.2981	
37606	Ligation of neck artery	J1		5183	Level 3 Vascular Procedures	35.2981	
37607	Ligation of a-v fistula	J1		5183	Level 3 Vascular Procedures	35.2981	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

37609	Temporal artery procedure	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
3760F	Pt w/dysphag/wt loss/nutr	E1					
37615	Ligation of neck artery	J1		5183	Level 3 Vascular Procedures	35.2981	
37616	Ligation of chest artery	C					
37617	Ligation of abdomen artery	C					
37618	Ligation of extremity artery	C					
37619	Ligation of inf vena cava	J1		5184	Level 4 Vascular Procedures	60.6231	
3761F	Pt w/o dysphag/wt loss/nutr	E1					
3762F	Patient is dysarthric	E1					
3763F	Patient is not dysarthric	E1					
37650	Revision of major vein	J1		5183	Level 3 Vascular Procedures	35.2981	
37660	Revision of major vein	C					
37700	Revise leg vein	J1		5183	Level 3 Vascular Procedures	35.2981	
37718	Ligate/strip short leg vein	J1		5183	Level 3 Vascular Procedures	35.2981	
37722	Ligate/strip long leg vein	J1		5183	Level 3 Vascular Procedures	35.2981	
37735	Removal of leg veins/lesion	J1		5183	Level 3 Vascular Procedures	35.2981	
3775F	Adenoma detected screening	E1					
37760	Ligate leg veins radical	J1		5183	Level 3 Vascular Procedures	35.2981	
37761	Ligate leg veins open	J1		5183	Level 3 Vascular Procedures	35.2981	
37765	Stab phleb veins xtr 10-20	J1		5183	Level 3 Vascular Procedures	35.2981	
37766	Phleb veins - extrem 20+	J1		5183	Level 3 Vascular Procedures	35.2981	
3776F	Adenoma not detect screening	E1					
37780	Revision of leg vein	J1		5183	Level 3 Vascular Procedures	35.2981	
37785	Ligate/divide/excise vein	J1		5183	Level 3 Vascular Procedures	35.2981	
37788	Revascularization penis	C					
37790	Penile venous occlusion	J1		5374	Level 4 Urology and Related Services	38.6790	
37799	Unlisted px vascular surgery	T		5181	Level 1 Vascular Procedures	6.9336	
38100	Removal of spleen total	C					
38101	Removal of spleen partial	C					
38102	Removal of spleen total	C					
38115	Repair of ruptured spleen	C					
38120	Laparoscopy splenectomy	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
38129	Unlisted laps px spleen	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
38200	Injection for spleen x-ray	N					
38204	BI donor search management	N	E1				
38205	Harvest allogeneic stem cell	B	A				\$78.22
38206	Harvest auto stem cells	S		5242	Level 2 Blood Product Exchange and Related Services	18.3840	
38207	Cryopreserve stem cells	S	E1				
38208	Thaw preserved stem cells	S	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

38209	Wash harvest stem cells	S	E1				
38210	T-cell depletion of harvest	S	E1				
38211	Tumor cell deplete of harvst	S	E1				
38212	Rbc depletion of harvest	S	E1				
38213	Platelet deplete of harvest	S	E1				
38214	Volume deplete of harvest	S	E1				
38215	Harvest stem cell concentrte	S	E1				
38220	Dx bone marrow aspirations	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
38221	Dx bone marrow biopsies	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
38222	Dx bone marrow bx & aspir	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
38225	Car-t hrv bld-drv t lymphcyt	B					
38226	Car-t prep t lymphcyt f/trns	B					
38227	Car-t receipt&prepj admn	B					
38228	Car-t admn autologous	S		5694	Level 4 Drug Administration	3.7198	
38230	Bone marrow harvest allogene	S		5242	Level 2 Blood Product Exchange and Related Services	18.3840	
38232	Bone marrow harvest autolog	S		5243	Level 3 Blood Product Exchange and Related Services	52.5426	
38240	Transplt allo hct/donor	J1		5244	Level 4 Blood Product Exchange and Related Services	663.2611	
38241	Transplt autol hct/donor	S		5242	Level 2 Blood Product Exchange and Related Services	18.3840	
38242	Transplt allo lymphocytes	S		5242	Level 2 Blood Product Exchange and Related Services	18.3840	
38243	Transplj hematopoietic boost	S		5242	Level 2 Blood Product Exchange and Related Services	18.3840	
38300	Drainage lymph node lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
38305	Drainage lymph node lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
38308	Incision of lymph channels	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
38380	Thoracic duct procedure	C					
38381	Thoracic duct procedure	C					
38382	Thoracic duct procedure	C					
38500	Biopsy/removal lymph nodes	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
38505	Needle biopsy lymph nodes	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
38510	Biopsy/removal lymph nodes	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
38520	Biopsy/removal lymph nodes	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
38525	Biopsy/removal lymph nodes	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
38530	Biopsy/removal lymph nodes	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
38531	Open bx/exc inguinofem nodes	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
38542	Explore deep node(s) neck	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
38550	Removal neck/armpit lesion	J1		5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	42.9441	
38555	Removal neck/armpit lesion	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
38562	Removal pelvic lymph nodes	C					
38564	Removal abdomen lymph nodes	C					
38570	Laparoscopy lymph node biop	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

38571	Laparoscopy lymphadenectomy	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
38572	Laparoscopy lymphadenectomy	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
38573	Laps pelvic lymphadec	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
38589	Unlisted laps px lymphtc sys	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
38700	Removal of lymph nodes neck	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
38720	Removal of lymph nodes neck	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
38724	Removal of lymph nodes neck	C					
38740	Remove armpit lymph nodes	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
38745	Remove armpit lymph nodes	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
38746	Remove thoracic lymph nodes	C					
38747	Remove abdominal lymph nodes	C					
38760	Remove groin lymph nodes	J1		5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	73.1359	
38765	Remove groin lymph nodes	C					
38770	Remove pelvis lymph nodes	C					
38780	Remove abdomen lymph nodes	C					
38790	Inject for lymphatic x-ray	N					
38792	Ra tracer id of sentinl node	Q1		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
38794	Access thoracic lymph duct	N					
38900	Io map of sent lymph node	N					
38999	Unlistd px hemic/lymphtc sys	S		5241	Level 1 Blood Product Exchange and Related Services	4.9028	
39000	Exploration of chest	C					
39010	Exploration of chest	C					
39200	Resect mediastinal cyst	C					
39220	Resect mediastinal tumor	C					
39401	Mediastinoscopy w/medstnl bx	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
39402	Mediastinoscopy w/lmph nod bx	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
39499	Unlisted px mediastinum	C					
39501	Repair diaphragm laceration	C					
39503	Repair of diaphragm hernia	C					
39540	Repair of diaphragm hernia	C					
39541	Repair of diaphragm hernia	C					
39545	Revision of diaphragm	C					
39560	Resect diaphragm simple	C					
39561	Resect diaphragm complex	C					
39599	Unlisted px diaphragm	C					
4000F	Tobacco use txmnt counseling	E1					
4001F	Tobacco use txmnt pharmacol	E1					
4003F	Pt ed write/oral pts w/ hf	E1					
4004F	Pt tobacco screen rcvd tlk	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

4005F	Pharm thx for op rxd	E1					
4008F	Beta-blocker therapy rxd/tkn	M					
4010F	Ace/arb therapy rxd/taken	E1					
4011F	Oral antiplatelet therapy rx	E1					
4012F	Warfarin therapy rx	E1					
4013F	Statin therapy/currently tkn	E1					
4014F	Written discharge instr prvd	E1					
4015F	Persist asthma medicine ctrl	E1					
4016F	Anti-inflm/anlgsc agent rx	E1					
4017F	Gi prophylaxis for nsaid rx	E1					
4018F	Therapy exercise joint rx	E1					
4019F	Doc recpt counsl vit d/calc+	E1					
4025F	Inhaled bronchodilator rx	E1					
4030F	Oxygen therapy rx	E1					
4033F	Pulmonary rehab rec	E1					
4035F	Influenza imm rec	E1					
4037F	Influenza imm order/admin	E1					
4040F	Pneumoc vac/admin/rcvd	E1					
4041F	Doc order cefazolin/cefurox	E1					
4042F	Doc antibio not given	E1					
4043F	Doc order given stop antibio	E1					
4044F	Doc order given vte prophylx	E1					
4045F	Empiric antibiotic rx	E1					
4046F	Doc antibio given b/4 surg	E1					
4047F	Doc antibio given b/4 surg	E1					
4048F	Doc antibio given b/4 surg	E1					
40490	Biopsy of lip	T		5161	Level 1 ENT Procedures	2.6043	
4049F	Doc order given stop antibio	E1					
40500	Partial excision of lip	J1		5164	Level 4 ENT Procedures	36.3699	
4050F	Ht care plan doc	E1					
40510	Partial excision of lip	J1		5164	Level 4 ENT Procedures	36.3699	
4051F	Referred for an av fistula	E1					
40520	Partial excision of lip	J1		5164	Level 4 ENT Procedures	36.3699	
40525	Reconstruct lip with flap	J1		5164	Level 4 ENT Procedures	36.3699	
40527	Reconstruct lip with flap	J1		5165	Level 5 ENT Procedures	66.3421	
4052F	Hemodialysis via av fistula	E1					
40530	Partial removal of lip	J1		5164	Level 4 ENT Procedures	36.3699	
4053F	Hemodialysis via av graft	E1					
4054F	Hemodialysis via catheter	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

4055F	Pt rcvng periton dialysis	E1					
4056F	Approp oral rehyd recommentd	E1					
4058F	Ped gastro ed given caregvr	E1					
4060F	Psych svcs provided	E1					
4062F	Pt referral psych docd	E1					
4063F	Antidepres rxthxpy not rxd	E1					
4064F	Antidepressant rx	E1					
40650	Repair lip	T		5162	Level 2 ENT Procedures	5.7111	
40652	Repair lip	T		5162	Level 2 ENT Procedures	5.7111	
40654	Repair lip	J1		5163	Level 3 ENT Procedures	16.6121	
4065F	Antipsychotic rx	E1					
4066F	Ect provided	E1					
4067F	Pt referral for ect docd	E1					
4069F	Vte prophylaxis rcvd	E1					
40700	Repair cleft lip/nasal	J1		5165	Level 5 ENT Procedures	66.3421	
40701	Repair cleft lip/nasal	J1		5165	Level 5 ENT Procedures	66.3421	
40702	Repair cleft lip/nasal	J1		5165	Level 5 ENT Procedures	66.3421	
4070F	Dvt prophylx recvd day 2	E1					
40720	Repair cleft lip/nasal	J1		5164	Level 4 ENT Procedures	36.3699	
4073F	Oral antiplat thx rx dischrg	E1					
4075F	Anticoag thx rx at dischrg	E1					
40761	Repair cleft lip/nasal	J1		5165	Level 5 ENT Procedures	66.3421	
4077F	Doc t-pa admin considered	E1					
40799	Unlisted procedure lips	T		5161	Level 1 ENT Procedures	2.6043	
4079F	Doc rehab svcs considered	E1					
40800	Drainage of mouth lesion	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
40801	Drainage of mouth lesion	T		5162	Level 2 ENT Procedures	5.7111	
40804	Removal foreign body mouth	Q1		5301	Level 1 Upper GI Procedures	10.5144	
40805	Removal foreign body mouth	T		5162	Level 2 ENT Procedures	5.7111	
40806	Incision of lip fold	T		5162	Level 2 ENT Procedures	5.7111	
40808	Biopsy of mouth lesion	T		5162	Level 2 ENT Procedures	5.7111	
40810	Excision of mouth lesion	J1		5164	Level 4 ENT Procedures	36.3699	
40812	Excise/repair mouth lesion	J1		5163	Level 3 ENT Procedures	16.6121	
40814	Excise/repair mouth lesion	J1		5164	Level 4 ENT Procedures	36.3699	
40816	Excision of mouth lesion	J1		5164	Level 4 ENT Procedures	36.3699	
40818	Excise oral mucosa for graft	T		5162	Level 2 ENT Procedures	5.7111	
40819	Excise lip or cheek fold	J1		5163	Level 3 ENT Procedures	16.6121	
40820	Treatment of mouth lesion	J1		5164	Level 4 ENT Procedures	36.3699	
40830	Repair mouth laceration	T		5161	Level 1 ENT Procedures	2.6043	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

40831	Repair mouth laceration	T		5162	Level 2 ENT Procedures	5.7111	
40840	Reconstruction of mouth	J1		5165	Level 5 ENT Procedures	66.3421	
40842	Reconstruction of mouth	J1		5165	Level 5 ENT Procedures	66.3421	
40843	Reconstruction of mouth	J1		5165	Level 5 ENT Procedures	66.3421	
40844	Reconstruction of mouth	J1		5165	Level 5 ENT Procedures	66.3421	
40845	Reconstruction of mouth	J1		5165	Level 5 ENT Procedures	66.3421	
4084F	Aspirin recvd w/in 24 hrs	E1					
4086F	Aspirin/clopidogrel rxd	M					
40899	Unlisted px vestibule mouth	T		5161	Level 1 ENT Procedures	2.6043	
4090F	Pt rcvng epo thxpy	E1					
4095F	Pt not rcvng epo thxpy	E1					
41000	Drainage of mouth lesion	T		5162	Level 2 ENT Procedures	5.7111	
41005	Drainage of mouth lesion	T		5161	Level 1 ENT Procedures	2.6043	
41006	Drainage of mouth lesion	J1		5163	Level 3 ENT Procedures	16.6121	
41007	Drainage of mouth lesion	J1		5163	Level 3 ENT Procedures	16.6121	
41008	Drainage of mouth lesion	J1		5164	Level 4 ENT Procedures	36.3699	
41009	Drainage of mouth lesion	T		5162	Level 2 ENT Procedures	5.7111	
4100F	Biphos thxpy vein ord/recvd	E1					
41010	Incision of tongue fold	J1		5163	Level 3 ENT Procedures	16.6121	
41015	Drainage of mouth lesion	T		5162	Level 2 ENT Procedures	5.7111	
41016	Drainage of mouth lesion	J1		5165	Level 5 ENT Procedures	66.3421	
41017	Drainage of mouth lesion	J1		5164	Level 4 ENT Procedures	36.3699	
41018	Drainage of mouth lesion	J1		5163	Level 3 ENT Procedures	16.6121	
41019	Place needles h&n for rt	J1		5165	Level 5 ENT Procedures	66.3421	
41100	Biopsy of tongue	T		5162	Level 2 ENT Procedures	5.7111	
41105	Biopsy of tongue	J1		5164	Level 4 ENT Procedures	36.3699	
41108	Biopsy of floor of mouth	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
4110F	Int mam art used for cabg	M					
41110	Excision of tongue lesion	J1		5164	Level 4 ENT Procedures	36.3699	
41112	Excision of tongue lesion	J1		5164	Level 4 ENT Procedures	36.3699	
41113	Excision of tongue lesion	J1		5164	Level 4 ENT Procedures	36.3699	
41114	Excision of tongue lesion	J1		5164	Level 4 ENT Procedures	36.3699	
41115	Excision of tongue fold	J1		5163	Level 3 ENT Procedures	16.6121	
41116	Excision of mouth lesion	J1		5164	Level 4 ENT Procedures	36.3699	
41120	Partial removal of tongue	J1		5165	Level 5 ENT Procedures	66.3421	
41130	Partial removal of tongue	C					
41135	Tongue and neck surgery	C					
41140	Removal of tongue	C					
41145	Tongue removal neck surgery	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

41150	Tongue mouth jaw surgery	C					
41153	Tongue mouth neck surgery	C					
41155	Tongue jaw & neck surgery	C					
4115F	Beta blckr admin w/in 24 hrs	E1					
4120F	Antibiot rxd/given	M					
4124F	Antibiot not rxd/given	M					
41250	Repair tongue laceration	Q1		5735	Level 5 Minor Procedures	4.4751	
41251	Repair tongue laceration	T		5161	Level 1 ENT Procedures	2.6043	
41252	Repair tongue laceration	T		5161	Level 1 ENT Procedures	2.6043	
4130F	Topical prep rx aoe	E1					
4131F	Syst antimicrobial thx rx	E1					
4132F	No syst antimicrobial thx rx	E1					
4133F	Antihist/decong rx/recom	E1					
4134F	No antihist/decong rx/recom	E1					
4135F	Systemic corticosteroids rx	E1					
4136F	Syst corticosteroids not rx	E1					
4140F	Inhaled corticosteroids rxd	E1					
4142F	Corticoster sparing thrpy rxd	E1					
4144F	Alt long-term cntrl med rxd	E1					
4145F	2+ anti-hyptrtnsv agents tkn	E1					
4148F	Hep a vac injxn admin/recvd	E1					
4149F	Hep b vac injxn admin/recvd	E1					
4150F	Pt recvng antivir txmnt hepc	E1					
41510	Tongue to lip surgery	J1		5164	Level 4 ENT Procedures	36.3699	
41512	Tongue suspension	J1		5165	Level 5 ENT Procedures	66.3421	
4151F	Pt not recvng antiv hep c	E1					
41520	Reconstruction tongue fold	J1		5164	Level 4 ENT Procedures	36.3699	
41530	Tongue base vol reduction	J1		5164	Level 4 ENT Procedures	36.3699	
4153F	Combo pegintf/rib rx	E1					
4155F	Hep a vac series prev recvd	E1					
4157F	Hep b vac series prev recvd	E1					
4158F	Pt edu re alcoh drnkng done	E1					
41599	Unlisted px tongue flr mouth	T		5161	Level 1 ENT Procedures	2.6043	
4159F	Contrcp talk b/4 antiv txmnt	E1					
4163F	Pt couns 4 txmnt opt prost	E1					
4164F	Adjv hrnml thxpy rxd	E1					
4165F	3d-crt/imrt received	E1					
4167F	Hd bed tilted 1st day vent	E1					
4168F	Pt care icu&vent w/in 24hrs	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

4169F	No pt care icu/vent in 24hrs	E1					
4171F	Pt rcvng esa thxpy	E1					
4172F	Pt not rcvng esa thxpy	E1					
4174F	Couns potent glauc impct	E1					
4175F	Vis 20/40/> w/in 90 days	M					
4176F	Talk re uv light pt/crgvr	E1					
4177F	Talk pt/crgvr re areds prev	M					
4178F	Antid glbln rcvd w/in 26wks	E1					
4179F	Tamoxifen/ai prescribed	E1					
41800	Drainage of gum lesion	Q1		5734	Level 4 Minor Procedures	1.4456	
41805	Removal foreign body gum	J1		5163	Level 3 ENT Procedures	16.6121	
41806	Removal foreign body jawbone	J1		5163	Level 3 ENT Procedures	16.6121	
4180F	Adjv thxpyrxd/rcvd colon ca	E1					
4181F	Conformal radn thxpy rcvd	E1					
41820	Excision gum each quadrant	J1		5164	Level 4 ENT Procedures	36.3699	
41821	Excision of gum flap	J1		5163	Level 3 ENT Procedures	16.6121	
41822	Excision of gum lesion	J1		5163	Level 3 ENT Procedures	16.6121	
41823	Excision of gum lesion	J1		5165	Level 5 ENT Procedures	66.3421	
41825	Excision of gum lesion	J1		5164	Level 4 ENT Procedures	36.3699	
41826	Excision of gum lesion	J1		5164	Level 4 ENT Procedures	36.3699	
41827	Excision of gum lesion	J1		5165	Level 5 ENT Procedures	66.3421	
41828	Excision of gum lesion	J1		5163	Level 3 ENT Procedures	16.6121	
4182F	No conformal radn thxpy	E1					
41830	Removal of gum tissue	J1		5164	Level 4 ENT Procedures	36.3699	
41850	Treatment of gum lesion	J1		5163	Level 3 ENT Procedures	16.6121	
4185F	Continuous ppi or h2ra rcvd	E1					
4186F	No cont ppi or h2ra rcvd	E1					
41870	Gum graft	J1		5163	Level 3 ENT Procedures	16.6121	
41872	Repair gum	J1		5164	Level 4 ENT Procedures	36.3699	
41874	Repair tooth socket	J1		5164	Level 4 ENT Procedures	36.3699	
4187F	Anti rheum drugthxpyrxd/gvn	E1					
4188F	Approp ace/arb tstng done	E1					
41899	Unlisted px dentalvlr strux	T	A				\$292.14
4189F	Approp digoxin tstng done	E1					
4190F	Approp diuretic tstng done	E1					
4191F	Approp anticonvuls tstng	E1					
4192F	Pt not rcvng glucoco thxpy	M					
4193F	Pt rcv <10mg daily predniso	E1					
4194F	Pt rcv >=10mg daily predniso	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

4195F	Pt rcvng anti-rheum thxpy ra	E1					
4196F	Ptnot rcvng anti-rhm thxpyra	M					
42000	Drainage mouth roof lesion	T		5161	Level 1 ENT Procedures	2.6043	
4200F	External beam to prost only	E1					
4201F	Extrnl beam other than prost	E1					
42100	Biopsy roof of mouth	J1		5163	Level 3 ENT Procedures	16.6121	
42104	Excision lesion mouth roof	J1		5164	Level 4 ENT Procedures	36.3699	
42106	Excision lesion mouth roof	J1		5164	Level 4 ENT Procedures	36.3699	
42107	Excision lesion mouth roof	J1		5165	Level 5 ENT Procedures	66.3421	
4210F	Ace/arb thxpy for mos/>	E1					
42120	Remove palate/lesion	J1		5165	Level 5 ENT Procedures	66.3421	
42140	Excision of uvula	J1		5164	Level 4 ENT Procedures	36.3699	
42145	Repair palate pharynx/uvula	J1		5165	Level 5 ENT Procedures	66.3421	
42160	Treatment mouth roof lesion	J1		5164	Level 4 ENT Procedures	36.3699	
42180	Repair palate	T		5162	Level 2 ENT Procedures	5.7111	
42182	Repair palate	J1		5165	Level 5 ENT Procedures	66.3421	
42200	Reconstruct cleft palate	J1		5165	Level 5 ENT Procedures	66.3421	
42205	Reconstruct cleft palate	J1		5164	Level 4 ENT Procedures	36.3699	
4220F	Digoxin thxpy for 6 mos/>	E1					
42210	Reconstruct cleft palate	J1		5165	Level 5 ENT Procedures	66.3421	
42215	Reconstruct cleft palate	J1		5165	Level 5 ENT Procedures	66.3421	
4221F	Diuretic thxpy for 6 mos/>	E1					
42220	Reconstruct cleft palate	J1		5165	Level 5 ENT Procedures	66.3421	
42225	Reconstruct cleft palate	J1		5165	Level 5 ENT Procedures	66.3421	
42226	Lengthening of palate	J1		5165	Level 5 ENT Procedures	66.3421	
42227	Lengthening of palate	J1		5165	Level 5 ENT Procedures	66.3421	
42235	Repair palate	J1		5165	Level 5 ENT Procedures	66.3421	
42260	Repair nose to lip fistula	J1		5165	Level 5 ENT Procedures	66.3421	
42280	Preparation palate mold	T		5162	Level 2 ENT Procedures	5.7111	
42281	Insertion palate prosthesis	J1		5165	Level 5 ENT Procedures	66.3421	
42299	Unlisted px palate uvula	T		5161	Level 1 ENT Procedures	2.6043	
42300	Drainage of salivary gland	J1		5163	Level 3 ENT Procedures	16.6121	
42305	Drainage of salivary gland	J1		5164	Level 4 ENT Procedures	36.3699	
4230F	Anticonv thxpy for 6 mos/>	E1					
42310	Drainage of salivary gland	T		5162	Level 2 ENT Procedures	5.7111	
42320	Drainage of salivary gland	T		5162	Level 2 ENT Procedures	5.7111	
42330	Removal of salivary stone	J1		5164	Level 4 ENT Procedures	36.3699	
42335	Removal of salivary stone	J1		5164	Level 4 ENT Procedures	36.3699	
42340	Removal of salivary stone	J1		5164	Level 4 ENT Procedures	36.3699	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

42400	Biopsy of salivary gland	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
42405	Biopsy of salivary gland	J1		5163	Level 3 ENT Procedures	16.6121	
42408	Excision of salivary cyst	J1		5164	Level 4 ENT Procedures	36.3699	
42409	Drainage of salivary cyst	J1		5164	Level 4 ENT Procedures	36.3699	
4240F	Instr xrcz back pain 12 wks	E1					
42410	Excise parotid gland/lesion	J1		5165	Level 5 ENT Procedures	66.3421	
42415	Excise parotid gland/lesion	J1		5165	Level 5 ENT Procedures	66.3421	
42420	Excise parotid gland/lesion	J1		5165	Level 5 ENT Procedures	66.3421	
42425	Excise parotid gland/lesion	J1		5165	Level 5 ENT Procedures	66.3421	
42426	Excise parotid gland/lesion	C					
4242F	Sprvsd xrcz back pn >12 wks	E1					
42440	Excise submaxillary gland	J1		5165	Level 5 ENT Procedures	66.3421	
42450	Excise sublingual gland	J1		5165	Level 5 ENT Procedures	66.3421	
4245F	Pt instr nrml activities	E1					
4248F	Pt instr no bd rest 4 days/>	E1					
42500	Repair salivary duct	J1		5165	Level 5 ENT Procedures	66.3421	
42505	Repair salivary duct	J1		5165	Level 5 ENT Procedures	66.3421	
42507	Parotid duct diversion	J1		5165	Level 5 ENT Procedures	66.3421	
42509	Parotid duct diversion	J1		5165	Level 5 ENT Procedures	66.3421	
4250F	Wrmng 4 surg normothermia	E1					
42510	Parotid duct diversion	J1		5164	Level 4 ENT Procedures	36.3699	
42550	Injection for salivary x-ray	N					
4255F	Anesth 60 min/> as docd	M					
4256F	Anesthe <60 min as docd	E1					
42600	Closure of salivary fistula	J1		5164	Level 4 ENT Procedures	36.3699	
4260F	Wound srcf culturetech used	E1					
4261F	Tech other than surfc cultr	E1					
42650	Dilation of salivary duct	J1		5163	Level 3 ENT Procedures	16.6121	
4265F	Wet-dry dressings rx recmd	E1					
42660	Dilation of salivary duct	T		5162	Level 2 ENT Procedures	5.7111	
42665	Ligation of salivary duct	J1		5164	Level 4 ENT Procedures	36.3699	
4266F	No wet-dry drssings rx recmd	E1					
4267F	Comprssion thxpy prescribed	E1					
4268F	Pt ed re comp thxpy rcvd	E1					
42699	Unlisted px salivry gland/dux	T		5161	Level 1 ENT Procedures	2.6043	
4269F	Appropos mthd offloading rxd	E1					
42700	Drainage of tonsil abscess	T		5161	Level 1 ENT Procedures	2.6043	
4270F	Pt rcvng anti r-viral thxpy	E1					
4271F	Pt rcvng anti r-viral thxpy	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

42720	Drainage of throat abscess	J1		5164	Level 4 ENT Procedures	36.3699	
42725	Drainage of throat abscess	J1		5165	Level 5 ENT Procedures	66.3421	
4274F	Flu immuno admind rcvd	E1					
4276F	Potent antivir thxpy rxd	E1					
4279F	Pcp prophylaxis rxd	E1					
42800	Biopsy of throat	J1		5163	Level 3 ENT Procedures	16.6121	
42804	Biopsy of upper nose/throat	J1		5164	Level 4 ENT Procedures	36.3699	
42806	Biopsy of upper nose/throat	J1		5164	Level 4 ENT Procedures	36.3699	
42808	Excise pharynx lesion	J1		5164	Level 4 ENT Procedures	36.3699	
42809	Remove pharynx foreign body	Q1		5735	Level 5 Minor Procedures	4.4751	
4280F	Pcp prophylax rxd 3mon low %	E1					
42810	Excision of neck cyst	J1		5164	Level 4 ENT Procedures	36.3699	
42815	Excision of neck cyst	J1		5165	Level 5 ENT Procedures	66.3421	
42820	Remove tonsils and adenoids	J1		5165	Level 5 ENT Procedures	66.3421	
42821	Remove tonsils and adenoids	J1		5164	Level 4 ENT Procedures	36.3699	
42825	Removal of tonsils	J1		5165	Level 5 ENT Procedures	66.3421	
42826	Removal of tonsils	J1		5164	Level 4 ENT Procedures	36.3699	
42830	Removal of adenoids	J1		5164	Level 4 ENT Procedures	36.3699	
42831	Removal of adenoids	J1		5164	Level 4 ENT Procedures	36.3699	
42835	Removal of adenoids	J1		5164	Level 4 ENT Procedures	36.3699	
42836	Removal of adenoids	J1		5164	Level 4 ENT Procedures	36.3699	
42842	Extensive surgery of throat	J1		5165	Level 5 ENT Procedures	66.3421	
42844	Extensive surgery of throat	J1		5165	Level 5 ENT Procedures	66.3421	
42845	Extensive surgery of throat	C					
42860	Excision of tonsil tags	J1		5164	Level 4 ENT Procedures	36.3699	
42870	Excision of lingual tonsil	J1		5165	Level 5 ENT Procedures	66.3421	
42890	Partial removal of pharynx	J1		5165	Level 5 ENT Procedures	66.3421	
42892	Revision of pharyngeal walls	J1		5165	Level 5 ENT Procedures	66.3421	
42894	Revision of pharyngeal walls	C					
42900	Repair throat wound	J1		5163	Level 3 ENT Procedures	16.6121	
4290F	Pt scrnd for inj drug use	E1					
4293F	Pt scrnd hgh-risk sex behav	E1					
42950	Reconstruction of throat	J1		5165	Level 5 ENT Procedures	66.3421	
42953	Repair throat esophagus	C					
42955	Surgical opening of throat	J1		5163	Level 3 ENT Procedures	16.6121	
42960	Control throat bleeding	T		5162	Level 2 ENT Procedures	5.7111	
42961	Control throat bleeding	C					
42962	Control throat bleeding	J1		5164	Level 4 ENT Procedures	36.3699	
42970	Control nose/throat bleeding	T		5161	Level 1 ENT Procedures	2.6043	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

42971	Control nose/throat bleeding	C					
42972	Control nose/throat bleeding	J1		5164	Level 4 ENT Procedures	36.3699	
42975	Dise eval slp do brth flx dx	J1		5153	Level 3 Airway Endoscopy	19.3394	
42999	Unlisted px phrnx adnd/tnsl	T		5161	Level 1 ENT Procedures	2.6043	
4300F	Pt rcvng warf thxpy	E1					
4301F	Pt not rcvng warf thxpy	E1					
43020	Incision of esophagus	J1		5163	Level 3 ENT Procedures	16.6121	
43030	Throat muscle surgery	J1		5165	Level 5 ENT Procedures	66.3421	
43045	Incision of esophagus	C					
4305F	Pt ed re ft care inspct rcvd	E1					
4306F	Pt tlk psych & rx opd addic	E1					
43100	Excision of esophagus lesion	C					
43101	Excision of esophagus lesion	C					
43107	Removal of esophagus	C					
43108	Removal of esophagus	C					
43112	Esphg tot w/thrcm	C					
43113	Removal of esophagus	C					
43116	Partial removal of esophagus	C					
43117	Partial removal of esophagus	C					
43118	Partial removal of esophagus	C					
43121	Partial removal of esophagus	C					
43122	Partial removal of esophagus	C					
43123	Partial removal of esophagus	C					
43124	Removal of esophagus	C					
43130	Removal of esophagus pouch	J1		5165	Level 5 ENT Procedures	66.3421	
43135	Removal of esophagus pouch	C					
43180	Esophagoscopy rigid trnso	J1		5165	Level 5 ENT Procedures	66.3421	
43191	Esophagoscopy rigid trnso dx	J1		5302	Level 2 Upper GI Procedures	21.2741	
43192	Esophagoscpc rig trnso inject	J1		5302	Level 2 Upper GI Procedures	21.2741	
43193	Esophagoscpc rig trnso biopsy	J1		5302	Level 2 Upper GI Procedures	21.2741	
43194	Esophagoscpc rig trnso rem fb	J1		5302	Level 2 Upper GI Procedures	21.2741	
43195	Esophagoscopy rigid balloon	J1		5303	Level 3 Upper GI Procedures	42.6665	
43196	Esophagoscpc guide wire dilat	J1		5302	Level 2 Upper GI Procedures	21.2741	
43197	Esophagoscopy flex dx brush	T		5301	Level 1 Upper GI Procedures	10.5144	
43198	Esophagosc flex trnsn biopsy	T		5301	Level 1 Upper GI Procedures	10.5144	
43200	Esophagoscopy flexible brush	T		5301	Level 1 Upper GI Procedures	10.5144	
43201	Esoph scope w/submucous inj	J1		5302	Level 2 Upper GI Procedures	21.2741	
43202	Esophagoscopy flex biopsy	J1		5302	Level 2 Upper GI Procedures	21.2741	
43204	Esoph scope w/sclerosis inj	J1		5302	Level 2 Upper GI Procedures	21.2741	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

43205	Esophagus endoscopy/ligation	J1		5302	Level 2 Upper GI Procedures	21.2741	
43206	Esoph optical endomicroscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
4320F	Pt talk psychsoc&rx oh dpnd	E1					
43210	Egd esophagogastrc fndoplsty	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
43211	Esophagoscop mucosal resect	J1		5302	Level 2 Upper GI Procedures	21.2741	
43212	Esophagoscop stent placement	J1		5331	Complex GI Procedures	66.7587	
43213	Esophagoscopy retro balloon	J1		5302	Level 2 Upper GI Procedures	21.2741	
43214	Esophagosc dilate balloon 30	J1		5302	Level 2 Upper GI Procedures	21.2741	
43215	Esophagoscopy flex remove fb	J1		5302	Level 2 Upper GI Procedures	21.2741	
43216	Esophagoscopy lesion removal	J1		5302	Level 2 Upper GI Procedures	21.2741	
43217	Esophagoscopy snare les remv	J1		5302	Level 2 Upper GI Procedures	21.2741	
43220	Esophagoscopy balloon <30mm	J1		5302	Level 2 Upper GI Procedures	21.2741	
43226	Esoph endoscopy dilation	J1		5302	Level 2 Upper GI Procedures	21.2741	
43227	Esophagoscopy control bleed	J1		5302	Level 2 Upper GI Procedures	21.2741	
43229	Esophagoscopy lesion ablate	J1		5303	Level 3 Upper GI Procedures	42.6665	
4322F	Crgvr prov w/ ed addl rsrscs	M					
43231	Esophagoscop ultrasound exam	J1		5302	Level 2 Upper GI Procedures	21.2741	
43232	Esophagoscopy w/us needle bx	J1		5302	Level 2 Upper GI Procedures	21.2741	
43233	Egd balloon dil esoph30 mm/>	J1		5302	Level 2 Upper GI Procedures	21.2741	
43235	Egd diagnostic brush wash	T		5301	Level 1 Upper GI Procedures	10.5144	
43236	Uppr gi scope w/submuc inj	T		5301	Level 1 Upper GI Procedures	10.5144	
43237	Endoscopic us exam esoph	J1		5302	Level 2 Upper GI Procedures	21.2741	
43238	Egd us fine needle bx/aspir	J1		5302	Level 2 Upper GI Procedures	21.2741	
43239	Egd biopsy single/multiple	T		5301	Level 1 Upper GI Procedures	10.5144	
43240	Egd w/transmural drain cyst	J1		5331	Complex GI Procedures	66.7587	
43241	Egd tube/cath insertion	J1		5302	Level 2 Upper GI Procedures	21.2741	
43242	Egd us fine needle bx/aspir	J1		5302	Level 2 Upper GI Procedures	21.2741	
43243	Egd injection varices	J1		5302	Level 2 Upper GI Procedures	21.2741	
43244	Egd varices ligation	J1		5302	Level 2 Upper GI Procedures	21.2741	
43245	Egd dilate stricture	J1		5302	Level 2 Upper GI Procedures	21.2741	
43246	Egd place gastrostomy tube	J1		5302	Level 2 Upper GI Procedures	21.2741	
43247	Egd remove foreign body	T		5301	Level 1 Upper GI Procedures	10.5144	
43248	Egd guide wire insertion	T		5301	Level 1 Upper GI Procedures	10.5144	
43249	Esoph egd dilation <30 mm	J1		5302	Level 2 Upper GI Procedures	21.2741	
4324F	Pt queried prkns complic	E1					
43250	Egd cautery tumor polyp	J1		5302	Level 2 Upper GI Procedures	21.2741	
43251	Egd remove lesion snare	J1		5302	Level 2 Upper GI Procedures	21.2741	
43252	Egd optical endomicroscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
43253	Egd us transmural injxn/mark	J1		5302	Level 2 Upper GI Procedures	21.2741	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

43254	Egd endo mucosal resection	J1		5302	Level 2 Upper GI Procedures	21.2741	
43255	Egd control bleeding any	J1		5302	Level 2 Upper GI Procedures	21.2741	
43257	Egd w/thrml txmnt gerd	J1		5303	Level 3 Upper GI Procedures	42.6665	
43259	Egd us exam duodenum/jejunum	J1		5302	Level 2 Upper GI Procedures	21.2741	
4325F	Med txmnt options rvwd w/pt	M					
43260	Ercp w/specimen collection	J1		5303	Level 3 Upper GI Procedures	42.6665	
43261	Endo cholangiopancreatograph	J1		5303	Level 3 Upper GI Procedures	42.6665	
43262	Endo cholangiopancreatograph	J1		5303	Level 3 Upper GI Procedures	42.6665	
43263	Ercp sphincter pressure meas	J1		5302	Level 2 Upper GI Procedures	21.2741	
43264	Ercp remove duct calculi	J1		5303	Level 3 Upper GI Procedures	42.6665	
43265	Ercp lithotripsy calculi	J1		5331	Complex GI Procedures	66.7587	
43266	Egd endoscopic stent place	J1		5331	Complex GI Procedures	66.7587	
4326F	Pt asked re symp auto dysfxn	E1					
43270	Egd lesion ablation	J1		5302	Level 2 Upper GI Procedures	21.2741	
43273	Endoscopic pancreatoscopy	N					
43274	Ercp duct stent placement	J1		5331	Complex GI Procedures	66.7587	
43275	Ercp remove forgn body duct	J1		5302	Level 2 Upper GI Procedures	21.2741	
43276	Ercp stent exchange w/dilate	J1		5331	Complex GI Procedures	66.7587	
43277	Ercp ea duct/ampulla dilate	J1		5303	Level 3 Upper GI Procedures	42.6665	
43278	Ercp lesion ablate w/dilate	J1		5303	Level 3 Upper GI Procedures	42.6665	
43279	Lap myotomy heller	C					
43280	Laparoscopy fundoplasty	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
43281	Lap paraesophag hern repair	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
43282	Lap paraesoph her rpr w/mesh	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
43283	Lap esoph lengthening	C					
43284	Laps esophgl sphnctr agmntj	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
43285	Rmvl esophgl sphnctr dev	Q2		5361	Level 1 Laparoscopy and Related Services	65.4304	
43286	Esphg tot w/laps moblj	C					
43287	Esphg dstl 2/3 w/laps moblj	C					
43288	Esphg thrsc moblj	C					
43289	Unlisted laps px esoph	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
4328F	Pt asked re sleep disturb	E1					
43290	Egd flx trnsorl dplmnt balo	J1		5302	Level 2 Upper GI Procedures	21.2741	
43291	Egd flx trnsorl rmvl balo	T		5301	Level 1 Upper GI Procedures	10.5144	
43300	Repair of esophagus	C					
43305	Repair esophagus and fistula	C					
4330F	Cnslng epi spec sfty issues	E1					
43310	Repair of esophagus	C					
43312	Repair esophagus and fistula	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

43313	Esophagoplasty congenital	C					
43314	Tracheo-esophagoplasty cong	C					
43320	Fuse esophagus & stomach	C					
43325	Revise esophagus & stomach	C					
43327	Esoph fundoplasty lap	C					
43328	Esoph fundoplasty thor	C					
43330	Esophagomyotomy abdominal	C					
43331	Esophagomyotomy thoracic	C					
43332	Transab esoph hiat hern rpr	C					
43333	Transab esoph hiat hern rpr	C					
43334	Transthor diaphrag hern rpr	C					
43335	Transthor diaphrag hern rpr	C					
43336	Thorabd diaphr hern repair	C					
43337	Thorabd diaphr hern repair	C					
43338	Esoph lengthening	C					
43340	Fuse esophagus & intestine	C					
43341	Fuse esophagus & intestine	C					
43351	Surgical opening esophagus	C					
43352	Surgical opening esophagus	C					
43360	Gastrointestinal repair	C					
43361	Gastrointestinal repair	C					
43400	Ligate esophagus veins	C					
43405	Ligate/staple esophagus	C					
4340F	CnsIng chldbrng women epi	M					
43410	Repair esophagus wound	C					
43415	Repair esophagus wound	C					
43420	Repair esophagus opening	J1		5164	Level 4 ENT Procedures	36.3699	
43425	Repair esophagus opening	C					
43450	Dilate esophagus 1/mult pass	T		5301	Level 1 Upper GI Procedures	10.5144	
43453	Dilate esophagus	J1		5302	Level 2 Upper GI Procedures	21.2741	
43460	Pressure treatment esophagus	C					
43496	Free jejunum flap microvasc	C					
43497	Transorl lwr esophgl myotomy	J1		5331	Complex GI Procedures	66.7587	
43499	Unlisted procedure esophagus	T		5301	Level 1 Upper GI Procedures	10.5144	
43500	Surgical opening of stomach	C					
43501	Surgical repair of stomach	C					
43502	Surgical repair of stomach	C					
4350F	CnsIng provided symp mngmnt	E1					
43510	Surgical opening of stomach	T		5301	Level 1 Upper GI Procedures	10.5144	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

43520	Incision of pyloric muscle	C					
43605	Biopsy of stomach	C					
43610	Excision of stomach lesion	C					
43611	Excision of stomach lesion	C					
43620	Removal of stomach	C					
43621	Removal of stomach	C					
43622	Removal of stomach	C					
43631	Removal of stomach partial	C					
43632	Removal of stomach partial	C					
43633	Removal of stomach partial	C					
43634	Removal of stomach partial	C					
43635	Removal of stomach partial	C					
43640	Vagotomy & pylorus repair	C					
43641	Vagotomy & pylorus repair	C					
43644	Lap gastric bypass/roux-en-y	C					
43645	Lap gastr bypass incl smll i	C					
43647	Lap impl electrode antrum	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
43648	Lap revise/remv eltrd antrum	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
43651	Laparoscopy vagus nerve	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
43652	Laparoscopy vagus nerve	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
43653	Laparoscopy gastrostomy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
43659	Unlisted laps px stomach	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
43752	Nasal/orogastric w/tube plmt	Q1		5735	Level 5 Minor Procedures	4.4751	
43753	Tx gastro intub w/asp	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
43754	Dx gastr intub w/asp spec	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
43755	Dx gastr intub w/asp specs	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
43756	Dx duod intub w/asp spec	Q1		5301	Level 1 Upper GI Procedures	10.5144	
43757	Dx duod intub w/asp specs	T		5301	Level 1 Upper GI Procedures	10.5144	
43761	Reposition gastrostomy tube	T		5371	Level 1 Urology and Related Services	2.7275	
43762	Rplc gtube no revj trc	T		5371	Level 1 Urology and Related Services	2.7275	
43763	Rplc gtube revj gstrst trc	T		5371	Level 1 Urology and Related Services	2.7275	
43770	Lap place gastr adj device	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
43771	Lap revise gastr adj device	C					
43772	Lap rmvl gastr adj device	J1		5303	Level 3 Upper GI Procedures	42.6665	
43773	Lap replace gastr adj device	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
43774	Lap rmvl gastr adj all parts	J1		5303	Level 3 Upper GI Procedures	42.6665	
43775	Lap sleeve gastrectomy	C					
43800	Reconstruction of pylorus	C					
43810	Fusion of stomach and bowel	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

43820	Fusion of stomach and bowel	C					
43825	Fusion of stomach and bowel	C					
43830	Place gastrostomy tube	J1		5302	Level 2 Upper GI Procedures	21.2741	
43831	Place gastrostomy tube	T		5301	Level 1 Upper GI Procedures	10.5144	
43832	Place gastrostomy tube	C					
43840	Repair of stomach lesion	C					
43842	V-band gastroplasty	E1					
43843	Gastroplasty w/o v-band	C					
43845	Gastroplasty duodenal switch	C					
43846	Gastric bypass for obesity	C					
43847	Gastric bypass incl small i	C					
43848	Revision gastroplasty	C					
43860	Revise stomach-bowel fusion	C					
43865	Revise stomach-bowel fusion	C					
43870	Repair stomach opening	J1		5303	Level 3 Upper GI Procedures	42.6665	
43880	Repair stomach-bowel fistula	C					
43881	Impl/redo electrd antrum	C					
43882	Revise/remove electrd antrum	C					
43886	Revise gastric port open	T		5055	Level 5 Skin Procedures	41.0565	
43887	Remove gastric port open	Q2		5054	Level 4 Skin Procedures	20.5142	
43888	Change gastric port open	T		5055	Level 5 Skin Procedures	41.0565	
43999	Unlisted procedure stomach	T		5301	Level 1 Upper GI Procedures	10.5144	
44005	Freeing of bowel adhesion	C					
4400F	Rehab thxpy options w/pt	E1					
44010	Incision of small bowel	C					
44015	Insert needle cath bowel	C					
44020	Explore small intestine	C					
44021	Decompress small bowel	C					
44025	Incision of large bowel	C					
44050	Reduce bowel obstruction	C					
44055	Correct malrotation of bowel	C					
44100	Biopsy of bowel	T		5301	Level 1 Upper GI Procedures	10.5144	
44110	Excise intestine lesion(s)	C					
44111	Excision of bowel lesion(s)	C					
44120	Removal of small intestine	C					
44121	Removal of small intestine	C					
44125	Removal of small intestine	C					
44126	Enterectomy w/o taper cong	C					
44127	Enterectomy w/taper cong	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

44128	Enterectomy cong add-on	C					
44130	Bowel to bowel fusion	C					
44132	Enterectomy cadaver donor	C					
44133	Enterectomy live donor	C					
44135	Intestine transplnt cadaver	C					
44136	Intestine transplant live	C					
44137	Remove intestinal allograft	C					
44139	Mobilization of colon	C					
44140	Partial removal of colon	C					
44141	Partial removal of colon	C					
44143	Partial removal of colon	C					
44144	Partial removal of colon	C					
44145	Partial removal of colon	C					
44146	Partial removal of colon	C					
44147	Partial removal of colon	C					
44150	Removal of colon	C					
44151	Removal of colon/ileostomy	C					
44155	Removal of colon/ileostomy	C					
44156	Removal of colon/ileostomy	C					
44157	Colectomy w/ileoanal anast	C					
44158	Colectomy w/neo-rectum pouch	C					
44160	Removal of colon	C					
44180	Lap enterolysis	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
44186	Lap jejunostomy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
44187	Lap ileo/jejuno-stomy	C					
44188	Lap colostomy	C					
44202	Lap enterectomy	C					
44203	Lap resect s/intestine addl	C					
44204	Laparo partial colectomy	C					
44205	Lap colectomy part w/ileum	C					
44206	Lap part colectomy w/stoma	C					
44207	L colectomy/coloproctostomy	C					
44208	L colectomy/coloproctostomy	C					
44210	Laparo total proctocolectomy	C					
44211	Lap colectomy w/proctectomy	C					
44212	Laparo total proctocolectomy	C					
44213	Lap mobil splenic fl add-on	C					
44227	Lap close enterostomy	C					
44238	Unlisted laps px intestine	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

44300	Open bowel to skin	C					
44310	Ileostomy/jejunostomy	C					
44312	Revision of ileostomy	T		5055	Level 5 Skin Procedures	41.0565	
44314	Revision of ileostomy	C					
44316	Devise bowel pouch	C					
44320	Colostomy	C					
44322	Colostomy with biopsies	C					
44340	Revision of colostomy	T		5055	Level 5 Skin Procedures	41.0565	
44345	Revision of colostomy	C					
44346	Revision of colostomy	C					
44360	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44361	Small bowel endoscopy/biopsy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44363	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44364	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44365	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44366	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44369	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44370	Small bowel endoscopy/stent	J1		5331	Complex GI Procedures	66.7587	
44372	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44373	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44376	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44377	Small bowel endoscopy/biopsy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44378	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44379	S bowel endoscope w/stent	J1		5331	Complex GI Procedures	66.7587	
44380	Small bowel endoscopy br/wa	T		5301	Level 1 Upper GI Procedures	10.5144	
44381	Small bowel endoscopy br/wa	J1		5302	Level 2 Upper GI Procedures	21.2741	
44382	Small bowel endoscopy	T		5301	Level 1 Upper GI Procedures	10.5144	
44384	Small bowel endoscopy	J1		5302	Level 2 Upper GI Procedures	21.2741	
44385	Endoscopy of bowel pouch	T		5311	Level 1 Lower GI Procedures	10.2245	
44386	Endoscopy bowel pouch/biop	T		5311	Level 1 Lower GI Procedures	10.2245	
44388	Colonoscopy thru stoma spx	T		5311	Level 1 Lower GI Procedures	10.2245	
44389	Colonoscopy with biopsy	T		5312	Level 2 Lower GI Procedures	13.2230	
44390	Colonoscopy for foreign body	T		5311	Level 1 Lower GI Procedures	10.2245	
44391	Colonoscopy for bleeding	T		5312	Level 2 Lower GI Procedures	13.2230	
44392	Colonoscopy & polypectomy	T		5312	Level 2 Lower GI Procedures	13.2230	
44394	Colonoscopy w/snare	T		5312	Level 2 Lower GI Procedures	13.2230	
44401	Colonoscopy with ablation	T		5312	Level 2 Lower GI Procedures	13.2230	
44402	Colonoscopy w/stent plcmt	J1		5331	Complex GI Procedures	66.7587	
44403	Colonoscopy w/resection	T		5312	Level 2 Lower GI Procedures	13.2230	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

44404	Colonoscopy w/injection	T		5312	Level 2 Lower GI Procedures	13.2230	
44405	Colonoscopy w/dilation	T		5312	Level 2 Lower GI Procedures	13.2230	
44406	Colonoscopy w/ultrasound	T		5312	Level 2 Lower GI Procedures	13.2230	
44407	Colonoscopy w/ndl aspir/bx	T		5312	Level 2 Lower GI Procedures	13.2230	
44408	Colonoscopy w/decompression	T		5311	Level 1 Lower GI Procedures	10.2245	
44500	Intro gastrointestinal tube	T		5301	Level 1 Upper GI Procedures	10.5144	
4450F	Self-care ed provided to pt	E1					
44602	Suture small intestine	C					
44603	Suture small intestine	C					
44604	Suture large intestine	C					
44605	Repair of bowel lesion	C					
44615	Intestinal stricturoplasty	C					
44620	Repair bowel opening	C					
44625	Repair bowel opening	C					
44626	Repair bowel opening	C					
44640	Repair bowel-skin fistula	C					
44650	Repair bowel fistula	C					
44660	Repair bowel-bladder fistula	C					
44661	Repair bowel-bladder fistula	C					
44680	Surgical revision intestine	C					
44700	Suspend bowel w/prosthesis	C					
44701	Intraop colon lavage add-on	N					
44705	Prepare fecal microbiota	B					
4470F	Icd counseling provided	E1					
44715	Prepare donor intestine	C					
44720	Prep donor intestine/venous	C					
44721	Prep donor intestine/artery	C					
44799	Unlisted px small intestine	T		5301	Level 1 Upper GI Procedures	10.5144	
44800	Excision of bowel pouch	C					
4480F	Pt rcvng ace/arb b-blockertx	E1					
4481F	Pt rcvng ace/arb blker <3mos	E1					
44820	Excision of mesentery lesion	C					
44850	Repair of mesentery	C					
44899	Unlisted px meckel's dvtclm	C					
44900	Drain appendix abscess open	C					
44950	Appendectomy	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
44955	Appendectomy add-on	N					
44960	Appendectomy	C					
44970	Laparoscopy appendectomy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

44979	Unlisted laps px appendix	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
45000	Drainage of pelvic abscess	T		5312	Level 2 Lower GI Procedures	13.2230	
45005	Drainage of rectal abscess	T		5312	Level 2 Lower GI Procedures	13.2230	
4500F	Ref to outpt card rehab prog	M					
45020	Drainage of rectal abscess	J1		5313	Level 3 Lower GI Procedures	30.7550	
45100	Biopsy of rectum	J1		5313	Level 3 Lower GI Procedures	30.7550	
45108	Removal of anorectal lesion	J1		5313	Level 3 Lower GI Procedures	30.7550	
4510F	Prev cardrehab qualcardevent	M					
45110	Removal of rectum	C					
45111	Partial removal of rectum	C					
45112	Removal of rectum	C					
45113	Partial proctectomy	C					
45114	Partial removal of rectum	C					
45116	Partial removal of rectum	C					
45119	Remove rectum w/reservoir	C					
45120	Removal of rectum	C					
45121	Removal of rectum and colon	C					
45123	Partial proctectomy	C					
45126	Pelvic exenteration	C					
45130	Excision of rectal prolapse	C					
45135	Excision of rectal prolapse	C					
45136	Excise ileoanal reservior	C					
45150	Excision of rectal stricture	T		5312	Level 2 Lower GI Procedures	13.2230	
45160	Excision of rectal lesion	J1		5313	Level 3 Lower GI Procedures	30.7550	
45171	Exc rect tum transanal part	J1		5313	Level 3 Lower GI Procedures	30.7550	
45172	Exc rect tum transanal full	J1		5313	Level 3 Lower GI Procedures	30.7550	
45190	Destruction rectal tumor	J1		5313	Level 3 Lower GI Procedures	30.7550	
4525F	Neuropsychia interven order	E1					
4526F	Neuropsychia interven rcvd	E1					
45300	Proctosigmoidoscopy dx	T		5311	Level 1 Lower GI Procedures	10.2245	
45303	Proctosigmoidoscopy dilate	T		5312	Level 2 Lower GI Procedures	13.2230	
45305	Proctosigmoidoscopy w/bx	T		5312	Level 2 Lower GI Procedures	13.2230	
45307	Proctosigmoidoscopy fb	J1		5313	Level 3 Lower GI Procedures	30.7550	
45308	Proctosigmoidoscopy removal	J1		5313	Level 3 Lower GI Procedures	30.7550	
45309	Proctosigmoidoscopy removal	T		5312	Level 2 Lower GI Procedures	13.2230	
45315	Proctosigmoidoscopy removal	T		5312	Level 2 Lower GI Procedures	13.2230	
45317	Proctosigmoidoscopy bleed	T		5312	Level 2 Lower GI Procedures	13.2230	
45320	Proctosigmoidoscopy ablate	J1		5313	Level 3 Lower GI Procedures	30.7550	
45321	Proctosigmoidoscopy volvul	J1		5313	Level 3 Lower GI Procedures	30.7550	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

45327	Proctosigmoidoscopy w/stent	J1		5331	Complex GI Procedures	66.7587	
45330	Diagnostic sigmoidoscopy	T		5311	Level 1 Lower GI Procedures	10.2245	
45331	Sigmoidoscopy and biopsy	T		5311	Level 1 Lower GI Procedures	10.2245	
45332	Sigmoidoscopy w/fb removal	T		5312	Level 2 Lower GI Procedures	13.2230	
45333	Sigmoidoscopy & polypectomy	T		5311	Level 1 Lower GI Procedures	10.2245	
45334	Sigmoidoscopy for bleeding	T		5312	Level 2 Lower GI Procedures	13.2230	
45335	Sigmoidoscopy w/submuc inj	T		5311	Level 1 Lower GI Procedures	10.2245	
45337	Sigmoidoscopy & decompress	T		5311	Level 1 Lower GI Procedures	10.2245	
45338	Sigmoidoscopy w/tumr remove	T		5312	Level 2 Lower GI Procedures	13.2230	
45340	Sig w/tndsc balloon dilation	T		5312	Level 2 Lower GI Procedures	13.2230	
45341	Sigmoidoscopy w/ultrasound	T		5311	Level 1 Lower GI Procedures	10.2245	
45342	Sigmoidoscopy w/us guide bx	T		5312	Level 2 Lower GI Procedures	13.2230	
45346	Sigmoidoscopy w/ablation	T		5312	Level 2 Lower GI Procedures	13.2230	
45347	Sigmoidoscopy w/plcmt stent	J1		5331	Complex GI Procedures	66.7587	
45349	Sigmoidoscopy w/resection	J1		5313	Level 3 Lower GI Procedures	30.7550	
45350	Sgmdsc w/band ligation	T		5312	Level 2 Lower GI Procedures	13.2230	
45378	Diagnostic colonoscopy	T		5311	Level 1 Lower GI Procedures	10.2245	
45379	Colonoscopy w/fb removal	T		5312	Level 2 Lower GI Procedures	13.2230	
45380	Colonoscopy and biopsy	T		5312	Level 2 Lower GI Procedures	13.2230	
45381	Colonoscopy submucous njx	T		5312	Level 2 Lower GI Procedures	13.2230	
45382	Colonoscopy w/control bleed	T		5312	Level 2 Lower GI Procedures	13.2230	
45384	Colonoscopy w/lesion removal	T		5312	Level 2 Lower GI Procedures	13.2230	
45385	Colonoscopy w/lesion removal	T		5312	Level 2 Lower GI Procedures	13.2230	
45386	Colonoscopy w/balloon dilat	T		5312	Level 2 Lower GI Procedures	13.2230	
45388	Colonoscopy w/ablation	T		5312	Level 2 Lower GI Procedures	13.2230	
45389	Colonoscopy w/stent plcmt	J1		5331	Complex GI Procedures	66.7587	
45390	Colonoscopy w/resection	J1		5313	Level 3 Lower GI Procedures	30.7550	
45391	Colonoscopy w/endoscope us	T		5312	Level 2 Lower GI Procedures	13.2230	
45392	Colonoscopy w/endoscopic fnb	T		5312	Level 2 Lower GI Procedures	13.2230	
45393	Colonoscopy w/decompression	T		5312	Level 2 Lower GI Procedures	13.2230	
45395	Lap removal of rectum	C					
45397	Lap remove rectum w/pouch	C					
45398	Colonoscopy w/band ligation	T		5312	Level 2 Lower GI Procedures	13.2230	
45399	Unlisted procedure colon	T		5311	Level 1 Lower GI Procedures	10.2245	
45400	Laparoscopic proc	C					
45402	Lap proctopexy w/sig resect	C					
4540F	Disease modif pharmacothxpy	E1					
4541F	Pt offered tx for pseudobulb	E1					
45499	Laparoscope proc rectum	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

45500	Repair of rectum	J1		5313	Level 3 Lower GI Procedures	30.7550	
45505	Repair of rectum	J1		5313	Level 3 Lower GI Procedures	30.7550	
4550F	Noninvas resp support talk	E1					
4551F	Nutritional support offered	E1					
45520	Treatment of rectal prolapse	Q1		5311	Level 1 Lower GI Procedures	10.2245	
4552F	Pt ref for speech lang path	E1					
4553F	Pt asst re end life issues	E1					
45540	Correct rectal prolapse	C					
45541	Correct rectal prolapse	J1		5313	Level 3 Lower GI Procedures	30.7550	
4554F	Pt recvd inhal anesthetic	M					
45550	Repair rectum/remove sigmoid	C					
4555F	Pt recvd no inhal anesthic	E1					
45560	Repair of rectocele	J1		5313	Level 3 Lower GI Procedures	30.7550	
45562	Exploration/repair of rectum	C					
45563	Exploration/repair of rectum	C					
4556F	Pt w/3+ post-op nausea&vom	M					
4557F	Pt w/o 3+ post-opnausea&vom	E1					
4558F	Pt recvd 2 rx anti-emet agt	E1					
4559F	1 bodytemp >=35.5cw/in 30min	E1					
4560F	Anesth w/o gen/neurax anesth	E1					
4561F	Pt w/ coronary artery stent	E1					
4562F	Pt w/o coronary artery stent	E1					
4563F	Pt recvd aspirin w/in 24 hrs	E1					
45800	Repair rect/bladder fistula	C					
45805	Repair fistula w/colostomy	C					
45820	Repair rectourethral fistula	C					
45825	Repair fistula w/colostomy	C					
45900	Reduction of rectal prolapse	T		5311	Level 1 Lower GI Procedures	10.2245	
45905	Dilation of anal sphincter	T		5312	Level 2 Lower GI Procedures	13.2230	
45910	Dilation of rectal narrowing	T		5312	Level 2 Lower GI Procedures	13.2230	
45915	Remove rectal obstruction	T		5312	Level 2 Lower GI Procedures	13.2230	
45990	Surg dx exam anorectal	J1		5313	Level 3 Lower GI Procedures	30.7550	
45999	Unlisted procedure rectum	T		5311	Level 1 Lower GI Procedures	10.2245	
46020	Placement of seton	J1		5313	Level 3 Lower GI Procedures	30.7550	
46030	Removal of rectal marker	T		5312	Level 2 Lower GI Procedures	13.2230	
46040	Incision of rectal abscess	T		5312	Level 2 Lower GI Procedures	13.2230	
46045	Incision of rectal abscess	J1		5313	Level 3 Lower GI Procedures	30.7550	
46050	Incision of anal abscess	T		5311	Level 1 Lower GI Procedures	10.2245	
46060	Incision of rectal abscess	J1		5313	Level 3 Lower GI Procedures	30.7550	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

46070	Incision of anal septum	J1		5313	Level 3 Lower GI Procedures	30.7550	
46080	Incision of anal sphincter	J1		5313	Level 3 Lower GI Procedures	30.7550	
46083	Incise external hemorrhoid	T		5371	Level 1 Urology and Related Services	2.7275	
46200	Removal of anal fissure	J1		5313	Level 3 Lower GI Procedures	30.7550	
46220	Excise anal ext tag/papilla	T		5312	Level 2 Lower GI Procedures	13.2230	
46221	Ligation of hemorrhoid(s)	T		5311	Level 1 Lower GI Procedures	10.2245	
46230	Removal of anal tags	J1		5313	Level 3 Lower GI Procedures	30.7550	
46250	Remove ext hem groups 2+	J1		5313	Level 3 Lower GI Procedures	30.7550	
46255	Remove int/ext hem 1 group	J1		5313	Level 3 Lower GI Procedures	30.7550	
46257	Remove in/ex hem grp & fiss	J1		5313	Level 3 Lower GI Procedures	30.7550	
46258	Remove in/ex hem grp w/fistu	J1		5313	Level 3 Lower GI Procedures	30.7550	
46260	Remove in/ex hem groups 2+	J1		5313	Level 3 Lower GI Procedures	30.7550	
46261	Remove in/ex hem grps & fiss	J1		5313	Level 3 Lower GI Procedures	30.7550	
46262	Remove in/ex hem grps w/fist	J1		5313	Level 3 Lower GI Procedures	30.7550	
46270	Remove anal fist subq	J1		5313	Level 3 Lower GI Procedures	30.7550	
46275	Remove anal fist inter	J1		5313	Level 3 Lower GI Procedures	30.7550	
46280	Remove anal fist complex	J1		5313	Level 3 Lower GI Procedures	30.7550	
46285	Remove anal fist 2 stage	J1		5313	Level 3 Lower GI Procedures	30.7550	
46288	Repair anal fistula	J1		5313	Level 3 Lower GI Procedures	30.7550	
46320	Removal of hemorrhoid clot	T		5312	Level 2 Lower GI Procedures	13.2230	
46500	Injection into hemorrhoid(s)	T		5311	Level 1 Lower GI Procedures	10.2245	
46505	Chemodenervation anal musc	T		5312	Level 2 Lower GI Procedures	13.2230	
46600	Diagnostic anoscopy spx	Q1		5734	Level 4 Minor Procedures	1.4456	
46601	Diagnostic anoscopy	Q1		5735	Level 5 Minor Procedures	4.4751	
46604	Anoscopy and dilation	T		5312	Level 2 Lower GI Procedures	13.2230	
46606	Anoscopy and biopsy	T		5312	Level 2 Lower GI Procedures	13.2230	
46607	Diagnostic anoscopy & biopsy	T		5312	Level 2 Lower GI Procedures	13.2230	
46608	Anoscopy remove for body	T		5311	Level 1 Lower GI Procedures	10.2245	
46610	Anoscopy remove lesion	J1		5313	Level 3 Lower GI Procedures	30.7550	
46611	Anoscopy	T		5311	Level 1 Lower GI Procedures	10.2245	
46612	Anoscopy remove lesions	J1		5313	Level 3 Lower GI Procedures	30.7550	
46614	Anoscopy control bleeding	T		5312	Level 2 Lower GI Procedures	13.2230	
46615	Anoscopy	J1		5313	Level 3 Lower GI Procedures	30.7550	
46700	Repair of anal stricture	J1		5313	Level 3 Lower GI Procedures	30.7550	
46705	Repair of anal stricture	C					
46706	Repr of anal fistula w/glue	J1		5313	Level 3 Lower GI Procedures	30.7550	
46707	Repair anorectal fist w/plug	J1		5313	Level 3 Lower GI Procedures	30.7550	
46710	Repr per/vag pouch sngl proc	C					
46712	Repr per/vag pouch dbl proc	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

46715	Rep perf anoper fistu	C					
46716	Rep perf anoper/vestib fistu	C					
46730	Construction of absent anus	C					
46735	Construction of absent anus	C					
46740	Construction of absent anus	C					
46742	Repair of imperforated anus	C					
46744	Repair of cloacal anomaly	C					
46746	Repair of cloacal anomaly	C					
46748	Repair of cloacal anomaly	C					
46750	Repair of anal sphincter	J1		5313	Level 3 Lower GI Procedures	30.7550	
46751	Repair of anal sphincter	C					
46753	Reconstruction of anus	J1		5313	Level 3 Lower GI Procedures	30.7550	
46754	Removal of suture from anus	J1		5313	Level 3 Lower GI Procedures	30.7550	
46760	Repair of anal sphincter	J1		5313	Level 3 Lower GI Procedures	30.7550	
46761	Repair of anal sphincter	J1		5313	Level 3 Lower GI Procedures	30.7550	
46900	Destruction anal lesion(s)	T		5052	Level 2 Skin Procedures	4.4806	
46910	Destruction anal lesion(s)	T		5054	Level 4 Skin Procedures	20.5142	
46916	Cryosurgery anal lesion(s)	T		5051	Level 1 Skin Procedures	2.2284	
46917	Laser surgery anal lesions	J1		5313	Level 3 Lower GI Procedures	30.7550	
46922	Excision of anal lesion(s)	J1		5313	Level 3 Lower GI Procedures	30.7550	
46924	Destruction anal lesion(s)	J1		5313	Level 3 Lower GI Procedures	30.7550	
46930	Destroy internal hemorrhoids	T		5312	Level 2 Lower GI Procedures	13.2230	
46940	Treatment of anal fissure	J1		5313	Level 3 Lower GI Procedures	30.7550	
46942	Treatment of anal fissure	T		5311	Level 1 Lower GI Procedures	10.2245	
46945	Int hrhc lig 1 hroid w/o img	J1		5313	Level 3 Lower GI Procedures	30.7550	
46946	Int hrhc lig 2+hroid w/o img	J1		5313	Level 3 Lower GI Procedures	30.7550	
46947	Hemorrhoidopexy by stapling	J1		5313	Level 3 Lower GI Procedures	30.7550	
46948	Int hrhc tranal dartlztj 2+	J1		5313	Level 3 Lower GI Procedures	30.7550	
46999	Unlisted procedure anus	T		5311	Level 1 Lower GI Procedures	10.2245	
47000	Needle biopsy of liver	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
47001	Needle biopsy liver add-on	N					
47010	Open drainage liver lesion	C					
47015	Inject/aspirate liver cyst	C					
47100	Wedge biopsy of liver	C					
47120	Partial removal of liver	C					
47122	Extensive removal of liver	C					
47125	Partial removal of liver	C					
47130	Partial removal of liver	C					
47133	Removal of donor liver	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

47135	Transplantation of liver	C					
47140	Partial removal donor liver	C					
47141	Partial removal donor liver	C					
47142	Partial removal donor liver	C					
47143	Prep donor liver whole	C					
47144	Prep donor liver 3-segment	C					
47145	Prep donor liver lobe split	C					
47146	Prep donor liver/venous	C					
47147	Prep donor liver/arterial	C					
47300	Surgery for liver lesion	C					
47350	Repair liver wound	C					
47360	Repair liver wound	C					
47361	Repair liver wound	C					
47362	Repair liver wound	C					
47370	Laparo ablate liver tumor rf	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
47371	Laparo ablate liver cryosurg	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
47379	Unlisted laps px liver	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
47380	Open ablate liver tumor rf	C					
47381	Open ablate liver tumor cryo	C					
47382	Percut ablate liver rf	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
47383	Perq abltj lvr cryoablation	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
47399	Unlisted procedure liver	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
47400	Incision of liver duct	C					
47420	Incision of bile duct	C					
47425	Incision of bile duct	C					
47460	Incise bile duct sphincter	C					
47480	Incision of gallbladder	C					
47490	Incision of gallbladder	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
47531	Injection for cholangiogram	Q2		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
47532	Injection for cholangiogram	Q2		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
47533	Plmt biliary drainage cath	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
47534	Plmt biliary drainage cath	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
47535	Conversion ext bil drg cath	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
47536	Exchange biliary drg cath	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
47537	Removal biliary drg cath	Q2		5301	Level 1 Upper GI Procedures	10.5144	
47538	Perq plmt bile duct stent	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
47539	Perq plmt bile duct stent	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
47540	Perq plmt bile duct stent	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
47541	Plmt access bil tree sm bwl	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

47542	Dilate biliary duct/ampulla	N					
47543	Endoluminal bx biliary tree	N					
47544	Removal duct glbl dr calculi	N					
47550	Bile duct endoscopy add-on	N					
47552	Biliary endo perq dx w/speci	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
47553	Biliary endoscopy thru skin	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
47554	Biliary endoscopy thru skin	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
47555	Biliary endoscopy thru skin	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
47556	Biliary endoscopy thru skin	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
47562	Laparoscopic cholecystectomy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
47563	Laparo cholecystectomy/graph	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
47564	Laparo cholecystectomy/explr	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
47570	Laparo cholecystoenterostomy	C					
47579	Unlisted laps px biliary trc	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
47600	Removal of gallbladder	C					
47605	Removal of gallbladder	C					
47610	Removal of gallbladder	C					
47612	Removal of gallbladder	C					
47620	Removal of gallbladder	C					
47700	Exploration of bile ducts	C					
47701	Bile duct revision	C					
47711	Excision of bile duct tumor	C					
47712	Excision of bile duct tumor	C					
47715	Excision of bile duct cyst	C					
47720	Fuse gallbladder & bowel	C					
47721	Fuse upper gi structures	C					
47740	Fuse gallbladder & bowel	C					
47741	Fuse gallbladder & bowel	C					
47760	Fuse bile ducts and bowel	C					
47765	Fuse liver ducts & bowel	C					
47780	Fuse bile ducts and bowel	C					
47785	Fuse bile ducts and bowel	C					
47800	Reconstruction of bile ducts	C					
47801	Placement bile duct support	C					
47900	Suture bile duct injury	C					
47999	Unlisted px biliary tract	T		5301	Level 1 Upper GI Procedures	10.5144	
48000	Drainage of abdomen	C					
48001	Placement of drain pancreas	C					
48020	Removal of pancreatic stone	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

48100	Biopsy of pancreas open	C					
48102	Needle biopsy pancreas	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
48105	Resect/debride pancreas	C					
48120	Removal of pancreas lesion	C					
48140	Partial removal of pancreas	C					
48145	Partial removal of pancreas	C					
48146	Pancreatectomy	C					
48148	Removal of pancreatic duct	C					
48150	Partial removal of pancreas	C					
48152	Pancreatectomy	C					
48153	Pancreatectomy	C					
48154	Pancreatectomy	C					
48155	Removal of pancreas	C					
48160	Pancreas removal/transplant	E1					
48400	Injection intraop add-on	C					
48500	Surgery of pancreatic cyst	C					
48510	Drain pancreatic pseudocyst	C					
48520	Fuse pancreas cyst and bowel	C					
48540	Fuse pancreas cyst and bowel	C					
48545	Pancreatorrhaphy	C					
48547	Duodenal exclusion	C					
48548	Fuse pancreas and bowel	C					
48550	Donor pancreatectomy	E1					
48551	Prep donor pancreas	C					
48552	Prep donor pancreas/venous	C					
48554	Transpl allograft pancreas	C					
48556	Removal allograft pancreas	C					
48999	Unlisted procedure pancreas	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
49000	Exploration of abdomen	C					
49002	Reopening of abdomen	C					
49010	Exploration behind abdomen	C					
49013	Prpertl pel pack hemrrg trma	C					
49014	Reexploration pelvic wound	C					
49020	Drainage abdom abscess open	C					
49040	Drain open abdom abscess	C					
49060	Drain open retroperi abscess	C					
49062	Drain to peritoneal cavity	C					
49082	Abd paracentesis	T		5301	Level 1 Upper GI Procedures	10.5144	
49083	Abd paracentesis w/imaging	T		5301	Level 1 Upper GI Procedures	10.5144	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

49084	Peritoneal lavage	T		5301	Level 1 Upper GI Procedures	10.5144	
49180	Biopsy abdominal mass	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
49185	Sclerotr fluid collection	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
49186	Opn exc/dstr ntra-abd 5 cm/<	C					
49187	Opn exc/dstr ntra-abd 5.1-10	C					
49188	Opn exc/dst ntra-abd 10.1-20	C					
49189	Opn exc/dst ntra-abd 20.1-30	C					
49190	Opn exc/dstr ntra-abd >30 cm	C					
49215	Excise sacral spine tumor	C					
49250	Excision of umbilicus	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49255	Removal of omentum	C					
49320	Diag laparo separate proc	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49321	Laparoscopy biopsy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49322	Laparoscopy aspiration	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49323	Laparo drain lymphocele	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49324	Lap insert tunnel ip cath	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49325	Lap revision perm ip cath	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49326	Lap w/omentopexy add-on	N					
49327	Lap ins device for rt	N					
49329	Unlstd laps px abd pertm&omn	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49400	Air injection into abdomen	N					
49402	Remove foreign body adbomen	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49405	Image cath fluid colxn visc	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
49406	Image cath fluid peri/retro	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
49407	Image cath fluid trns/vgnl	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
49411	Ins mark abd/pel for rt perq	S	E1				
49412	Ins device for rt guide open	C					
49418	Insert tun ip cath perc	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49419	Insert tun ip cath w/port	J1		5184	Level 4 Vascular Procedures	60.6231	
49421	Ins tun ip cath for dial opn	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49422	Remove tunneled ip cath	Q2		5183	Level 3 Vascular Procedures	35.2981	
49423	Exchange drainage catheter	J1		5302	Level 2 Upper GI Procedures	21.2741	
49424	Assess cyst contrast inject	N					
49425	Insert abdomen-venous drain	C					
49426	Revise abdomen-venous shunt	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49427	Injection abdominal shunt	N					
49428	Ligation of shunt	C					
49429	Removal of shunt	Q2		5183	Level 3 Vascular Procedures	35.2981	
49435	Insert subq exten to ip cath	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

49436	Embedded ip cath exit-site	J1		5302	Level 2 Upper GI Procedures	21.2741	
49440	Place gastrostomy tube perc	J1		5302	Level 2 Upper GI Procedures	21.2741	
49441	Place duod/jej tube perc	J1		5302	Level 2 Upper GI Procedures	21.2741	
49442	Place cecostomy tube perc	T		5312	Level 2 Lower GI Procedures	13.2230	
49446	Change g-tube to g-j perc	J1		5302	Level 2 Upper GI Procedures	21.2741	
49450	Replace g/c tube perc	T		5301	Level 1 Upper GI Procedures	10.5144	
49451	Replace duod/jej tube perc	T		5301	Level 1 Upper GI Procedures	10.5144	
49452	Replace g-j tube perc	T		5301	Level 1 Upper GI Procedures	10.5144	
49460	Fix g/colon tube w/device	T		5301	Level 1 Upper GI Procedures	10.5144	
49465	Fluoro exam of g/colon tube	Q1		5523	Level 3 Imaging without Contrast	2.7108	
49491	Rpr hern preemie reduc	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49492	Rpr ing hern premie blocked	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49495	Rpr ing hernia baby reduc	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49496	Rpr ing hernia baby blocked	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49500	Rpr ing hernia init reduce	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
49501	Rpr ing hernia init blocked	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49505	Prp i/hern init reduc >5 yr	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49507	Prp i/hern init block >5 yr	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49520	Rerepair ing hernia reduce	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49521	Rerepair ing hernia blocked	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
49525	Repair ing hernia sliding	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49540	Repair lumbar hernia	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49550	Rpr rem hernia init reduce	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49553	Rpr fem hernia init blocked	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49555	Rerepair fem hernia reduce	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49557	Rerepair fem hernia blocked	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49591	Rpr aa hrn 1st < 3 cm rdc	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49592	Rpr aa hrn 1st < 3 ncr/strn	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49593	Rpr aa hrn 1st 3-10 rdc	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
49594	Rpr aa hrn 1st 3-10 ncr/strn	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49595	Rpr aa hrn 1st > 10 rdc	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
49596	Rpr aa hrn 1st > 10 ncr/strn	C					
49600	Repair umbilical lesion	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49605	Repair umbilical lesion	C					
49606	Repair umbilical lesion	C					
49610	Repair umbilical lesion	C					
49611	Repair umbilical lesion	C					
49613	Rpr aa hrn rcr < 3 rdc	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
49614	Rpr aa hrn rcr < 3 ncr/strn	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

49615	Rpr aa hrn rcr 3-10 rdc	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
49616	Rpr aa hrn rcr 3-10 ncr/strn	C					
49617	Rpr aa hrn rcr > 10 rdc	C					
49618	Rpr aa hrn rcr > 10 ncr/strn	C					
49621	Rpr parastomal hernia rdc	C					
49622	Rpr parastomal hrna ncr/strn	C					
49623	Rmvl ninfct mesh hernia rpr	N					
49650	Lap ing hernia repair init	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49651	Lap ing hernia repair recur	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49659	Unlstd laps px hrnap hrnrphy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
49900	Repair of abdominal wall	C					
49904	Omental flap extra-abdom	C					
49905	Omental flap intra-abdom	C					
49906	Free omental flap microvasc	C					
49999	Unlisted px abd pertm&omn	T		5301	Level 1 Upper GI Procedures	10.5144	
50010	Exploration of kidney	C					
50020	Renal abscess open drain	J1		5373	Level 3 Urology and Related Services	22.9733	
50040	Nfros nfrot w/drg	C					
50045	Nephrotomy w/exploration	C					
5005F	Pt counsld on exam for moles	E1					
50060	NI removal calculus	C					
50065	NI sec surg operj calculus	C					
50070	NI comp cgen kdn abnormality	C					
50075	NI rmvl lg staghorn calculus	C					
50080	Perq nl/pl lithotrpl smpl<2cm	J1		5376	Level 6 Urology and Related Services	103.7036	
50081	Perq nl/pl lithotrpl cplx>2cm	J1		5376	Level 6 Urology and Related Services	103.7036	
50100	Trnsxj/repos abrrnt rnl vsls	C					
5010F	Macul result phy/qhp mng dm	M					
50120	Pyelotomy w/exploration	C					
50125	Pyelotomy w/drg pyelostomy	C					
50130	Pyelotomy w/removal calculus	C					
5015F	Doc fx & test/txmnt for op	M					
50200	Renal biopsy perq	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
50205	Renal bx surg exposure kdn	C					
5020F	Txmnts 2 phys/qhp by 1 mon	E1					
50220	Remove kidney open	C					
50225	Removal kidney open complex	C					
50230	Removal kidney open radical	C					
50234	Removal of kidney & ureter	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

50236	Removal of kidney & ureter	C					
50240	Partial removal of kidney	C					
50250	Cryoablate renal mass open	C					
50280	Removal of kidney lesion	C					
50290	Removal of kidney lesion	C					
50300	Remove cadaver donor kidney	C					
50320	Remove kidney living donor	C					
50323	Prep cadaver renal allograft	C					
50325	Prep donor renal graft	C					
50327	Prep renal graft/venous	C					
50328	Prep renal graft/arterial	C					
50329	Prep renal graft/ureteral	C					
50340	Removal of kidney	C					
50360	Transplantation of kidney	C					
50365	Transplantation of kidney	C					
50370	Remove transplanted kidney	C					
50380	Reimplantation of kidney	C					
50382	Change ureter stent percut	J1		5373	Level 3 Urology and Related Services	22.9733	
50384	Remove ureter stent percut	Q2		5373	Level 3 Urology and Related Services	22.9733	
50385	Change stent via transureth	J1		5373	Level 3 Urology and Related Services	22.9733	
50386	Remove stent via transureth	Q2		5373	Level 3 Urology and Related Services	22.9733	
50387	Change nephroureteral cath	J1		5373	Level 3 Urology and Related Services	22.9733	
50389	Remove renal tube w/fluoro	Q2		5372	Level 2 Urology and Related Services	7.4854	
50390	Drainage of kidney lesion	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
50391	Instil rx agnt into renal tub	T		5371	Level 1 Urology and Related Services	2.7275	
50396	Measure kidney pressure	J1		5372	Level 2 Urology and Related Services	7.4854	
50400	Revision of kidney/ureter	C					
50405	Revision of kidney/ureter	C					
50430	Njx px nfrosgm &urtrgrm	Q2		5372	Level 2 Urology and Related Services	7.4854	
50431	Njx px nfrosgm &urtrgrm	Q2		5372	Level 2 Urology and Related Services	7.4854	
50432	Plmt nephrostomy catheter	J1		5373	Level 3 Urology and Related Services	22.9733	
50433	Plmt nephroureteral catheter	J1		5374	Level 4 Urology and Related Services	38.6790	
50434	Convert nephrostomy catheter	J1		5373	Level 3 Urology and Related Services	22.9733	
50435	Exchange nephrostomy cath	J1		5373	Level 3 Urology and Related Services	22.9733	
50436	Dilat xst trc ndurlgc px	J1		5374	Level 4 Urology and Related Services	38.6790	
50437	Dilat xst trc new access rcs	J1		5374	Level 4 Urology and Related Services	38.6790	
50500	Repair of kidney wound	C					
5050F	Plan 2 main dr by 1 month	E1					
50520	Close kidney-skin fistula	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

50525	Close nephrovisceral fistula	C					
50526	Close nephrovisceral fistula	C					
50540	Revision of horseshoe kidney	C					
50541	Laparo ablate renal cyst	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
50542	Laparo ablate renal mass	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
50543	Laparo partial nephrectomy	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
50544	Laparoscopy pyeloplasty	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
50545	Laparo radical nephrectomy	C					
50546	Laparoscopic nephrectomy	C					
50547	Laparo removal donor kidney	C					
50548	Laparo remove w/ureter	C					
50549	Unlisted laps px renal	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
50551	Kidney endoscopy	J1		5375	Level 5 Urology and Related Services	57.0111	
50553	Kidney endoscopy	J1		5375	Level 5 Urology and Related Services	57.0111	
50555	Kidney endoscopy & biopsy	J1		5376	Level 6 Urology and Related Services	103.7036	
50557	Kidney endoscopy & treatment	J1		5376	Level 6 Urology and Related Services	103.7036	
50561	Kidney endoscopy & treatment	J1		5375	Level 5 Urology and Related Services	57.0111	
50562	Renal scope w/tumor resect	J1		5376	Level 6 Urology and Related Services	103.7036	
50570	Kidney endoscopy	J1		5374	Level 4 Urology and Related Services	38.6790	
50572	Kidney endoscopy	J1		5372	Level 2 Urology and Related Services	7.4854	
50574	Kidney endoscopy & biopsy	J1		5374	Level 4 Urology and Related Services	38.6790	
50575	Kidney endoscopy	J1		5375	Level 5 Urology and Related Services	57.0111	
50576	Kidney endoscopy & treatment	J1		5376	Level 6 Urology and Related Services	103.7036	
50580	Kidney endoscopy & treatment	J1		5375	Level 5 Urology and Related Services	57.0111	
50590	Fragmenting of kidney stone	J1		5374	Level 4 Urology and Related Services	38.6790	
50592	Perc rf ablate renal tumor	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
50593	Perc cryo ablate renal tum	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
50600	Exploration of ureter	C					
50605	Insert ureteral support	C					
50606	Endoluminal bx urtr rnl plvs	N					
5060F	Fndngs mammo 2pt w/in 3 days	E1					
50610	Removal of ureter stone	C					
50620	Removal of ureter stone	C					
5062F	Mammo result com to pt 5 day	E1					
50630	Removal of ureter stone	C					
50650	Removal of ureter	C					
50660	Removal of ureter	C					
50684	Injection for ureter x-ray	N					
50686	Measure ureter pressure	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

50688	Change of ureter tube/stent	J1		5373	Level 3 Urology and Related Services	22.9733	
50690	Injection for ureter x-ray	N					
50693	Plmt ureteral stent prq	J1		5374	Level 4 Urology and Related Services	38.6790	
50694	Plmt ureteral stent prq	J1		5374	Level 4 Urology and Related Services	38.6790	
50695	Plmt ureteral stent prq	J1		5374	Level 4 Urology and Related Services	38.6790	
50700	Revision of ureter	C					
50705	Ureteral embolization/occl	N					
50706	Balloon dilate urtrl strix	N					
50715	Release of ureter	C					
50722	Release of ureter	C					
50725	Release/revise ureter	C					
50727	Revise ureter	J1		5374	Level 4 Urology and Related Services	38.6790	
50728	Revise ureter	C					
50740	Fusion of ureter & kidney	C					
50750	Fusion of ureter & kidney	C					
50760	Fusion of ureters	C					
50770	Splicing of ureters	C					
50780	Reimplant ureter in bladder	C					
50782	Reimplant ureter in bladder	C					
50783	Reimplant ureter in bladder	C					
50785	Reimplant ureter in bladder	C					
50800	Implant ureter in bowel	C					
50810	Fusion of ureter & bowel	C					
50815	Urine shunt to intestine	C					
50820	Construct bowel bladder	C					
50825	Construct bowel bladder	C					
50830	Revise urine flow	C					
50840	Replace ureter by bowel	C					
50845	Appendico-vesicostomy	C					
50860	Transplant ureter to skin	C					
50900	Repair of ureter	C					
50920	Closure ureter/skin fistula	C					
50930	Closure ureter/bowel fistula	C					
50940	Release of ureter	C					
50945	Laparoscopy ureterolithotomy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
50947	Laparo new ureter/bladder	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
50948	Laparo new ureter/bladder	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
50949	Unlisted laps px ureter	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
50951	Endoscopy of ureter	J1		5374	Level 4 Urology and Related Services	38.6790	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

50953	Endoscopy of ureter	J1		5374	Level 4 Urology and Related Services	38.6790	
50955	Ureter endoscopy & biopsy	J1		5375	Level 5 Urology and Related Services	57.0111	
50957	Ureter endoscopy & treatment	J1		5375	Level 5 Urology and Related Services	57.0111	
50961	Ureter endoscopy & treatment	J1		5375	Level 5 Urology and Related Services	57.0111	
50970	Ureter endoscopy	J1		5374	Level 4 Urology and Related Services	38.6790	
50972	Ureter endoscopy & catheter	J1		5374	Level 4 Urology and Related Services	38.6790	
50974	Ureter endoscopy & biopsy	J1		5375	Level 5 Urology and Related Services	57.0111	
50976	Ureter endoscopy & treatment	J1		5375	Level 5 Urology and Related Services	57.0111	
50980	Ureter endoscopy & treatment	J1		5375	Level 5 Urology and Related Services	57.0111	
5100F	Rsk fx ref w/n 24 hrs xray	E1					
51020	Incise & treat bladder	J1		5374	Level 4 Urology and Related Services	38.6790	
51040	Incise & drain bladder	J1		5373	Level 3 Urology and Related Services	22.9733	
51045	Incise bladder/drain ureter	J1		5373	Level 3 Urology and Related Services	22.9733	
51050	Removal of bladder stone	J1		5375	Level 5 Urology and Related Services	57.0111	
51060	Removal of ureter stone	J1		5373	Level 3 Urology and Related Services	22.9733	
51065	Remove ureter calculus	J1		5374	Level 4 Urology and Related Services	38.6790	
51080	Drainage of bladder abscess	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
51100	Drain bladder by needle	T		5371	Level 1 Urology and Related Services	2.7275	
51101	Drain bladder by trocar/cath	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
51102	Drain bl w/cath insertion	J1		5373	Level 3 Urology and Related Services	22.9733	
51500	Removal of bladder cyst	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
51520	Removal of bladder lesion	J1		5374	Level 4 Urology and Related Services	38.6790	
51525	Removal of bladder lesion	C					
51530	Removal of bladder lesion	C					
51535	Repair of ureter lesion	J1		5374	Level 4 Urology and Related Services	38.6790	
51550	Partial removal of bladder	C					
51555	Partial removal of bladder	C					
51565	Revise bladder & ureter(s)	C					
51570	Removal of bladder	C					
51575	Removal of bladder & nodes	C					
51580	Remove bladder/revise tract	C					
51585	Removal of bladder & nodes	C					
51590	Remove bladder/revise tract	C					
51595	Remove bladder/revise tract	C					
51596	Remove bladder/create pouch	C					
51597	Removal of pelvic structures	C					
51600	Injection for bladder x-ray	N					
51605	Preparation for bladder xray	N					
51610	Injection for bladder x-ray	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

51700	Irrigation of bladder	T		5371	Level 1 Urology and Related Services	2.7275	
51701	Insert bladder catheter	Q1		5734	Level 4 Minor Procedures	1.4456	
51702	Insert temp bladder cath	Q1		5734	Level 4 Minor Procedures	1.4456	
51703	Insert bladder cath complex	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
51705	Change of bladder tube	T		5371	Level 1 Urology and Related Services	2.7275	
51710	Change of bladder tube	J1		5372	Level 2 Urology and Related Services	7.4854	
51715	Endoscopic injection/implant	J1		5374	Level 4 Urology and Related Services	38.6790	
51720	Treatment of bladder lesion	J1		5372	Level 2 Urology and Related Services	7.4854	
51721	Ins trurl ablt trnsdc thr us	B					
51725	Simple cystometrogram	T		5371	Level 1 Urology and Related Services	2.7275	
51726	Complex cystometrogram	T		5371	Level 1 Urology and Related Services	2.7275	
51727	Cystometrogram w/up	J1		5372	Level 2 Urology and Related Services	7.4854	
51728	Cystometrogram w/vp	J1		5372	Level 2 Urology and Related Services	7.4854	
51729	Cystometrogram w/vp&up	J1		5372	Level 2 Urology and Related Services	7.4854	
51736	Urine flow measurement	Q1		5734	Level 4 Minor Procedures	1.4456	
51741	Electro-urowflowmetry first	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
51784	Anal/urinary muscle study	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
51785	Anal/urinary muscle study	T		5371	Level 1 Urology and Related Services	2.7275	
51792	Urinary reflex study	Q1		5733	Level 3 Minor Procedures	0.6661	
51797	Intraabdominal pressure test	N					
51798	Us urine capacity measure	Q1		5733	Level 3 Minor Procedures	0.6661	
51800	Revision of bladder/urethra	C					
51820	Revision of urinary tract	C					
51840	Attach bladder/urethra	C					
51841	Attach bladder/urethra	C					
51845	Repair bladder neck	J1		5415	Level 5 Gynecologic Procedures	55.3606	
51860	Repair of bladder wound	J1		5376	Level 6 Urology and Related Services	103.7036	
51865	Repair of bladder wound	C					
51880	Repair of bladder opening	J1		5374	Level 4 Urology and Related Services	38.6790	
51900	Repair bladder/vagina lesion	C					
51920	Close bladder-uterus fistula	C					
51925	Hysterectomy/bladder repair	C					
51940	Correction of bladder defect	C					
51960	Revision of bladder & bowel	C					
51980	Construct bladder opening	C					
51990	Laparo urethral suspension	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
51992	Laparo sling operation	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
51999	Unlisted laps px bladder	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
52000	Cystoscopy	J1		5372	Level 2 Urology and Related Services	7.4854	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

52001	Cystoscopy removal of clots	J1		5374	Level 4 Urology and Related Services	38.6790	
52005	Cystoscopy & ureter catheter	J1		5373	Level 3 Urology and Related Services	22.9733	
52007	Cystoscopy and biopsy	J1		5374	Level 4 Urology and Related Services	38.6790	
5200F	Eval approx surg thxpy epi	E1					
52010	Cystoscopy & duct catheter	J1		5372	Level 2 Urology and Related Services	7.4854	
52204	Cystoscopy w/biopsy(s)	J1		5373	Level 3 Urology and Related Services	22.9733	
52214	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52224	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52234	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52235	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52240	Cystoscopy and treatment	J1		5375	Level 5 Urology and Related Services	57.0111	
52250	Cystoscopy and radiotracer	J1		5374	Level 4 Urology and Related Services	38.6790	
52260	Cystoscopy and treatment	J1		5373	Level 3 Urology and Related Services	22.9733	
52265	Cystoscopy and treatment	J1		5373	Level 3 Urology and Related Services	22.9733	
52270	Cystoscopy & revise urethra	J1		5373	Level 3 Urology and Related Services	22.9733	
52275	Cystoscopy & revise urethra	J1		5373	Level 3 Urology and Related Services	22.9733	
52276	Cystoscopy and treatment	J1		5373	Level 3 Urology and Related Services	22.9733	
52277	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52281	Cystoscopy and treatment	J1		5373	Level 3 Urology and Related Services	22.9733	
52282	Cystoscopy implant stent	J1		5374	Level 4 Urology and Related Services	38.6790	
52283	Cystoscopy and treatment	J1		5373	Level 3 Urology and Related Services	22.9733	
52284	Cysto rx balo cath urtl strx	J1		5375	Level 5 Urology and Related Services	57.0111	
52285	Cystoscopy and treatment	J1		5372	Level 2 Urology and Related Services	7.4854	
52287	Cystoscopy chemodenervation	J1		5373	Level 3 Urology and Related Services	22.9733	
52290	Cystoscopy and treatment	J1		5373	Level 3 Urology and Related Services	22.9733	
52300	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52301	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52305	Cystoscopy and treatment	J1		5375	Level 5 Urology and Related Services	57.0111	
52310	Cystoscopy and treatment	J1		5373	Level 3 Urology and Related Services	22.9733	
52315	Cystoscopy and treatment	J1		5373	Level 3 Urology and Related Services	22.9733	
52317	Remove bladder stone	J1		5374	Level 4 Urology and Related Services	38.6790	
52318	Remove bladder stone	J1		5374	Level 4 Urology and Related Services	38.6790	
52320	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52325	Cystoscopy stone removal	J1		5375	Level 5 Urology and Related Services	57.0111	
52327	Cystoscopy inject material	J1		5375	Level 5 Urology and Related Services	57.0111	
52330	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52332	Cystoscopy and treatment	J1		5374	Level 4 Urology and Related Services	38.6790	
52334	Create passage to kidney	J1		5374	Level 4 Urology and Related Services	38.6790	
52341	Cysto w/ureter stricture tx	J1		5374	Level 4 Urology and Related Services	38.6790	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

52342	Cysto w/up stricture tx	J1		5374	Level 4 Urology and Related Services	38.6790	
52343	Cysto w/renal stricture tx	J1		5374	Level 4 Urology and Related Services	38.6790	
52344	Cysto/uretero stricture tx	J1		5374	Level 4 Urology and Related Services	38.6790	
52345	Cysto/uretero w/up stricture	J1		5374	Level 4 Urology and Related Services	38.6790	
52346	Cystouretero w/renal strict	J1		5375	Level 5 Urology and Related Services	57.0111	
52351	Cystouretero & or pyeloscope	J1		5374	Level 4 Urology and Related Services	38.6790	
52352	Cystouretero w/stone remove	J1		5374	Level 4 Urology and Related Services	38.6790	
52353	Cystouretero w/lithotripsy	J1		5375	Level 5 Urology and Related Services	57.0111	
52354	Cystouretero w/biopsy	J1		5375	Level 5 Urology and Related Services	57.0111	
52355	Cystouretero w/excise tumor	J1		5375	Level 5 Urology and Related Services	57.0111	
52356	Cysto/uretero w/lithotripsy	J1		5375	Level 5 Urology and Related Services	57.0111	
52400	Cystouretero w/congen repr	J1		5374	Level 4 Urology and Related Services	38.6790	
52402	Cystourethro cut ejacul duct	J1		5374	Level 4 Urology and Related Services	38.6790	
52441	Cystourethro w/implant	B					
52442	Cystourethro w/addl implant	B					
52450	Incision of prostate	J1		5374	Level 4 Urology and Related Services	38.6790	
52500	Revision of bladder neck	J1		5374	Level 4 Urology and Related Services	38.6790	
5250F	Asthma discharge plan presnt	E1					
52601	Prostatectomy (turp)	J1		5375	Level 5 Urology and Related Services	57.0111	
52630	Remove prostate regrowth	J1		5375	Level 5 Urology and Related Services	57.0111	
52640	Relieve bladder contracture	J1		5374	Level 4 Urology and Related Services	38.6790	
52647	Laser surgery of prostate	J1		5375	Level 5 Urology and Related Services	57.0111	
52648	Laser surgery of prostate	J1		5375	Level 5 Urology and Related Services	57.0111	
52649	Prostate laser enucleation	J1		5375	Level 5 Urology and Related Services	57.0111	
52700	Drainage of prostate abscess	J1		5374	Level 4 Urology and Related Services	38.6790	
53000	Incision of urethra	J1		5373	Level 3 Urology and Related Services	22.9733	
53010	Incision of urethra	J1		5375	Level 5 Urology and Related Services	57.0111	
53020	Incision of urethra	J1		5373	Level 3 Urology and Related Services	22.9733	
53025	Incision of urethra	J1		5373	Level 3 Urology and Related Services	22.9733	
53040	Drainage of urethra abscess	J1		5374	Level 4 Urology and Related Services	38.6790	
53060	Drainage of urethra abscess	J1		5373	Level 3 Urology and Related Services	22.9733	
53080	Drainage of urinary leakage	J1		5372	Level 2 Urology and Related Services	7.4854	
53085	Drainage of urinary leakage	J1		5373	Level 3 Urology and Related Services	22.9733	
53200	Biopsy of urethra	J1		5373	Level 3 Urology and Related Services	22.9733	
53210	Removal of urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
53215	Removal of urethra	J1		5375	Level 5 Urology and Related Services	57.0111	
53220	Treatment of urethra lesion	J1		5374	Level 4 Urology and Related Services	38.6790	
53230	Removal of urethra lesion	J1		5375	Level 5 Urology and Related Services	57.0111	
53235	Removal of urethra lesion	J1		5375	Level 5 Urology and Related Services	57.0111	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

53240	Surgery for urethra pouch	J1		5374	Level 4 Urology and Related Services	38.6790	
53250	Removal of urethra gland	J1		5374	Level 4 Urology and Related Services	38.6790	
53260	Treatment of urethra lesion	J1		5374	Level 4 Urology and Related Services	38.6790	
53265	Treatment of urethra lesion	J1		5373	Level 3 Urology and Related Services	22.9733	
53270	Removal of urethra gland	J1		5374	Level 4 Urology and Related Services	38.6790	
53275	Repair of urethra defect	J1		5374	Level 4 Urology and Related Services	38.6790	
53400	Revise urethra stage 1	J1		5375	Level 5 Urology and Related Services	57.0111	
53405	Revise urethra stage 2	J1		5375	Level 5 Urology and Related Services	57.0111	
53410	Reconstruction of urethra	J1		5375	Level 5 Urology and Related Services	57.0111	
53415	Reconstruction of urethra	C					
53420	Reconstruct urethra stage 1	J1		5375	Level 5 Urology and Related Services	57.0111	
53425	Reconstruct urethra stage 2	J1		5375	Level 5 Urology and Related Services	57.0111	
53430	Reconstruction of urethra	J1		5375	Level 5 Urology and Related Services	57.0111	
53431	Reconstruct urethra/bladder	J1		5375	Level 5 Urology and Related Services	57.0111	
53440	Male sling procedure	J1		5377	Level 7 Urology and Related Services	145.7056	
53442	Remove/revise male sling	J1		5375	Level 5 Urology and Related Services	57.0111	
53444	Insert tandem cuff	J1		5378	Level 8 Urology and Related Services	225.7350	
53445	Insert uro/ves nck sphincter	J1		5378	Level 8 Urology and Related Services	225.7350	
53446	Remove uro sphincter	Q2		5375	Level 5 Urology and Related Services	57.0111	
53447	Remove/replace ur sphincter	J1		5378	Level 8 Urology and Related Services	225.7350	
53448	Remov/replc ur sphinctr comp	C					
53449	Repair uro sphincter	J1		5376	Level 6 Urology and Related Services	103.7036	
53450	Revision of urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
53451	Tprnl balo cntnc dev bi	J1		5377	Level 7 Urology and Related Services	145.7056	
53452	Tprnl balo cntnc dev uni	J1		5376	Level 6 Urology and Related Services	103.7036	
53453	Tprnl balo cntnc dev rmvl ea	J1		5374	Level 4 Urology and Related Services	38.6790	
53454	Tprnl balo cntnc dev adjmt	T		5371	Level 1 Urology and Related Services	2.7275	
53460	Revision of urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
53500	Urethrls transvag w/ scope	J1		5374	Level 4 Urology and Related Services	38.6790	
53502	Repair of urethra injury	J1		5374	Level 4 Urology and Related Services	38.6790	
53505	Repair of urethra injury	J1		5375	Level 5 Urology and Related Services	57.0111	
53510	Repair of urethra injury	J1		5375	Level 5 Urology and Related Services	57.0111	
53515	Repair of urethra injury	J1		5375	Level 5 Urology and Related Services	57.0111	
53520	Repair of urethra defect	J1		5375	Level 5 Urology and Related Services	57.0111	
53600	Dilate urethra stricture	T		5371	Level 1 Urology and Related Services	2.7275	
53601	Dilate urethra stricture	Q1		5734	Level 4 Minor Procedures	1.4456	
53605	Dilate urethra stricture	J1		5374	Level 4 Urology and Related Services	38.6790	
53620	Dilate urethra stricture	J1		5372	Level 2 Urology and Related Services	7.4854	
53621	Dilate urethra stricture	T		5371	Level 1 Urology and Related Services	2.7275	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

53660	Dilation of urethra	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
53661	Dilation of urethra	Q1		5734	Level 4 Minor Procedures	1.4456	
53665	Dilation of urethra	J1		5373	Level 3 Urology and Related Services	22.9733	
53850	Prostatic microwave thermotx	J1		5374	Level 4 Urology and Related Services	38.6790	
53852	Prostatic rf thermotx	J1		5374	Level 4 Urology and Related Services	38.6790	
53854	Trurl dstrj prst8 tiss rf ww	J1		5374	Level 4 Urology and Related Services	38.6790	
53855	Insert prost urethral stent	J1		5373	Level 3 Urology and Related Services	22.9733	
53860	Transurethral rf treatment	J1		5373	Level 3 Urology and Related Services	22.9733	
53865	Cysto insj dev ischmc rmdlg	J1		5376	Level 6 Urology and Related Services	103.7036	
53866	Cathj rmvl dev ischmc rmdlg	T		5371	Level 1 Urology and Related Services	2.7275	
53899	Unlisted px urinary system	T		5371	Level 1 Urology and Related Services	2.7275	
54000	Slitting of prepuce	J1		5374	Level 4 Urology and Related Services	38.6790	
54001	Slitting of prepuce	J1		5373	Level 3 Urology and Related Services	22.9733	
54015	Drain penis lesion	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
54050	Destruction penis lesion(s)	Q1		5052	Level 2 Skin Procedures	4.4806	
54055	Destruction penis lesion(s)	T		5054	Level 4 Skin Procedures	20.5142	
54056	Cryosurgery penis lesion(s)	Q1		5051	Level 1 Skin Procedures	2.2284	
54057	Laser surg penis lesion(s)	T		5054	Level 4 Skin Procedures	20.5142	
54060	Excision of penis lesion(s)	T		5054	Level 4 Skin Procedures	20.5142	
54065	Destruction penis lesion(s)	T		5054	Level 4 Skin Procedures	20.5142	
54100	Biopsy of penis	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
54105	Biopsy of penis	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
54110	Treatment of penis lesion	J1		5374	Level 4 Urology and Related Services	38.6790	
54111	Treat penis lesion graft	J1		5375	Level 5 Urology and Related Services	57.0111	
54112	Treat penis lesion graft	J1		5376	Level 6 Urology and Related Services	103.7036	
54115	Treatment of penis lesion	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
54120	Partial removal of penis	J1		5374	Level 4 Urology and Related Services	38.6790	
54125	Removal of penis	C					
54130	Remove penis & nodes	C					
54135	Remove penis & nodes	C					
54150	Circumcision w/regionl block	J1		5373	Level 3 Urology and Related Services	22.9733	
54160	Circumcision neonate	J1		5372	Level 2 Urology and Related Services	7.4854	
54161	Circum 28 days or older	J1		5373	Level 3 Urology and Related Services	22.9733	
54162	Lysis penil circumic lesion	J1		5373	Level 3 Urology and Related Services	22.9733	
54163	Repair of circumcision	J1		5373	Level 3 Urology and Related Services	22.9733	
54164	Frenulotomy of penis	J1		5373	Level 3 Urology and Related Services	22.9733	
54200	Treatment of penis lesion	T		5371	Level 1 Urology and Related Services	2.7275	
54205	Treatment of penis lesion	J1		5375	Level 5 Urology and Related Services	57.0111	
54220	Treatment of penis lesion	T		5371	Level 1 Urology and Related Services	2.7275	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

54230	Prepare penis study	N					
54231	Dynamic cavernosometry	T		5371	Level 1 Urology and Related Services	2.7275	
54235	Penile injection	T		5371	Level 1 Urology and Related Services	2.7275	
54240	Penis study	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
54250	Penis study	T	E1				
54300	Revision of penis	J1		5374	Level 4 Urology and Related Services	38.6790	
54304	Revision of penis	J1		5374	Level 4 Urology and Related Services	38.6790	
54308	Reconstruction of urethra	J1		5375	Level 5 Urology and Related Services	57.0111	
54312	Reconstruction of urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
54316	Reconstruction of urethra	J1		5376	Level 6 Urology and Related Services	103.7036	
54318	Reconstruction of urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
54322	Reconstruction of urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
54324	Reconstruction of urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
54326	Reconstruction of urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
54328	Revise penis/urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
54332	Revise penis/urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
54336	Revise penis/urethra	J1		5374	Level 4 Urology and Related Services	38.6790	
54340	Rpr hypospad comp simple	J1		5374	Level 4 Urology and Related Services	38.6790	
54344	Rrp hypospad comp moblj&urtp	J1		5376	Level 6 Urology and Related Services	103.7036	
54348	Rpr hypospad comp dsj & urtp	J1		5375	Level 5 Urology and Related Services	57.0111	
54352	Revj prior hypospad repair	J1		5375	Level 5 Urology and Related Services	57.0111	
54360	Penis plastic surgery	J1		5374	Level 4 Urology and Related Services	38.6790	
54380	Repair penis	J1		5373	Level 3 Urology and Related Services	22.9733	
54385	Repair penis	J1		5373	Level 3 Urology and Related Services	22.9733	
54390	Repair penis and bladder	C					
54400	Insert semi-rigid prosthesis	J1		5377	Level 7 Urology and Related Services	145.7056	
54401	Insert self-contd prosthesis	J1		5378	Level 8 Urology and Related Services	225.7350	
54405	Insert multi-comp penis pros	J1	E1				
54406	Remove multi-comp penis pros	Q2		5374	Level 4 Urology and Related Services	38.6790	
54408	Repair multi-comp penis pros	J1		5375	Level 5 Urology and Related Services	57.0111	
54410	Remove/replace penis prosth	J1		5378	Level 8 Urology and Related Services	225.7350	
54411	Remov/replc penis pros comp	J1		5378	Level 8 Urology and Related Services	225.7350	
54415	Remove self-contd penis pros	Q2		5374	Level 4 Urology and Related Services	38.6790	
54416	Remv/repl penis contain pros	J1		5378	Level 8 Urology and Related Services	225.7350	
54417	Remv/replc penis pros compl	J1		5377	Level 7 Urology and Related Services	145.7056	
54420	Revision of penis	J1		5374	Level 4 Urology and Related Services	38.6790	
54430	Revision of penis	C					
54435	Revision of penis	J1		5374	Level 4 Urology and Related Services	38.6790	
54437	Repair corporeal tear	J1		5374	Level 4 Urology and Related Services	38.6790	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

54440	Repair of penis	J1		5374	Level 4 Urology and Related Services	38.6790	
54450	Preputial stretching	T		5371	Level 1 Urology and Related Services	2.7275	
54500	Biopsy of testis	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
54505	Biopsy of testis	J1		5374	Level 4 Urology and Related Services	38.6790	
54512	Excise lesion testis	J1		5374	Level 4 Urology and Related Services	38.6790	
54520	Removal of testis	J1		5374	Level 4 Urology and Related Services	38.6790	
54522	Orchiectomy partial	J1		5374	Level 4 Urology and Related Services	38.6790	
54530	Removal of testis	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
54535	Extensive testis surgery	J1		5374	Level 4 Urology and Related Services	38.6790	
54550	Exploration for testis	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
54560	Exploration for testis	J1		5373	Level 3 Urology and Related Services	22.9733	
54600	Reduce testis torsion	J1		5374	Level 4 Urology and Related Services	38.6790	
54620	Suspension of testis	J1		5374	Level 4 Urology and Related Services	38.6790	
54640	Orchiopexy ingun/scrot appr	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
54650	Orchiopexy (fowler-stephens)	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
54660	Revision of testis	J1	E1				
54670	Repair testis injury	J1		5374	Level 4 Urology and Related Services	38.6790	
54680	Relocation of testis(es)	J1		5374	Level 4 Urology and Related Services	38.6790	
54690	Laparoscopy orchiectomy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
54692	Laparoscopy orchiopexy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
54699	Unlisted laps px testis	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
54700	Drainage of scrotum	J1		5373	Level 3 Urology and Related Services	22.9733	
54800	Biopsy of epididymis	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
54830	Remove epididymis lesion	J1		5374	Level 4 Urology and Related Services	38.6790	
54840	Remove epididymis lesion	J1		5373	Level 3 Urology and Related Services	22.9733	
54860	Removal of epididymis	J1		5374	Level 4 Urology and Related Services	38.6790	
54861	Removal of epididymis	J1		5374	Level 4 Urology and Related Services	38.6790	
54865	Explore epididymis	J1		5374	Level 4 Urology and Related Services	38.6790	
54900	Fusion of spermatic ducts	J1	E1				
54901	Fusion of spermatic ducts	J1	E1				
55000	Drainage of hydrocele	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
55040	Removal of hydrocele	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
55041	Removal of hydroceles	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
55060	Repair of hydrocele	J1		5374	Level 4 Urology and Related Services	38.6790	
55100	Drainage of scrotum abscess	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
55110	Explore scrotum	J1		5374	Level 4 Urology and Related Services	38.6790	
55120	Removal of scrotum lesion	J1		5373	Level 3 Urology and Related Services	22.9733	
55150	Removal of scrotum	J1		5374	Level 4 Urology and Related Services	38.6790	
55175	Revision of scrotum	J1		5374	Level 4 Urology and Related Services	38.6790	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

55180	Revision of scrotum	J1		5375	Level 5 Urology and Related Services	57.0111	
55200	Incision of sperm duct	J1		5374	Level 4 Urology and Related Services	38.6790	
55250	Removal of sperm duct(s)	J1		5373	Level 3 Urology and Related Services	22.9733	
55300	Prepare sperm duct x-ray	N					
55400	Repair of sperm duct	J1	E1				
55500	Removal of hydrocele	J1		5374	Level 4 Urology and Related Services	38.6790	
55520	Removal of sperm cord lesion	J1		5374	Level 4 Urology and Related Services	38.6790	
55530	Revise spermatic cord veins	J1		5374	Level 4 Urology and Related Services	38.6790	
55535	Revise spermatic cord veins	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
55540	Revise hernia & sperm veins	J1		5341	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures	39.5772	
55550	Laparo ligate spermatic vein	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
55559	Unlstd laps px sprmatic cord	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
55600	Incise sperm duct pouch	J1		5373	Level 3 Urology and Related Services	22.9733	
55605	Incise sperm duct pouch	C					
55650	Remove sperm duct pouch	C					
55680	Remove sperm pouch lesion	J1		5374	Level 4 Urology and Related Services	38.6790	
55700	Biopsy of prostate	J1		5373	Level 3 Urology and Related Services	22.9733	
55705	Biopsy of prostate	J1		5374	Level 4 Urology and Related Services	38.6790	
55706	Prostate saturation sampling	J1		5374	Level 4 Urology and Related Services	38.6790	
55720	Drainage of prostate abscess	J1		5374	Level 4 Urology and Related Services	38.6790	
55725	Drainage of prostate abscess	J1		5374	Level 4 Urology and Related Services	38.6790	
55801	Removal of prostate	C					
55810	Extensive prostate surgery	C					
55812	Extensive prostate surgery	C					
55815	Extensive prostate surgery	C					
55821	Removal of prostate	C					
55831	Removal of prostate	C					
55840	Extensive prostate surgery	C					
55842	Extensive prostate surgery	C					
55845	Extensive prostate surgery	C					
55860	Surgical exposure prostate	J1		5375	Level 5 Urology and Related Services	57.0111	
55862	Extensive prostate surgery	C					
55865	Extensive prostate surgery	C					
55866	Laps surg prst8ect rpbic rad	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
55867	Laps surg prst8ect smpl stot	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
55870	Electroejaculation	T	E1				
55873	Cryoablate prostate	J1		5376	Level 6 Urology and Related Services	103.7036	
55874	Tprnl plmt biodegrdabl matrl	J1		5375	Level 5 Urology and Related Services	57.0111	
55875	Transperi needle place pros	J1		5375	Level 5 Urology and Related Services	57.0111	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

55876	Place rt device/marker pros	S		5613	Level 3 Therapeutic Radiation Treatment Preparation	15.3446	
55880	Abltj mal prst8 tiss hifu	J1		5376	Level 6 Urology and Related Services	103.7036	
55881	Ablt trurl prst8 tis thrm us	B					
55882	Ablt trurl prst8 tis trnsdcr	J1		5377	Level 7 Urology and Related Services	145.7056	
55899	Unlisted px male genital sys	T		5371	Level 1 Urology and Related Services	2.7275	
55920	Place needles pelvic for rt	J1		5415	Level 5 Gynecologic Procedures	55.3606	
55970	Sex transformation m to f	J1	E1				
55980	Sex transformation f to m	J1	E1				
56405	I & d of vulva/perineum	T		5412	Level 2 Gynecologic Procedures	3.4114	
56420	Drainage of gland abscess	T		5411	Level 1 Gynecologic Procedures	2.2561	
56440	Surgery for vulva lesion	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56441	Lysis of labial lesion(s)	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56442	Hymenotomy	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56501	Destroy vulva lesions sim	T		5054	Level 4 Skin Procedures	20.5142	
56515	Destroy vulva lesion/s compl	T		5054	Level 4 Skin Procedures	20.5142	
56605	Biopsy of vulva/perineum	T		5413	Level 3 Gynecologic Procedures	9.7651	
56606	Biopsy of vulva/perineum	N					
56620	Partial removal of vulva	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56625	Complete removal of vulva	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56630	Extensive vulva surgery	C					
56631	Extensive vulva surgery	C					
56632	Extensive vulva surgery	C					
56633	Extensive vulva surgery	C					
56634	Extensive vulva surgery	C					
56637	Extensive vulva surgery	C					
56640	Extensive vulva surgery	C					
56700	Partial removal of hymen	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56740	Remove vagina gland lesion	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56800	Repair of vagina	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56805	Repair clitoris	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56810	Repair of perineum	J1		5414	Level 4 Gynecologic Procedures	35.6573	
56820	Exam of vulva w/scope	T		5411	Level 1 Gynecologic Procedures	2.2561	
56821	Exam/biopsy of vulva w/scope	T		5412	Level 2 Gynecologic Procedures	3.4114	
57000	Exploration of vagina	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57010	Drainage of pelvic abscess	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57020	Drainage of pelvic fluid	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57022	I & d vaginal hematoma pp	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
57023	I & d vag hematoma non-ob	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
57061	Destroy vag lesions simple	J1		5414	Level 4 Gynecologic Procedures	35.6573	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

57065	Destroy vag lesions complex	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57100	Biopsy of vagina	T		5413	Level 3 Gynecologic Procedures	9.7651	
57105	Biopsy of vagina	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57106	Remove vagina wall partial	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57107	Remove vagina tissue part	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57109	Vaginectomy partial w/nodes	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57110	Remove vagina wall complete	C					
57111	Remove vagina tissue compl	C					
57120	Closure of vagina	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57130	Remove vagina lesion	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57135	Remove vagina lesion	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57150	Treat vagina infection	Q1		5733	Level 3 Minor Procedures	0.6661	
57155	Insert uteri tandem/ovoids	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57156	Ins vag brachytx device	T		5412	Level 2 Gynecologic Procedures	3.4114	
57160	Insert pessary/other device	T		5411	Level 1 Gynecologic Procedures	2.2561	
57170	Fitting of diaphragm/cap	T		5411	Level 1 Gynecologic Procedures	2.2561	
57180	Treat vaginal bleeding	T		5411	Level 1 Gynecologic Procedures	2.2561	
57200	Repair of vagina	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57210	Repair vagina/perineum	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57220	Revision of urethra	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57230	Repair of urethral lesion	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57240	Anterior colporrhaphy	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57250	Repair rectum & vagina	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57260	Cmbn ant pst colprhy	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57265	Cmbn ap colprhy w/ntrcl rpr	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57267	Insert mesh/pelvic flr addon	N					
57268	Repair of bowel bulge	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57270	Repair of bowel pouch	C					
57280	Suspension of vagina	C					
57282	Colpopexy extraperitoneal	J1		5416	Level 6 Gynecologic Procedures	82.9303	
57283	Colpopexy intraperitoneal	J1		5416	Level 6 Gynecologic Procedures	82.9303	
57284	Repair paravag defect open	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57285	Repair paravag defect vag	J1		5416	Level 6 Gynecologic Procedures	82.9303	
57287	Revise/remove sling repair	Q2		5414	Level 4 Gynecologic Procedures	35.6573	
57288	Repair bladder defect	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57289	Repair bladder & vagina	J1		5416	Level 6 Gynecologic Procedures	82.9303	
57291	Construction of vagina	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57292	Construct vagina with graft	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57295	Revise vag graft via vagina	J1		5414	Level 4 Gynecologic Procedures	35.6573	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

57296	Revise vag graft open abd	C					
57300	Repair rectum-vagina fistula	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57305	Repair rectum-vagina fistula	C					
57307	Fistula repair & colostomy	C					
57308	Fistula repair transperine	C					
57310	Repair urethrovaginal lesion	J1		5416	Level 6 Gynecologic Procedures	82.9303	
57311	Repair urethrovaginal lesion	C					
57320	Repair bladder-vagina lesion	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57330	Repair bladder-vagina lesion	J1		5416	Level 6 Gynecologic Procedures	82.9303	
57335	Repair vagina	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57400	Dilation of vagina	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57410	Pelvic examination	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57415	Remove vaginal foreign body	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57420	Exam of vagina w/scope	T		5412	Level 2 Gynecologic Procedures	3.4114	
57421	Exam/biopsy of vag w/scope	T		5413	Level 3 Gynecologic Procedures	9.7651	
57423	Repair paravag defect lap	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
57425	Laparoscopy surg colpopexy	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
57426	Revise prosth vag graft lap	J1		5416	Level 6 Gynecologic Procedures	82.9303	
57452	Exam of cervix w/scope	T		5411	Level 1 Gynecologic Procedures	2.2561	
57454	Bx/curett of cervix w/scope	T		5412	Level 2 Gynecologic Procedures	3.4114	
57455	Biopsy of cervix w/scope	T		5412	Level 2 Gynecologic Procedures	3.4114	
57456	Endocerv curettage w/scope	T		5412	Level 2 Gynecologic Procedures	3.4114	
57460	Bx of cervix w/scope leep	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57461	Conz of cervix w/scope leep	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57465	Cam cervix uteri drg colp	N					
57500	Biopsy of cervix	T		5413	Level 3 Gynecologic Procedures	9.7651	
57505	Endocervical curettage	T		5413	Level 3 Gynecologic Procedures	9.7651	
57510	Cauterization of cervix	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57511	Cryocautery of cervix	T		5412	Level 2 Gynecologic Procedures	3.4114	
57513	Laser surgery of cervix	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57520	Conization of cervix	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57522	Conization of cervix	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57530	Removal of cervix	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57531	Removal of cervix radical	C					
57540	Removal of residual cervix	C					
57545	Remove cervix/repair pelvis	C					
57550	Removal of residual cervix	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57555	Remove cervix/repair vagina	J1		5415	Level 5 Gynecologic Procedures	55.3606	
57556	Remove cervix repair bowel	J1		5415	Level 5 Gynecologic Procedures	55.3606	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

57558	D&c of cervical stump	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57700	Revision of cervix	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57720	Revision of cervix	J1		5414	Level 4 Gynecologic Procedures	35.6573	
57800	Dilation of cervical canal	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58100	Biopsy of uterus lining	T		5411	Level 1 Gynecologic Procedures	2.2561	
58110	Bx done w/colposcopy add-on	N					
58120	Dilation and curettage	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58140	Myomectomy abdom method	C					
58145	Myomectomy vag method	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58146	Myomectomy abdom complex	C					
58150	Total hysterectomy	C					
58152	Total hysterectomy	C					
58180	Partial hysterectomy	C					
58200	Extensive hysterectomy	C					
58210	Extensive hysterectomy	C					
58240	Removal of pelvis contents	C					
58260	Vaginal hysterectomy	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58262	Vag hyst including t/o	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58263	Vag hyst w/t/o & vag repair	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58267	Vag hyst w/urinary repair	C					
58270	Vag hyst w/enterocele repair	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58275	Hysterectomy/revise vagina	C					
58280	Hysterectomy/revise vagina	C					
58285	Extensive hysterectomy	C					
58290	Vag hyst complex	J1		5416	Level 6 Gynecologic Procedures	82.9303	
58291	Vag hyst incl t/o complex	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58292	Vag hyst t/o & repair compl	J1		5416	Level 6 Gynecologic Procedures	82.9303	
58294	Vag hyst w/enterocele compl	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58300	Insert intrauterine device	E1	A				\$103.13
58301	Remove intrauterine device	Q2		5412	Level 2 Gynecologic Procedures	3.4114	
58321	Artificial insemination	T	E1				
58322	Artificial insemination	T	E1				
58323	Sperm washing	T	E1				
58340	Catheter for hysteroGRAPHY	N					
58345	Reopen fallopian tube	J1	E1				
58346	Insert heyman uteri capsule	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58350	Reopen fallopian tube	J1	E1				
58353	Endometr ablate thermal	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58356	Endometrial cryoablation	J1		5415	Level 5 Gynecologic Procedures	55.3606	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

58400	Suspension of uterus	C					
58410	Suspension of uterus	C					
58520	Repair of ruptured uterus	C					
58540	Revision of uterus	C					
58541	Lsh uterus 250 g or less	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58542	Lsh w/t/o ut 250 g or less	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58543	Lsh uterus above 250 g	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58544	Lsh w/t/o uterus above 250 g	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58545	Laparoscopic myomectomy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
58546	Laparo-myomectomy complex	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58548	Lap radical hyst	C					
58550	Laparo-asst vag hysterectomy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
58552	Laparo-vag hyst incl t/o	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58553	Laparo-vag hyst complex	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58554	Laparo-vag hyst w/t/o compl	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58555	Hysteroscopy dx sep proc	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58558	Hysteroscopy biopsy	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58559	Hysteroscopy lysis	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58560	Hysteroscopy resect septum	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58561	Hysteroscopy remove myoma	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58562	Hysteroscopy remove fb	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58563	Hysteroscopy ablation	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58565	Hysteroscopy sterilization	J1	E1				
58570	Tlh uterus 250 g or less	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58571	Tlh w/t/o 250 g or less	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58572	Tlh uterus over 250 g	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58573	Tlh w/t/o uterus over 250 g	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58575	Laps tot hyst resj mal	C					
58578	Unlisted laps px uterus	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
58579	Unlisted hystsc px uterus	T		5411	Level 1 Gynecologic Procedures	2.2561	
58580	Transcrv abltj utrn fibrd rf	J1		5416	Level 6 Gynecologic Procedures	82.9303	
58600	Division of fallopian tube	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58605	Division of fallopian tube	C					
58611	Ligate oviduct(s) add-on	C					
58615	Occlude fallopian tube(s)	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58660	Laparoscopy lysis	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
58661	Laparoscopy remove adnexa	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
58662	Laparoscopy excise lesions	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
58670	Laparoscopy tubal cautery	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

58671	Laparoscopy tubal block	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
58672	Laparoscopy fimbrioplasty	J1	E1				
58673	Laparoscopy salpingostomy	J1	E1				
58674	Laps abltj uterine fibroids	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
58679	Unlisted laps px ovidct ovry	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
58700	Removal of fallopian tube	C					
58720	Removal of ovary/tube(s)	C					
58740	Adhesiolysis tube ovary	C					
58750	Repair oviduct	C					
58752	Revise ovarian tube(s)	C					
58760	Fimbrioplasty	C					
58770	Create new tubal opening	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58800	Drainage of ovarian cyst(s)	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58805	Drainage of ovarian cyst(s)	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58820	Drain ovary abscess open	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58822	Drain ovary abscess percut	C					
58825	Transposition ovary(s)	C					
58900	Biopsy of ovary(s)	J1		5414	Level 4 Gynecologic Procedures	35.6573	
58920	Partial removal of ovary(s)	J1	E1				
58925	Removal of ovarian cyst(s)	J1		5415	Level 5 Gynecologic Procedures	55.3606	
58940	Removal of ovary(s)	C					
58943	Removal of ovary(s)	C					
58950	Resect ovarian malignancy	C					
58951	Resect ovarian malignancy	C					
58952	Resect ovarian malignancy	C					
58953	Tah rad dissect for debulk	C					
58954	Tah rad debulk/lymph remove	C					
58956	Bso omentectomy w/tah	C					
58958	Resect recur gyn mal w/lym	C					
58960	Exploration of abdomen	C					
58970	Retrieval of oocyte	T	E1				
58974	Transfer of embryo	T	E1				
58976	Transfer of embryo	T	E1				
58999	Unlisted px fml genital sys	T		5411	Level 1 Gynecologic Procedures	2.2561	
59000	Amniocentesis diagnostic	T		5413	Level 3 Gynecologic Procedures	9.7651	
59001	Amniocentesis therapeutic	T		5412	Level 2 Gynecologic Procedures	3.4114	
59012	Fetal cord puncture prenatal	T		5412	Level 2 Gynecologic Procedures	3.4114	
59015	Chorion biopsy	T		5413	Level 3 Gynecologic Procedures	9.7651	
59020	Fetal contract stress test	T		5411	Level 1 Gynecologic Procedures	2.2561	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

59025	Fetal non-stress test	T		5411	Level 1 Gynecologic Procedures	2.2561	
59030	Fetal scalp blood sample	T		5412	Level 2 Gynecologic Procedures	3.4114	
59050	Fetal monitor w/report	M					
59051	Fetal monitor/interpret only	B					
59070	Transabdom amnioinfus w/us	T		5412	Level 2 Gynecologic Procedures	3.4114	
59072	Umbilical cord occlud w/us	T		5412	Level 2 Gynecologic Procedures	3.4114	
59074	Fetal fluid drainage w/us	T		5412	Level 2 Gynecologic Procedures	3.4114	
59076	Fetal shunt placement w/us	T		5412	Level 2 Gynecologic Procedures	3.4114	
59100	Remove uterus lesion	J1		5415	Level 5 Gynecologic Procedures	55.3606	
59120	Treat ectopic pregnancy	C					
59121	Treat ectopic pregnancy	C					
59130	Treat ectopic pregnancy	C					
59136	Treat ectopic pregnancy	C					
59140	Treat ectopic pregnancy	C					
59150	Treat ectopic pregnancy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
59151	Treat ectopic pregnancy	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
59160	D & c after delivery	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59200	Insert cervical dilator	T		5412	Level 2 Gynecologic Procedures	3.4114	
59300	Episiotomy or vaginal repair	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59320	Revision of cervix	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59325	Revision of cervix	C					
59350	Repair of uterus	C					
59400	Obstetrical care	B					
59409	Obstetrical care	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59410	Obstetrical care	B					
59412	Antepartum manipulation	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59414	Deliver placenta	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59425	Antepartum care only	B					
59426	Antepartum care only	B					
59430	Care after delivery	B					
59510	Cesarean delivery	B					
59514	Cesarean delivery only	C					
59515	Cesarean delivery	B					
59525	Remove uterus after cesarean	C					
59610	Vbac delivery	B					
59612	Vbac delivery only	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59614	Vbac care after delivery	B					
59618	Attempted vbac delivery	B					
59620	Attempted vbac delivery only	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

59622	Attempted vbac after care	B					
59812	Treatment of miscarriage	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59820	Care of miscarriage	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59821	Treatment of miscarriage	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59830	Treat uterus infection	C					
59840	Abortion	J1	E1				
59841	Abortion	J1	E1				
59850	Abortion	C					
59851	Abortion	C					
59852	Abortion	C					
59855	Abortion	C					
59856	Abortion	C					
59857	Abortion	C					
59866	Abortion (mpr)	T	E1				
59870	Evacuate mole of uterus	J1		5414	Level 4 Gynecologic Procedures	35.6573	
59871	Remove cerclage suture	Q2		5414	Level 4 Gynecologic Procedures	35.6573	
59897	Unlisted fetal invas px w/us	T		5411	Level 1 Gynecologic Procedures	2.2561	
59898	Unlstd laps px mat care&dlvr	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
59899	Unlisted px mat care&dlvr	T		5411	Level 1 Gynecologic Procedures	2.2561	
60000	Drain thyroid/tongue cyst	J1		5163	Level 3 ENT Procedures	16.6121	
6005F	Care level rationale doc	E1					
60100	Biopsy of thyroid	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
6010F	Dysphag test done b/4 eating	E1					
6015F	Dysphag test done b/4 eating	E1					
60200	Remove thyroid lesion	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
6020F	Npo (nothing-mouth) ordered	E1					
60210	Partial thyroid excision	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
60212	Partial thyroid excision	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
60220	Partial removal of thyroid	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
60225	Partial removal of thyroid	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
60240	Removal of thyroid	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
60252	Removal of thyroid	J1		5165	Level 5 ENT Procedures	66.3421	
60254	Extensive thyroid surgery	C					
60260	Repeat thyroid surgery	J1		5165	Level 5 ENT Procedures	66.3421	
60270	Removal of thyroid	C					
60271	Removal of thyroid	J1		5165	Level 5 ENT Procedures	66.3421	
60280	Remove thyroid duct lesion	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
60281	Remove thyroid duct lesion	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
60300	Aspir/inj thyroid cyst	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

6030F	Max sterile barriers flwd	E1					
6040F	Appro rad ds dvcs techs docd	E1					
6045F	Radxps in end rpt4fluro pxd	E1					
60500	Explore parathyroid glands	J1		5165	Level 5 ENT Procedures	66.3421	
60502	Re-explore parathyroids	J1		5165	Level 5 ENT Procedures	66.3421	
60505	Explore parathyroid glands	C					
60512	Autotransplant parathyroid	N					
60520	Removal of thymus gland	J1		5165	Level 5 ENT Procedures	66.3421	
60521	Removal of thymus gland	C					
60522	Removal of thymus gland	C					
60540	Explore adrenal gland	C					
60545	Explore adrenal gland	C					
60600	Remove carotid body lesion	C					
60605	Remove carotid body lesion	C					
60650	Laparoscopy adrenalectomy	C					
60659	Unlisted laps px endoc sys	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
60660	Abltj 1/+thyr ndul 1lobe prq	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
60661	Abltj 1/+thyr ndul addl prq	N					
60699	Unlisted px endocrine system	J1		5361	Level 1 Laparoscopy and Related Services	65.4304	
6070F	Pt asked/cnsld aed effects	E1					
6080F	Pt/caregiver queried falls	E1					
6090F	Pt/caregiver counsel safety	E1					
61000	Remove cranial cavity fluid	T		5442	Level 2 Nerve Injections	7.7664	
61001	Remove cranial cavity fluid	T		5442	Level 2 Nerve Injections	7.7664	
6100F	Verify pt site pxd docd	E1					
6101F	Safety counseling dementia	E1					
61020	Remove brain cavity fluid	T		5443	Level 3 Nerve Injections	9.9843	
61026	Injection into brain canal	T		5442	Level 2 Nerve Injections	7.7664	
6102F	Safety counseling dem order	E1					
61050	Remove brain canal fluid	T		5441	Level 1 Nerve Injections	3.3105	
61055	Injection into brain canal	T		5441	Level 1 Nerve Injections	3.3105	
61070	Brain canal shunt procedure	T		5442	Level 2 Nerve Injections	7.7664	
61105	Twist drill hole	C					
61107	Drill skull for implantation	C					
61108	Drill skull for drainage	C					
6110F	Counsel prov driving risks	E1					
61120	Burr hole for puncture	C					
61140	Pierce skull for biopsy	C					
61150	Pierce skull for drainage	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

61151	Pierce skull for drainage	C					
61154	Pierce skull & remove clot	C					
61156	Pierce skull for drainage	C					
61210	Pierce skull implant device	C					
61215	Insert brain-fluid device	J1		5432	Level 2 Nerve Procedures	71.8195	
61250	Pierce skull & explore	C					
61253	Pierce skull & explore	C					
61304	Open skull for exploration	C					
61305	Open skull for exploration	C					
61312	Open skull for drainage	C					
61313	Open skull for drainage	C					
61314	Open skull for drainage	C					
61315	Open skull for drainage	C					
61316	Implt cran bone flap to abdo	C					
61320	Open skull for drainage	C					
61321	Open skull for drainage	C					
61322	Decompressive craniotomy	C					
61323	Decompressive lobectomy	C					
61330	Decompress eye socket	J1		5164	Level 4 ENT Procedures	36.3699	
61333	Explore orbit/remove lesion	C					
61340	Subtemporal decompression	C					
61343	Incise skull (press relief)	C					
61345	Relieve cranial pressure	C					
61450	Incise skull for surgery	C					
61458	Incise skull for brain wound	C					
61460	Incise skull for surgery	C					
61500	Removal of skull lesion	C					
61501	Remove infected skull bone	C					
6150F	Pt notrcvng1st antitnf txmnt	E1					
61510	Removal of brain lesion	C					
61512	Remove brain lining lesion	C					
61514	Removal of brain abscess	C					
61516	Removal of brain lesion	C					
61517	Implt brain chemotx add-on	C					
61518	Removal of brain lesion	C					
61519	Remove brain lining lesion	C					
61520	Removal of brain lesion	C					
61521	Removal of brain lesion	C					
61522	Removal of brain abscess	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

61524	Removal of brain lesion	C					
61526	Removal of brain lesion	C					
61530	Removal of brain lesion	C					
61531	Implant brain electrodes	C					
61533	Implant brain electrodes	C					
61534	Removal of brain lesion	C					
61535	Remove brain electrodes	C					
61536	Removal of brain lesion	C					
61537	Removal of brain tissue	C					
61538	Removal of brain tissue	C					
61539	Removal of brain tissue	C					
61540	Removal of brain tissue	C					
61541	Incision of brain tissue	C					
61543	Removal of brain tissue	C					
61544	Remove & treat brain lesion	C					
61545	Excision of brain tumor	C					
61546	Removal of pituitary gland	C					
61548	Removal of pituitary gland	C					
61550	Release of skull seams	C					
61552	Release of skull seams	C					
61556	Incise skull/sutures	C					
61557	Incise skull/sutures	C					
61558	Excision of skull/sutures	C					
61559	Excision of skull/sutures	C					
61563	Excision of skull tumor	C					
61564	Excision of skull tumor	C					
61566	Removal of brain tissue	C					
61567	Incision of brain tissue	C					
61570	Remove foreign body brain	C					
61571	Incise skull for brain wound	C					
61575	Skull base/brainstem surgery	C					
61576	Skull base/brainstem surgery	C					
61580	Craniofacial approach skull	C					
61581	Craniofacial approach skull	C					
61582	Craniofacial approach skull	C					
61583	Craniofacial approach skull	C					
61584	Orbitocranial approach/skull	C					
61585	Orbitocranial approach/skull	C					
61586	Resect nasopharynx skull	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

61590	Infratemporal approach/skull	C					
61591	Infratemporal approach/skull	C					
61592	Orbitocranial approach/skull	C					
61595	Transtemporal approach/skull	C					
61596	Transcochlear approach/skull	C					
61597	Transcondylar approach/skull	C					
61598	Transpetrosal approach/skull	C					
61600	Resect/excise cranial lesion	C					
61601	Resect/excise cranial lesion	C					
61605	Resect/excise cranial lesion	C					
61606	Resect/excise cranial lesion	C					
61607	Resect/excise cranial lesion	C					
61608	Resect/excise cranial lesion	C					
61611	Transect artery sinus	C					
61613	Remove aneurysm sinus	C					
61615	Resect/excise lesion skull	C					
61616	Resect/excise lesion skull	C					
61618	Repair dura	C					
61619	Repair dura	C					
61623	Endovasc tempory vessel occl	J1		5193	Level 3 Endovascular Procedures	127.1806	
61624	Transcath occlusion cns	C					
61626	Transcath occlusion non-cns	J1		5193	Level 3 Endovascular Procedures	127.1806	
61630	Intracranial angioplasty	C					
61635	Intracran angioplasty w/stent	C					
61640	Dilate ic vasospasm init	E1					
61641	Dilat ic vspasm ea vsi sm ter	E1					
61642	Dilat ic vspasm ea diff ter	E1					
61645	Perq art m-thrombect &/nfs	C					
61650	Evasc prlng admn rx agnt 1st	C					
61651	Evasc prlng admn rx agnt add	C					
61680	Intracranial vessel surgery	C					
61682	Intracranial vessel surgery	C					
61684	Intracranial vessel surgery	C					
61686	Intracranial vessel surgery	C					
61690	Intracranial vessel surgery	C					
61692	Intracranial vessel surgery	C					
61697	Brain aneurysm repr complx	C					
61698	Brain aneurysm repr complx	C					
61700	Brain aneurysm repr simple	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

61702	Inner skull vessel surgery	C					
61703	Clamp neck artery	C					
61705	Revise circulation to head	C					
61708	Revise circulation to head	C					
61710	Revise circulation to head	C					
61711	Fusion of skull arteries	C					
61715	Mrgfus strtctc ablt trgt icr	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
61720	Incise skull/brain surgery	J1		5432	Level 2 Nerve Procedures	71.8195	
61735	Incise skull/brain surgery	C					
61736	Litt icr 1 traj 1 smpl les	C					
61737	Litt icr mlt trj mlt/cplx ls	C					
61750	Incise skull/brain biopsy	C					
61751	Brain biopsy w/ct/mr guide	C					
61760	Implant brain electrodes	C					
61770	Incise skull for treatment	J1		5432	Level 2 Nerve Procedures	71.8195	
61781	Scan proc cranial intra	N					
61782	Scan proc cranial extra	N					
61783	Scan proc spinal	N					
61790	Treat trigeminal nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
61791	Treat trigeminal tract	J1		5431	Level 1 Nerve Procedures	21.8997	
61796	Srs cranial lesion simple	B					
61797	Srs cran les simple addl	B					
61798	Srs cranial lesion complex	B					
61799	Srs cran les complex addl	B					
61800	Apply srs headframe add-on	B					
61850	Implant neuroelectrodes	C					
61860	Implant neuroelectrodes	C					
61863	Implant neuroelectrode	C					
61864	Implant neuroelectrde addl	C					
61867	Implant neuroelectrode	C					
61868	Implant neuroelectrde addl	C					
61880	Revise/remove neuroelectrode	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
61885	Insrt/redo neurostim 1 array	J1		5464	Level 4 Neurostimulator and Related Procedures	240.4915	
61886	Implant neurostim arrays	J1		5465	Level 5 Neurostimulator and Related Procedures	341.7509	
61888	Revise/remove neuroreceiver	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
61889	Ins sk-mnt crnl nstm pg/rcvr	C					
61891	Rev/rplcmt sk-mnt crnl nstm	J1	E1				
61892	Rmv sk-mnt crnl nstm pg/rcvr	J1	E1				
62000	Treat skull fracture	J1		5164	Level 4 ENT Procedures	36.3699	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

62005	Treat skull fracture	C					
62010	Treatment of head injury	C					
62100	Repair brain fluid leakage	C					
62115	Reduction of skull defect	C					
62117	Reduction of skull defect	C					
62120	Repair skull cavity lesion	C					
62121	Incise skull repair	C					
62140	Repair of skull defect	C					
62141	Repair of skull defect	C					
62142	Remove skull plate/flap	C					
62143	Replace skull plate/flap	C					
62145	Repair of skull & brain	C					
62146	Repair of skull with graft	C					
62147	Repair of skull with graft	C					
62148	Retr bone flap to fix skull	C					
62160	Neuroendoscopy add-on	N					
62161	Dissect brain w/scope	C					
62162	Remove colloid cyst w/scope	C					
62164	Remove brain tumor w/scope	C					
62165	Remove pituit tumor w/scope	C					
62180	Establish brain cavity shunt	C					
62190	Establish brain cavity shunt	C					
62192	Establish brain cavity shunt	C					
62194	Replace/irrigate catheter	J1		5431	Level 1 Nerve Procedures	21.8997	
62200	Establish brain cavity shunt	C					
62201	Brain cavity shunt w/scope	C					
62220	Establish brain cavity shunt	C					
62223	Establish brain cavity shunt	C					
62225	Replace/irrigate catheter	J1		5432	Level 2 Nerve Procedures	71.8195	
62230	Replace/revise brain shunt	J1		5432	Level 2 Nerve Procedures	71.8195	
62252	Csf shunt reprogram	S		5743	Level 3 Electronic Analysis of Devices	3.3634	
62256	Remove brain cavity shunt	C					
62258	Replace brain cavity shunt	C					
62263	Epidural lysis mult sessions	T		5443	Level 3 Nerve Injections	9.9843	
62264	Epidural lysis on single day	T		5443	Level 3 Nerve Injections	9.9843	
62267	Interdiscal perq aspir dx	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
62268	Drain spinal cord cyst	T		5443	Level 3 Nerve Injections	9.9843	
62269	Needle biopsy spinal cord	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
62270	Dx Imbr spi pnxr	T		5442	Level 2 Nerve Injections	7.7664	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

62272	Ther spi pnxr drg csf	T		5442	Level 2 Nerve Injections	7.7664	
62273	Inject epidural patch	T		5442	Level 2 Nerve Injections	7.7664	
62280	Treat spinal cord lesion	T		5443	Level 3 Nerve Injections	9.9843	
62281	Treat spinal cord lesion	T		5443	Level 3 Nerve Injections	9.9843	
62282	Treat spinal canal lesion	T		5443	Level 3 Nerve Injections	9.9843	
62284	Injection for myelogram	N					
62287	Dcmpn px perq 1/mlt lumbar	J1		5431	Level 1 Nerve Procedures	21.8997	
62290	Njx px discography lumbar	N					
62291	Njx px discography crv/thrc	N					
62292	Njx chemonucleolysis lmb	J1		5431	Level 1 Nerve Procedures	21.8997	
62294	Injection into spinal artery	T		5443	Level 3 Nerve Injections	9.9843	
62302	Myelography lumbar injection	Q2		5573	Level 3 Imaging with Contrast	8.8602	
62303	Myelography lumbar injection	Q2		5573	Level 3 Imaging with Contrast	8.8602	
62304	Myelography lumbar injection	Q2		5573	Level 3 Imaging with Contrast	8.8602	
62305	Myelography lumbar injection	Q2		5573	Level 3 Imaging with Contrast	8.8602	
62320	Njx interlaminar crv/thrc	T		5442	Level 2 Nerve Injections	7.7664	
62321	Njx interlaminar crv/thrc	T		5442	Level 2 Nerve Injections	7.7664	
62322	Njx interlaminar lmb/sac	T		5443	Level 3 Nerve Injections	9.9843	
62323	Njx interlaminar lmb/sac	T		5442	Level 2 Nerve Injections	7.7664	
62324	Njx interlaminar crv/thrc	T		5443	Level 3 Nerve Injections	9.9843	
62325	Njx interlaminar crv/thrc	T		5443	Level 3 Nerve Injections	9.9843	
62326	Njx interlaminar lmb/sac	T		5443	Level 3 Nerve Injections	9.9843	
62327	Njx interlaminar lmb/sac	T		5443	Level 3 Nerve Injections	9.9843	
62328	Dx lmb spi pnxr w/fluor/ct	T		5442	Level 2 Nerve Injections	7.7664	
62329	Ther spi pnxr csf fluor/ct	T		5442	Level 2 Nerve Injections	7.7664	
62350	Implant spinal canal cath	J1		5432	Level 2 Nerve Procedures	71.8195	
62351	Implant spinal canal cath	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
62355	Remove spinal canal catheter	Q2		5431	Level 1 Nerve Procedures	21.8997	
62360	Insert spine infusion device	J1		5471	Implantation of Drug Infusion Device	198.2092	
62361	Implant spine infusion pump	J1		5471	Implantation of Drug Infusion Device	198.2092	
62362	Implant spine infusion pump	J1		5471	Implantation of Drug Infusion Device	198.2092	
62365	Remove spine infusion device	Q2		5432	Level 2 Nerve Procedures	71.8195	
62367	Analyze spine infus pump	S		5743	Level 3 Electronic Analysis of Devices	3.3634	
62368	Analyze sp inf pump w/reprog	S		5743	Level 3 Electronic Analysis of Devices	3.3634	
62369	Anal sp inf pmp w/reprg&fill	S		5743	Level 3 Electronic Analysis of Devices	3.3634	
62370	Anl sp inf pmp w/mdreprg&fil	S		5743	Level 3 Electronic Analysis of Devices	3.3634	
62380	Ndsc dcmpn 1 ntrspc lumbar	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63001	Remove spine lamina 1/2 crvl	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63003	Remove spine lamina 1/2 thrc	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

63005	Remove spine lamina 1/2 Imbr	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63011	Remove spine lamina 1/2 scr1	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63012	Remove lamina/facets lumbar	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63015	Remove spine lamina >2 crvcl	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63016	Remove spine lamina >2 thrc	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63017	Remove spine lamina >2 Imbr	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63020	Neck spine disk surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63030	Low back disk surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63035	Spinal disk surgery add-on	N					
63040	Laminotomy single cervical	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63042	Laminotomy single lumbar	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63043	Laminotomy addl cervical	N					
63044	Laminotomy addl lumbar	N					
63045	Lam facetec & foramot crv	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63046	Lam facetec & foramot thrc	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63047	Lam facetec & foramot lumbar	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63048	Lam facetec & foramot ea addl	N					
63050	Cervical laminoplasty 2/> seg	C					
63051	C-laminoplasty w/graft/plate	C					
63052	Lam facetc/frmt arthrd lum 1	N					
63053	Lam factc/frmt arthrd lum ea	N					
63055	Decompress spinal cord thrc	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63056	Decompress spinal cord Imbr	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63057	Decompress spine cord add-on	N					
63064	Decompress spinal cord thrc	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63066	Decompress spine cord add-on	N					
63075	Neck spine disk surgery	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63076	Neck spine disk surgery	N					
63077	Spine disk surgery thorax	C					
63078	Spine disk surgery thorax	C					
63081	Remove vert body dcmprn crvl	C					
63082	Remove vertebral body add-on	C					
63085	Remove vert body dcmprn thrc	C					
63086	Remove vertebral body add-on	C					
63087	Remov vertbr dcmprn thrclmbr	C					
63088	Remove vertebral body add-on	C					
63090	Remove vert body dcmprn Imbr	C					
63091	Remove vertebral body add-on	C					
63101	Remove vert body dcmprn thrc	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

63102	Remove vert body dcmpn Imbr	C					
63103	Remove vertebral body add-on	C					
63170	Incise spinal cord tract(s)	C					
63172	Drainage of spinal cyst	C					
63173	Drainage of spinal cyst	C					
63185	Incise spine nrv half segmnt	C					
63190	Incise spine nrv >2 segmnts	C					
63191	Incise spine accessory nerve	C					
63197	Lam w/cordotomy 1stg thrc	C					
63200	Release spinal cord lumbar	C					
63250	Revise spinal cord vsls crvl	C					
63251	Revise spinal cord vsls thrc	C					
63252	Revise spine cord vsl thrlmb	C					
63265	Excise intraspinal lesion crv	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63266	Excise intraspinal lesion thrc	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63267	Excise intraspinal lesion Imbr	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63268	Excise intraspinal lesion scr1	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
63270	Excise intraspinal lesion crvl	C					
63271	Excise intraspinal lesion thrc	C					
63272	Excise intraspinal lesion Imbr	C					
63273	Excise intraspinal lesion scr1	C					
63275	Bx/exc xdr1 spine lesn crvl	C					
63276	Bx/exc xdr1 spine lesn thrc	C					
63277	Bx/exc xdr1 spine lesn Imbr	C					
63278	Bx/exc xdr1 spine lesn scr1	C					
63280	Bx/exc idr1 spine lesn crvl	C					
63281	Bx/exc idr1 spine lesn thrc	C					
63282	Bx/exc idr1 spine lesn Imbr	C					
63283	Bx/exc idr1 spine lesn scr1	C					
63285	Bx/exc idr1 imed lesn cervl	C					
63286	Bx/exc idr1 imed lesn thrc	C					
63287	Bx/exc idr1 imed lesn thrlmb	C					
63290	Bx/exc xdr1/idr1 lsn any lvl	C					
63295	Repair laminectomy defect	C					
63300	Remove vert xdr1 body crvcl	C					
63301	Remove vert xdr1 body thrc	C					
63302	Remove vert xdr1 body thrlmb	C					
63303	Remov vert xdr1 bdy Imbr/sac	C					
63304	Remove vert idr1 body crvcl	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

63305	Remove vert idrl body thrc	C					
63306	Remov vert idrl bdy thrclmbr	C					
63307	Remov vert idrl bdy lmbrr/sac	C					
63308	Remove vertebral body add-on	C					
63600	Remove spinal cord lesion	J1		5431	Level 1 Nerve Procedures	21.8997	
63610	Stimulation of spinal cord	J1		5431	Level 1 Nerve Procedures	21.8997	
63620	Srs spinal lesion	B					
63621	Srs spinal lesion addl	B					
63650	Implant neuroelectrodes	J1		5462	Level 2 Neurostimulator and Related Procedures	73.6007	
63655	Implant neuroelectrodes	J1		5464	Level 4 Neurostimulator and Related Procedures	240.4915	
63661	Remove spine eltrd perq aray	Q2		5431	Level 1 Nerve Procedures	21.8997	
63662	Remove spine eltrd plate	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
63663	Revise spine eltrd perq aray	J1		5462	Level 2 Neurostimulator and Related Procedures	73.6007	
63664	Revise spine eltrd plate	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
63685	Insrt/redo spine n generator	J1		5465	Level 5 Neurostimulator and Related Procedures	341.7509	
63688	Revise/remove neuroreceiver	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
63700	Repair of spinal herniation	C					
63702	Repair of spinal herniation	C					
63704	Repair of spinal herniation	C					
63706	Repair of spinal herniation	C					
63707	Repair spinal fluid leakage	C					
63709	Repair spinal fluid leakage	C					
63710	Graft repair of spine defect	C					
63740	Install spinal shunt	C					
63741	Install spinal shunt	J1		5432	Level 2 Nerve Procedures	71.8195	
63744	Revision of spinal shunt	J1		5432	Level 2 Nerve Procedures	71.8195	
63746	Removal of spinal shunt	Q2		5431	Level 1 Nerve Procedures	21.8997	
64400	Njx aa&/strd trigeminal nrv	T		5441	Level 1 Nerve Injections	3.3105	
64405	Njx aa&/strd gr ocpl nrv	T		5441	Level 1 Nerve Injections	3.3105	
64408	Njx aa&/strd vagus nrv	T		5441	Level 1 Nerve Injections	3.3105	
64415	Njx aa&/strd brch plxs img	T		5443	Level 3 Nerve Injections	9.9843	
64416	Njx aa&/strd brch pl nfs img	T		5443	Level 3 Nerve Injections	9.9843	
64417	Njx aa&/strd ax nerve img	T		5443	Level 3 Nerve Injections	9.9843	
64418	Njx aa&/strd sprscap nrv	T		5442	Level 2 Nerve Injections	7.7664	
64420	Njx aa&/strd ntrcost nrv 1	T		5442	Level 2 Nerve Injections	7.7664	
64421	Njx aa&/strd ntrcost nrv ea	T		5443	Level 3 Nerve Injections	9.9843	
64425	Njx aa&/strd ii ih nerves	T		5442	Level 2 Nerve Injections	7.7664	
64430	Njx aa&/strd pudendal nerve	T		5443	Level 3 Nerve Injections	9.9843	
64435	Njx aa&/strd paracr v nrv	T		5442	Level 2 Nerve Injections	7.7664	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

64445	Njx aa&/strd sciatic nrv img	T		5442	Level 2 Nerve Injections	7.7664	
64446	Njx aa&/strd sc nrv nfs img	T		5443	Level 3 Nerve Injections	9.9843	
64447	Njx aa&/strd femoral nrv img	T		5442	Level 2 Nerve Injections	7.7664	
64448	Njx aa&/strd fem nrv nfs img	T		5443	Level 3 Nerve Injections	9.9843	
64449	Njx aa&/strd lmr plex nfs	T		5443	Level 3 Nerve Injections	9.9843	
64450	Njx aa&/strd other pn/branch	T		5442	Level 2 Nerve Injections	7.7664	
64451	Njx aa&/strd nrv nrvtg si jt	T		5442	Level 2 Nerve Injections	7.7664	
64454	Njx aa&/strd gnclr nrv brnch	T		5442	Level 2 Nerve Injections	7.7664	
64455	Njx aa&/strd pltr com dg nrv	T		5441	Level 1 Nerve Injections	3.3105	
64461	Pvb thoracic single inj site	T		5442	Level 2 Nerve Injections	7.7664	
64462	Pvb thoracic 2nd+ inj site	N					
64463	Pvb thoracic cont infusion	T		5442	Level 2 Nerve Injections	7.7664	
64466	Thrc fascial pln blk uni njx	N					
64467	Thrc fascial pln blk uni nfs	N					
64468	Thrc fascial pln blk bi njx	N					
64469	Thrc fascial pln blk bi nfs	N					
64473	Lwr xtr fscl pln blk uni njx	N					
64474	Lwr xtr fscl pln blk uni nfs	N					
64479	Njx aa&/strd tfrm epi c/t 1	T		5443	Level 3 Nerve Injections	9.9843	
64480	Njx aa&/strd tfrm epi c/t ea	N					
64483	Njx aa&/strd tfrm epi l/s 1	T		5443	Level 3 Nerve Injections	9.9843	
64484	Njx aa&/strd tfrm epi l/s ea	N					
64486	Tap block unil by injection	N					
64487	Tap block uni by infusion	N					
64488	Tap block bi injection	N					
64489	Tap block bi by infusion	N					
64490	Inj paravert f jnt c/t 1 lev	T		5443	Level 3 Nerve Injections	9.9843	
64491	Inj paravert f jnt c/t 2 lev	N					
64492	Inj paravert f jnt c/t 3 lev	N					
64493	Inj paravert f jnt l/s 1 lev	T		5443	Level 3 Nerve Injections	9.9843	
64494	Inj paravert f jnt l/s 2 lev	N					
64495	Inj paravert f jnt l/s 3 lev	N					
64505	N block spenopalatine gangl	T		5441	Level 1 Nerve Injections	3.3105	
64510	N block stellate ganglion	T		5443	Level 3 Nerve Injections	9.9843	
64517	N block inj hypogas plxs	T		5443	Level 3 Nerve Injections	9.9843	
64520	N block lumbar/thoracic	T		5443	Level 3 Nerve Injections	9.9843	
64530	N block inj celiac pelus	T		5443	Level 3 Nerve Injections	9.9843	
64553	Implant neuroelectrodes	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
64555	Implant neuroelectrodes	J1		5462	Level 2 Neurostimulator and Related Procedures	73.6007	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

64561	Implant neuroelectrodes	J1		5462	Level 2 Neurostimulator and Related Procedures	73.6007	
64566	Neuroeltrd stim post tibial	T		5441	Level 1 Nerve Injections	3.3105	
64568	Opn impltj crnl nrv nea&pg	J1		5465	Level 5 Neurostimulator and Related Procedures	341.7509	
64569	Revise/repl vagus n eltrd	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
64570	Remove vagus n eltrd	Q2		5432	Level 2 Nerve Procedures	71.8195	
64575	Opn impltj nea perph nerve	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
64580	Opn impltj nea neuromuscular	J1		5464	Level 4 Neurostimulator and Related Procedures	240.4915	
64581	Opn impltj nea sacral nerve	J1		5462	Level 2 Neurostimulator and Related Procedures	73.6007	
64582	Opn mpltj hpglsl nstm ary pg	J1		5465	Level 5 Neurostimulator and Related Procedures	341.7509	
64583	Rev/rplct hpglsl nstm ary pg	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
64584	Rmvl hpglsl nstim ary pg	Q2		5432	Level 2 Nerve Procedures	71.8195	
64585	Revise/remove neuroelectrode	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
64590	Insrt/redo pn/gastr stimul	J1		5464	Level 4 Neurostimulator and Related Procedures	240.4915	
64595	Revise/rmv pn/gastr stimul	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
64596	Ins/rplcmt prq eltrd ra pn 1	J1		5463	Level 3 Neurostimulator and Related Procedures	139.8503	
64597	Ins/rplcm prq eltrd ra pn ea	N					
64598	Revj/rmvl nea pn w/int nstim	J1		5461	Level 1 Neurostimulator and Related Procedures	38.5673	
64600	Injection treatment of nerve	T		5443	Level 3 Nerve Injections	9.9843	
64605	Injection treatment of nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64610	Injection treatment of nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64611	Chemodenerv saliv glands	T		5441	Level 1 Nerve Injections	3.3105	
64612	Destroy nerve face muscle	T		5441	Level 1 Nerve Injections	3.3105	
64615	Chemodenerv musc migraine	T		5441	Level 1 Nerve Injections	3.3105	
64616	Chemodenerv musc neck dyston	T		5441	Level 1 Nerve Injections	3.3105	
64617	Chemodener muscle larynx emg	T		5442	Level 2 Nerve Injections	7.7664	
64620	Injection treatment of nerve	T		5443	Level 3 Nerve Injections	9.9843	
64624	Dstrj nulyt agt gncrl nrv	J1		5431	Level 1 Nerve Procedures	21.8997	
64625	Rf abltj nrv nrvtg si jt	J1		5431	Level 1 Nerve Procedures	21.8997	
64628	Trml dstrj ios bvn 1st 2 l/s	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
64629	Trml dstrj ios bvn ea addl	N					
64630	Injection treatment of nerve	T		5443	Level 3 Nerve Injections	9.9843	
64632	N block inj common digit	T		5441	Level 1 Nerve Injections	3.3105	
64633	Destroy cerv/thor facet jnt	J1		5431	Level 1 Nerve Procedures	21.8997	
64634	Destroy c/th facet jnt addl	N					
64635	Destroy lumb/sac facet jnt	J1		5431	Level 1 Nerve Procedures	21.8997	
64636	Destroy l/s facet jnt addl	N					
64640	Injection treatment of nerve	T		5443	Level 3 Nerve Injections	9.9843	
64642	Chemodenerv 1 extremity 1-4	T		5442	Level 2 Nerve Injections	7.7664	
64643	Chemodenerv 1 extrem 1-4 ea	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

64644	Chemodenerv 1 extrem 5/> mus	T		5442	Level 2 Nerve Injections	7.7664	
64645	Chemodenerv 1 extrem 5/> ea	N					
64646	Chemodenerv trunk musc 1-5	T		5442	Level 2 Nerve Injections	7.7664	
64647	Chemodenerv trunk musc 6/>	T		5442	Level 2 Nerve Injections	7.7664	
64650	Chemodenerv eccrine glands	T		5441	Level 1 Nerve Injections	3.3105	
64653	Chemodenerv eccrine glands	T		5441	Level 1 Nerve Injections	3.3105	
64680	Injection treatment of nerve	T		5443	Level 3 Nerve Injections	9.9843	
64681	Injection treatment of nerve	T		5443	Level 3 Nerve Injections	9.9843	
64702	Revise finger/toe nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64704	Revise hand/foot nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64708	Revise arm/leg nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64712	Revision of sciatic nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64713	Revision of arm nerve(s)	J1		5431	Level 1 Nerve Procedures	21.8997	
64714	Revise low back nerve(s)	J1		5431	Level 1 Nerve Procedures	21.8997	
64716	Revision of cranial nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64718	Revise ulnar nerve at elbow	J1		5431	Level 1 Nerve Procedures	21.8997	
64719	Revise ulnar nerve at wrist	J1		5431	Level 1 Nerve Procedures	21.8997	
64721	Carpal tunnel surgery	J1		5431	Level 1 Nerve Procedures	21.8997	
64722	Relieve pressure on nerve(s)	J1		5431	Level 1 Nerve Procedures	21.8997	
64726	Release foot/toe nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64727	Internal nerve revision	N					
64732	Incision of brow nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64734	Incision of cheek nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64736	Incision of chin nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64738	Incision of jaw nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64740	Incision of tongue nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64742	Incision of facial nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64744	Incise nerve back of head	J1		5431	Level 1 Nerve Procedures	21.8997	
64746	Incise diaphragm nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64755	Incision of stomach nerves	C					
64760	Incision of vagus nerve	C					
64763	Incise hip/thigh nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64766	Incise hip/thigh nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64771	Sever cranial nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64772	Incision of spinal nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64774	Remove skin nerve lesion	J1		5431	Level 1 Nerve Procedures	21.8997	
64776	Remove digit nerve lesion	J1		5431	Level 1 Nerve Procedures	21.8997	
64778	Digit nerve surgery add-on	N					
64782	Remove limb nerve lesion	J1		5431	Level 1 Nerve Procedures	21.8997	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

64783	Limb nerve surgery add-on	N					
64784	Remove nerve lesion	J1		5431	Level 1 Nerve Procedures	21.8997	
64786	Remove sciatic nerve lesion	J1		5432	Level 2 Nerve Procedures	71.8195	
64787	Implant nerve end	N					
64788	Remove skin nerve lesion	J1		5431	Level 1 Nerve Procedures	21.8997	
64790	Removal of nerve lesion	J1		5431	Level 1 Nerve Procedures	21.8997	
64792	Removal of nerve lesion	J1		5432	Level 2 Nerve Procedures	71.8195	
64795	Biopsy of nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64802	Sympathectomy cervical	J1		5431	Level 1 Nerve Procedures	21.8997	
64804	Remove sympathetic nerves	J1		5431	Level 1 Nerve Procedures	21.8997	
64809	Remove sympathetic nerves	C					
64818	Remove sympathetic nerves	C					
64820	Sympathectomy digital artery	J1		5431	Level 1 Nerve Procedures	21.8997	
64821	Remove sympathetic nerves	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
64822	Remove sympathetic nerves	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
64823	Sympathectomy supfc palmar	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
64831	Repair of digit nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64832	Repair nerve add-on	N					
64834	Repair of hand or foot nerve	J1		5432	Level 2 Nerve Procedures	71.8195	
64835	Repair of hand or foot nerve	J1		5432	Level 2 Nerve Procedures	71.8195	
64836	Repair of hand or foot nerve	J1		5432	Level 2 Nerve Procedures	71.8195	
64837	Repair nerve add-on	N					
64840	Repair of leg nerve	J1		5432	Level 2 Nerve Procedures	71.8195	
64856	Repair/transpose nerve	J1		5432	Level 2 Nerve Procedures	71.8195	
64857	Repair arm/leg nerve	J1		5432	Level 2 Nerve Procedures	71.8195	
64858	Repair sciatic nerve	J1		5431	Level 1 Nerve Procedures	21.8997	
64859	Nerve surgery	N					
64861	Repair of arm nerves	J1		5431	Level 1 Nerve Procedures	21.8997	
64862	Repair of low back nerves	J1		5432	Level 2 Nerve Procedures	71.8195	
64864	Repair of facial nerve	J1		5432	Level 2 Nerve Procedures	71.8195	
64865	Repair of facial nerve	J1		5432	Level 2 Nerve Procedures	71.8195	
64866	Fusion of facial/other nerve	C					
64868	Fusion of facial/other nerve	C					
64872	Subsequent repair of nerve	N					
64874	Repair & revise nerve add-on	N					
64876	Repair nerve/shorten bone	N					
64885	Nerve graft head/neck <4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	
64886	Nerve graft head/neck >4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	
64890	Nerve graft hand/foot <4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

64891	Nerve graft hand/foot >4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	
64892	Nerve graft arm/leg <4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	
64893	Nerve graft arm/leg >4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	
64895	Nerve graft hand/foot </4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	
64896	Nerve graft hand/foot >4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	
64897	Nerve graft arm/leg </4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	
64898	Nerve graft arm/leg >4 cm	J1		5432	Level 2 Nerve Procedures	71.8195	
64901	Nerve graft add-on	N					
64902	Nerve graft add-on	N					
64905	Nerve pedicle transfer	J1		5432	Level 2 Nerve Procedures	71.8195	
64907	Nerve pedicle transfer	J1		5432	Level 2 Nerve Procedures	71.8195	
64910	Nerve repair w/allograft	J1		5432	Level 2 Nerve Procedures	71.8195	
64911	Neurorrhaphy w/vein autograft	J1		5432	Level 2 Nerve Procedures	71.8195	
64912	Nrv rpr w/nrv algrft 1st	J1		5432	Level 2 Nerve Procedures	71.8195	
64913	Nrv rpr w/nrv algrft ea addl	N					
64999	Unlisted px nervous system	T		5441	Level 1 Nerve Injections	3.3105	
65091	Revise eye	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65093	Revise eye with implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65101	Removal of eye	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65103	Remove eye/insert implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65105	Remove eye/attach implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65110	Removal of eye	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65112	Remove eye/revise socket	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65114	Remove eye/revise socket	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65125	Revise ocular implant	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
65130	Insert ocular implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65135	Insert ocular implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65140	Attach ocular implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65150	Revise ocular implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65155	Reinsert ocular implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65175	Removal of ocular implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65205	Remove foreign body from eye	Q1		5734	Level 4 Minor Procedures	1.4456	
65210	Remove foreign body from eye	Q1		5735	Level 5 Minor Procedures	4.4751	
65220	Remove foreign body from eye	Q1		5735	Level 5 Minor Procedures	4.4751	
65222	Remove foreign body from eye	Q1		5734	Level 4 Minor Procedures	1.4456	
65235	Remove foreign body from eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
65260	Remove foreign body from eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
65265	Remove foreign body from eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
65270	Repair of eye wound	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

65272	Repair of eye wound	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
65273	Repair of eye wound	C					
65275	Repair of eye wound	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65280	Repair of eye wound	J1		5493	Level 3 Intraocular Procedures	57.8644	
65285	Repair of eye wound	J1		5493	Level 3 Intraocular Procedures	57.8644	
65286	Repair of eye wound	J1		5491	Level 1 Intraocular Procedures	25.5776	
65290	Repair of eye socket wound	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65400	Removal of eye lesion	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
65410	Biopsy of cornea	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
65420	Removal of eye lesion	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
65426	Removal of eye lesion	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
65430	Corneal smear	Q1		5735	Level 5 Minor Procedures	4.4751	
65435	Curette/treat cornea	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
65436	Curette/treat cornea	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
65450	Treatment of corneal lesion	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
65600	Revision of cornea	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
65710	Corneal transplant	J1		5493	Level 3 Intraocular Procedures	57.8644	
65730	Corneal transplant	J1		5492	Level 2 Intraocular Procedures	45.1150	
65750	Corneal transplant	J1		5493	Level 3 Intraocular Procedures	57.8644	
65755	Corneal transplant	J1		5492	Level 2 Intraocular Procedures	45.1150	
65756	Corneal trnspl endothelial	J1		5492	Level 2 Intraocular Procedures	45.1150	
65757	Prep corneal endo allograft	N					
65760	Revision of cornea	E1					
65765	Revision of cornea	E1					
65767	Corneal tissue transplant	E1					
65770	Revise cornea with implant	J1	E1				
65771	Radial keratotomy	E1					
65772	Correction of astigmatism	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
65775	Correction of astigmatism	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
65778	Cover eye w/membrane	Q2		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
65779	Cover eye w/membrane suture	Q2		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65780	Ocular reconst transplant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65781	Ocular reconst transplant	J1		5493	Level 3 Intraocular Procedures	57.8644	
65782	Ocular reconst transplant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
65785	Impltj ntrstrml crnl rng seg	J1		5492	Level 2 Intraocular Procedures	45.1150	
65800	Drainage of eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
65810	Drainage of eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
65815	Drainage of eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
65820	Relieve inner eye pressure	J1		5492	Level 2 Intraocular Procedures	45.1150	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

65850	Incision of eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
65855	Trabeculoplasty laser surg	T		5481	Laser Eye Procedures	6.1524	
65860	Incise inner eye adhesions	T		5481	Laser Eye Procedures	6.1524	
65865	Incise inner eye adhesions	J1		5491	Level 1 Intraocular Procedures	25.5776	
65870	Incise inner eye adhesions	J1		5491	Level 1 Intraocular Procedures	25.5776	
65875	Incise inner eye adhesions	J1		5491	Level 1 Intraocular Procedures	25.5776	
65880	Incise inner eye adhesions	J1		5492	Level 2 Intraocular Procedures	45.1150	
65900	Remove eye lesion	J1		5491	Level 1 Intraocular Procedures	25.5776	
65920	Remove implant of eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
65930	Remove blood clot from eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
66020	Injection treatment of eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
66030	Injection treatment of eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
66130	Remove eye lesion	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
66150	Glaucoma surgery	J1		5492	Level 2 Intraocular Procedures	45.1150	
66155	Glaucoma surgery	J1		5492	Level 2 Intraocular Procedures	45.1150	
66160	Glaucoma surgery	J1		5491	Level 1 Intraocular Procedures	25.5776	
66170	Glaucoma surgery	J1		5491	Level 1 Intraocular Procedures	25.5776	
66172	Incision of eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
66174	Trluml dil aq o/f can w/o st	J1		5492	Level 2 Intraocular Procedures	45.1150	
66175	Trluml dil aq o/f can w/st	J1		5493	Level 3 Intraocular Procedures	57.8644	
66179	Aqueous shunt eye w/o graft	J1		5493	Level 3 Intraocular Procedures	57.8644	
66180	Aqueous shunt eye w/graft	J1		5493	Level 3 Intraocular Procedures	57.8644	
66183	Insert ant drainage device	J1		5492	Level 2 Intraocular Procedures	45.1150	
66184	Revision of aqueous shunt	J1		5491	Level 1 Intraocular Procedures	25.5776	
66185	Revise aqueous shunt eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
66225	Repair/graft eye lesion	J1		5493	Level 3 Intraocular Procedures	57.8644	
66250	Follow-up surgery of eye	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
66500	Incision of iris	J1		5491	Level 1 Intraocular Procedures	25.5776	
66505	Incision of iris	J1		5491	Level 1 Intraocular Procedures	25.5776	
66600	Remove iris and lesion	J1		5492	Level 2 Intraocular Procedures	45.1150	
66605	Removal of iris	J1		5491	Level 1 Intraocular Procedures	25.5776	
66625	Removal of iris	J1		5491	Level 1 Intraocular Procedures	25.5776	
66630	Removal of iris	J1		5491	Level 1 Intraocular Procedures	25.5776	
66635	Removal of iris	J1		5491	Level 1 Intraocular Procedures	25.5776	
66680	Repair iris & ciliary body	J1		5491	Level 1 Intraocular Procedures	25.5776	
66682	Repair iris & ciliary body	J1		5491	Level 1 Intraocular Procedures	25.5776	
66683	Implantation iris prosthesis	J1		5496	Level 6 Intraocular Procedures	184.1048	
66700	Destruction ciliary body	J1		5491	Level 1 Intraocular Procedures	25.5776	
66710	Ciliary transsleral therapy	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

66711	Ecp ciliary body destruction	J1		5491	Level 1 Intraocular Procedures	25.5776	
66720	Destruction ciliary body	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
66740	Destruction ciliary body	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
66761	Revision of iris	T		5481	Laser Eye Procedures	6.1524	
66762	Revision of iris	T		5481	Laser Eye Procedures	6.1524	
66770	Removal of inner eye lesion	T		5481	Laser Eye Procedures	6.1524	
66820	Incision secondary cataract	J1		5491	Level 1 Intraocular Procedures	25.5776	
66821	After cataract laser surgery	T		5481	Laser Eye Procedures	6.1524	
66825	Reposition intraocular lens	J1		5491	Level 1 Intraocular Procedures	25.5776	
66830	Removal of lens lesion	J1		5491	Level 1 Intraocular Procedures	25.5776	
66840	Removal of lens material	J1		5491	Level 1 Intraocular Procedures	25.5776	
66850	Removal of lens material	J1		5491	Level 1 Intraocular Procedures	25.5776	
66852	Removal of lens material	J1		5492	Level 2 Intraocular Procedures	45.1150	
66920	Extraction of lens	J1		5491	Level 1 Intraocular Procedures	25.5776	
66930	Extraction of lens	J1		5492	Level 2 Intraocular Procedures	45.1150	
66940	Extraction of lens	J1		5491	Level 1 Intraocular Procedures	25.5776	
66982	Xcapsl ctrc rmvl cplx wo ecp	J1		5491	Level 1 Intraocular Procedures	25.5776	
66983	Cataract surg w/iol 1 stage	J1		5491	Level 1 Intraocular Procedures	25.5776	
66984	Xcapsl ctrc rmvl w/o ecp	J1		5491	Level 1 Intraocular Procedures	25.5776	
66985	Insert lens prosthesis	J1		5491	Level 1 Intraocular Procedures	25.5776	
66986	Exchange lens prosthesis	J1		5491	Level 1 Intraocular Procedures	25.5776	
66987	Xcapsl ctrc rmvl cplx w/ecp	J1		5492	Level 2 Intraocular Procedures	45.1150	
66988	Xcapsl ctrc rmvl w/ecp	J1		5492	Level 2 Intraocular Procedures	45.1150	
66989	Xcpsl ctrc rmvl cplx insj 1+	J1		5493	Level 3 Intraocular Procedures	57.8644	
66990	Ophthalmic endoscope add-on	N					
66991	Xcapsl ctrc rmvl insj 1+	J1		5493	Level 3 Intraocular Procedures	57.8644	
66999	Unlisted px ant segment eye	J1		5491	Level 1 Intraocular Procedures	25.5776	
67005	Partial removal of eye fluid	J1		5491	Level 1 Intraocular Procedures	25.5776	
67010	Partial removal of eye fluid	J1		5491	Level 1 Intraocular Procedures	25.5776	
67015	Release of eye fluid	J1		5491	Level 1 Intraocular Procedures	25.5776	
67025	Replace eye fluid	J1		5491	Level 1 Intraocular Procedures	25.5776	
67027	Implant eye drug system	J1		5495	Level 5 Intraocular Procedures	172.3113	
67028	Injection eye drug	S		5694	Level 4 Drug Administration	3.7198	
67030	Incise inner eye strands	J1		5491	Level 1 Intraocular Procedures	25.5776	
67031	Laser surgery eye strands	T		5481	Laser Eye Procedures	6.1524	
67036	Removal of inner eye fluid	J1		5492	Level 2 Intraocular Procedures	45.1150	
67039	Laser treatment of retina	J1		5492	Level 2 Intraocular Procedures	45.1150	
67040	Laser treatment of retina	J1		5492	Level 2 Intraocular Procedures	45.1150	
67041	Vit for macular pucker	J1		5492	Level 2 Intraocular Procedures	45.1150	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

67042	Vit for macular hole	J1		5492	Level 2 Intraocular Procedures	45.1150	
67043	Vit for membrane dissect	J1		5492	Level 2 Intraocular Procedures	45.1150	
67101	Repair detached retina crtx	J1		5491	Level 1 Intraocular Procedures	25.5776	
67105	Repair detached retina pc	T		5481	Laser Eye Procedures	6.1524	
67107	Repair detached retina	J1		5492	Level 2 Intraocular Procedures	45.1150	
67108	Repair detached retina	J1		5492	Level 2 Intraocular Procedures	45.1150	
67110	Repair detached retina	J1		5491	Level 1 Intraocular Procedures	25.5776	
67113	Repair retinal detach cplx	J1		5493	Level 3 Intraocular Procedures	57.8644	
67115	Release encircling material	J1		5492	Level 2 Intraocular Procedures	45.1150	
67120	Remove eye implant material	J1		5491	Level 1 Intraocular Procedures	25.5776	
67121	Remove eye implant material	J1		5491	Level 1 Intraocular Procedures	25.5776	
67141	Proph rta dtchmnt crtx dthrm	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67145	Proph rta dtchmnt pc	T		5481	Laser Eye Procedures	6.1524	
67208	Treatment of retinal lesion	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67210	Treatment of retinal lesion	T		5481	Laser Eye Procedures	6.1524	
67218	Treatment of retinal lesion	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67220	Treatment of choroid lesion	T		5481	Laser Eye Procedures	6.1524	
67221	Ocular photodynamic ther	T		5481	Laser Eye Procedures	6.1524	
67225	Eye photodynamic ther add-on	N					
67227	Dstrj extensive retinopathy	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67228	Treatment x10sv retinopathy	T		5481	Laser Eye Procedures	6.1524	
67229	Tr retinal les preterm inf	T		5481	Laser Eye Procedures	6.1524	
67250	Reinforce eye wall	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67255	Reinforce/graft eye wall	J1		5492	Level 2 Intraocular Procedures	45.1150	
67299	Unlisted px posterior segmnt	J1		5491	Level 1 Intraocular Procedures	25.5776	
67311	Revise eye muscle	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67312	Revise two eye muscles	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67314	Revise eye muscle	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67316	Revise two eye muscles	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67318	Revise eye muscle(s)	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67320	Revise eye muscle(s) add-on	N					
67331	Eye surgery follow-up add-on	N					
67332	Rerevise eye muscles add-on	N					
67334	Revise eye muscle w/suture	N					
67335	Eye suture during surgery	N					
67340	Revise eye muscle add-on	N					
67343	Release eye tissue	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67345	Destroy nerve of eye muscle	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67346	Biopsy eye muscle	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

67399	Unlisted px extraocular musc	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67400	Explore/biopsy eye socket	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67405	Explore/drain eye socket	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67412	Explore/treat eye socket	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67413	Explore/treat eye socket	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67414	Explr/decompress eye socket	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67415	Aspiration orbital contents	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67420	Explore/treat eye socket	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67430	Explore/treat eye socket	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67440	Explore/drain eye socket	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67445	Explr/decompress eye socket	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67450	Explore/biopsy eye socket	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67500	Inject/treat eye socket	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67505	Inject/treat eye socket	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67515	Inject/treat eye socket	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67516	Sprchoroidal spc njx rx agt	T		5694	Level 4 Drug Administration	3.7198	
67550	Insert eye socket implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67560	Revise eye socket implant	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67570	Decompress optic nerve	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67599	Unlisted procedure orbit	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67700	Drainage of eyelid abscess	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67710	Incision of eyelid	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
67715	Incision of eyelid fold	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67800	Remove eyelid lesion	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67801	Remove eyelid lesions	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
67805	Remove eyelid lesions	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67808	Remove eyelid lesion(s)	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67810	Biopsy eyelid & lid margin	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67820	Revise eyelashes	Q1		5734	Level 4 Minor Procedures	1.4456	
67825	Revise eyelashes	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67830	Revise eyelashes	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
67835	Revise eyelashes	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67840	Remove eyelid lesion	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
67850	Treat eyelid lesion	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
67875	Closure of eyelid by suture	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
67880	Revision of eyelid	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67882	Revision of eyelid	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67900	Repair brow defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67901	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

67902	Repair eyelid defect	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67903	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67904	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67906	Repair eyelid defect	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67908	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67909	Revise eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67911	Revise eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67912	Correction eyelid w/implant	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67914	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67915	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67916	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67917	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67921	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67922	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67923	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67924	Repair eyelid defect	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67930	Repair eyelid wound	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67935	Repair eyelid wound	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67938	Remove eyelid foreign body	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
67950	Revision of eyelid	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67961	Revision of eyelid	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67966	Revision of eyelid	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67971	Reconstruction of eyelid	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67973	Reconstruction of eyelid	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67974	Reconstruction of eyelid	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
67975	Reconstruction of eyelid	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
67999	Unlisted procedure eyelids	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68020	Incise/drain eyelid lining	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
68040	Treatment of eyelid lesions	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68100	Biopsy of eyelid lining	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68110	Remove eyelid lining lesion	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68115	Remove eyelid lining lesion	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68130	Remove eyelid lining lesion	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68135	Remove eyelid lining lesion	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68200	Treat eyelid by injection	Q1		5735	Level 5 Minor Procedures	4.4751	
68320	Revise/graft eyelid lining	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68325	Revise/graft eyelid lining	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68326	Revise/graft eyelid lining	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68328	Revise/graft eyelid lining	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

68330	Revise eyelid lining	J1		5491	Level 1 Intraocular Procedures	25.5776	
68335	Revise/graft eyelid lining	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68340	Separate eyelid adhesions	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68360	Revise eyelid lining	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68362	Revise eyelid lining	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68371	Harvest eye tissue alograft	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68399	Unlisted px conjunctiva	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68400	Incise/drain tear gland	T		5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	10.8618	
68420	Incise/drain tear sac	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68440	Incise tear duct opening	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68500	Removal of tear gland	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68505	Partial removal tear gland	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68510	Biopsy of tear gland	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68520	Removal of tear sac	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68525	Biopsy of tear sac	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68530	Clearance of tear duct	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68540	Remove tear gland lesion	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68550	Remove tear gland lesion	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68700	Repair tear ducts	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68705	Revise tear duct opening	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68720	Create tear sac drain	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68745	Create tear duct drain	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68750	Create tear duct drain	J1		5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	42.2905	
68760	Close tear duct opening	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68761	Close tear duct opening	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68770	Close tear system fistula	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68801	Dilate tear duct opening	Q1		5735	Level 5 Minor Procedures	4.4751	
68810	Probe nasolacrimal duct	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68811	Probe nasolacrimal duct	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68815	Probe nasolacrimal duct	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68816	Probe nl duct w/balloon	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68840	Explore/irrigate tear ducts	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
68841	Insj rx elut implt lac canal	Q1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
68850	Injection for tear sac x-ray	N					
68899	Unlisted px lacrimal system	T		5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	3.3524	
69000	Drain external ear lesion	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
69005	Drain external ear lesion	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
69020	Drain outer ear canal lesion	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
69090	Pierce earlobes	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

69100	Biopsy of external ear	T		5161	Level 1 ENT Procedures	2.6043	
69105	Biopsy of external ear canal	J1		5163	Level 3 ENT Procedures	16.6121	
69110	Remove external ear partial	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
69120	Removal of external ear	J1		5165	Level 5 ENT Procedures	66.3421	
69140	Remove ear canal lesion(s)	J1		5165	Level 5 ENT Procedures	66.3421	
69145	Remove ear canal lesion(s)	J1		5073	Level 3 Excision/ Biopsy/ Incision and Drainage	32.0969	
69150	Extensive ear canal surgery	J1		5165	Level 5 ENT Procedures	66.3421	
69155	Extensive ear/neck surgery	C					
69200	Clear outer ear canal	Q1		5734	Level 4 Minor Procedures	1.4456	
69205	Clear outer ear canal	J1		5072	Level 2 Excision/ Biopsy/ Incision and Drainage	18.1704	
69209	Remove impacted ear wax uni	Q1		5733	Level 3 Minor Procedures	0.6661	
69210	Remove impacted ear wax uni	Q1		5733	Level 3 Minor Procedures	0.6661	
69220	Clean out mastoid cavity	Q1		5051	Level 1 Skin Procedures	2.2284	
69222	Clean out mastoid cavity	T		5162	Level 2 ENT Procedures	5.7111	
69300	Revise external ear	J1		5164	Level 4 ENT Procedures	36.3699	
69310	Rebuild outer ear canal	J1		5165	Level 5 ENT Procedures	66.3421	
69320	Rebuild outer ear canal	J1		5165	Level 5 ENT Procedures	66.3421	
69399	Unlisted px external ear	T		5161	Level 1 ENT Procedures	2.6043	
69420	Incision of eardrum	T		5161	Level 1 ENT Procedures	2.6043	
69421	Incision of eardrum	J1		5164	Level 4 ENT Procedures	36.3699	
69424	Remove ventilating tube	Q2		5164	Level 4 ENT Procedures	36.3699	
69433	Create eardrum opening	T		5162	Level 2 ENT Procedures	5.7111	
69436	Create eardrum opening	J1		5163	Level 3 ENT Procedures	16.6121	
69440	Exploration of middle ear	J1		5164	Level 4 ENT Procedures	36.3699	
69450	Eardrum revision	J1		5164	Level 4 ENT Procedures	36.3699	
69501	Mastoidectomy	J1		5165	Level 5 ENT Procedures	66.3421	
69502	Mastoidectomy	J1		5165	Level 5 ENT Procedures	66.3421	
69505	Remove mastoid structures	J1		5165	Level 5 ENT Procedures	66.3421	
69511	Extensive mastoid surgery	J1		5165	Level 5 ENT Procedures	66.3421	
69530	Extensive mastoid surgery	J1		5165	Level 5 ENT Procedures	66.3421	
69535	Remove part of temporal bone	C					
69540	Remove ear lesion	J1		5163	Level 3 ENT Procedures	16.6121	
69550	Remove ear lesion	J1		5165	Level 5 ENT Procedures	66.3421	
69552	Remove ear lesion	J1		5165	Level 5 ENT Procedures	66.3421	
69554	Remove ear lesion	C					
69601	Mastoid surgery revision	J1		5165	Level 5 ENT Procedures	66.3421	
69602	Mastoid surgery revision	J1		5165	Level 5 ENT Procedures	66.3421	
69603	Mastoid surgery revision	J1		5165	Level 5 ENT Procedures	66.3421	
69604	Mastoid surgery revision	J1		5165	Level 5 ENT Procedures	66.3421	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

69610	Repair of eardrum	J1		5163	Level 3 ENT Procedures	16.6121	
69620	Repair of eardrum	J1		5164	Level 4 ENT Procedures	36.3699	
69631	Repair eardrum structures	J1		5165	Level 5 ENT Procedures	66.3421	
69632	Rebuild eardrum structures	J1		5165	Level 5 ENT Procedures	66.3421	
69633	Rebuild eardrum structures	J1		5165	Level 5 ENT Procedures	66.3421	
69635	Repair eardrum structures	J1		5165	Level 5 ENT Procedures	66.3421	
69636	Rebuild eardrum structures	J1		5165	Level 5 ENT Procedures	66.3421	
69637	Rebuild eardrum structures	J1		5165	Level 5 ENT Procedures	66.3421	
69641	Revise middle ear & mastoid	J1		5165	Level 5 ENT Procedures	66.3421	
69642	Revise middle ear & mastoid	J1		5165	Level 5 ENT Procedures	66.3421	
69643	Revise middle ear & mastoid	J1		5165	Level 5 ENT Procedures	66.3421	
69644	Revise middle ear & mastoid	J1		5165	Level 5 ENT Procedures	66.3421	
69645	Revise middle ear & mastoid	J1		5165	Level 5 ENT Procedures	66.3421	
69646	Revise middle ear & mastoid	J1		5165	Level 5 ENT Procedures	66.3421	
69650	Release middle ear bone	J1		5164	Level 4 ENT Procedures	36.3699	
69660	Revise middle ear bone	J1		5165	Level 5 ENT Procedures	66.3421	
69661	Revise middle ear bone	J1		5165	Level 5 ENT Procedures	66.3421	
69662	Revise middle ear bone	J1		5165	Level 5 ENT Procedures	66.3421	
69666	Repair middle ear structures	J1		5164	Level 4 ENT Procedures	36.3699	
69667	Repair middle ear structures	J1		5164	Level 4 ENT Procedures	36.3699	
69670	Remove mastoid air cells	J1		5165	Level 5 ENT Procedures	66.3421	
69676	Remove middle ear nerve	J1		5164	Level 4 ENT Procedures	36.3699	
69700	Close mastoid fistula	J1		5163	Level 3 ENT Procedures	16.6121	
69705	Nps surg dilat eust tube uni	J1		5165	Level 5 ENT Procedures	66.3421	
69706	Nps surg dilat eust tube bi	J1		5165	Level 5 ENT Procedures	66.3421	
69710	Implant/replace hearing aid	E1					
69711	Remove/repair hearing aid	J1		5164	Level 4 ENT Procedures	36.3699	
69714	Impl oi implt skull perq esp	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
69716	Impl oi implt sk tc esp<100	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
69717	Rplcmt oi implt skl prq esp	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
69719	Rplcm oi implt sk tc esp<100	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
69720	Release facial nerve	J1		5165	Level 5 ENT Procedures	66.3421	
69725	Release facial nerve	J1		5165	Level 5 ENT Procedures	66.3421	
69726	Rmv ntr oi implt skl prq esp	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
69727	Rmv ntr oi imp sk tc esp<100	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
69728	Rmv ntr oi imp sktc esp>=100	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
69729	Impl oi implt sk tc esp>=100	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
69730	Rplc oi implt sk tc esp>=100	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
69740	Repair facial nerve	J1		5165	Level 5 ENT Procedures	66.3421	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

69745	Repair facial nerve	J1		5165	Level 5 ENT Procedures	66.3421	
69799	Unlisted px middle ear	T		5161	Level 1 ENT Procedures	2.6043	
69801	Incise inner ear	J1		5163	Level 3 ENT Procedures	16.6121	
69805	Explore inner ear	J1		5165	Level 5 ENT Procedures	66.3421	
69806	Explore inner ear	J1		5165	Level 5 ENT Procedures	66.3421	
69905	Remove inner ear	J1		5165	Level 5 ENT Procedures	66.3421	
69910	Remove inner ear & mastoid	J1		5165	Level 5 ENT Procedures	66.3421	
69915	Incise inner ear nerve	J1		5164	Level 4 ENT Procedures	36.3699	
69930	Implant cochlear device	J1		5166	Cochlear Implant Procedure	356.7139	
69949	Unlisted px inner ear	T		5161	Level 1 ENT Procedures	2.6043	
69950	Incise inner ear nerve	C					
69955	Release facial nerve	J1		5165	Level 5 ENT Procedures	66.3421	
69960	Release inner ear canal	J1		5165	Level 5 ENT Procedures	66.3421	
69970	Remove inner ear lesion	J1		5165	Level 5 ENT Procedures	66.3421	
69979	Unlisted px temporal bone	T		5161	Level 1 ENT Procedures	2.6043	
69990	Microsurgery add-on	N					
70010	Contrast x-ray of brain	Q2		5572	Level 2 Imaging with Contrast	4.0051	
70015	Contrast x-ray of brain	Q2		5573	Level 3 Imaging with Contrast	8.8602	
70030	X-ray eye for foreign body	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70100	X-ray exam of jaw <4views	Q1		5521	Level 1 Imaging without Contrast	0.9874	
7010F	Pt info into recall system	M					
70110	X-ray exam of jaw 4/> views	Q1		5522	Level 2 Imaging without Contrast	1.1926	
70120	X-ray exam of mastoids	Q1		5522	Level 2 Imaging without Contrast	1.1926	
70130	X-ray exam of mastoids	Q1		5522	Level 2 Imaging without Contrast	1.1926	
70134	X-ray exam of middle ear	Q1		5524	Level 4 Imaging without Contrast	6.1490	
70140	X-ray exam of facial bones	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70150	X-ray exam of facial bones	Q1		5522	Level 2 Imaging without Contrast	1.1926	
70160	X-ray exam of nasal bones	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70170	X-ray exam of tear duct	Q2		5523	Level 3 Imaging without Contrast	2.7108	
70190	X-ray exam of eye sockets	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70200	X-ray exam of eye sockets	Q1		5522	Level 2 Imaging without Contrast	1.1926	
7020F	Mammo assess cat in dbase	E1					
70210	X-ray exam of sinuses	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70220	X-ray exam of sinuses	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70240	X-ray exam pituitary saddle	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70250	X-ray exam of skull	Q1		5522	Level 2 Imaging without Contrast	1.1926	
7025F	Pt infosys alarm 4 nxt mammo	E1					
70260	X-ray exam of skull	Q1		5522	Level 2 Imaging without Contrast	1.1926	
70300	X-ray exam of teeth	Q1		5521	Level 1 Imaging without Contrast	0.9874	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

70310	X-ray exam of teeth	Q1		5523	Level 3 Imaging without Contrast	2.7108	
70320	Full mouth x-ray of teeth	Q1		5523	Level 3 Imaging without Contrast	2.7108	
70328	X-ray exam of jaw joint	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70330	X-ray exam of jaw joints	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70332	X-ray exam of jaw joint	Q2		5523	Level 3 Imaging without Contrast	2.7108	
70336	Magnetic image jaw joint	Q3		5523	Level 3 Imaging without Contrast	2.7108	
70350	X-ray head for orthodontia	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70355	Panoramic x-ray of jaws	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70360	X-ray exam of neck	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70370	Throat x-ray & fluoroscopy	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70371	Speech evaluation complex	Q1		5523	Level 3 Imaging without Contrast	2.7108	
70380	X-ray exam of salivary gland	Q1		5521	Level 1 Imaging without Contrast	0.9874	
70390	X-ray exam of salivary duct	Q2		5523	Level 3 Imaging without Contrast	2.7108	
70450	Ct head/brain w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
70460	Ct head/brain w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70470	Ct head/brain w/o & w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70480	Ct orbit/ear/fossa w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
70481	Ct orbit/ear/fossa w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70482	Ct orbit/ear/fossa w/o&w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70486	Ct maxillofacial w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
70487	Ct maxillofacial w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70488	Ct maxillofacial w/o & w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70490	Ct soft tissue neck w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
70491	Ct soft tissue neck w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70492	Ct sft tsue nck w/o & w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70496	Ct angiography head	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70498	Ct angiography neck	Q3		5571	Level 1 Imaging with Contrast	1.9964	
70540	Mri orbit/face/neck w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
70542	Mri orbit/face/neck w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
70543	Mri orbit/fac/nck w/o &w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
70544	Mr angiography head w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
70545	Mr angiography head w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
70546	Mr angiograph head w/o&w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
70547	Mr angiography neck w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
70548	Mr angiography neck w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
70549	Mr angiograph neck w/o&w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
70551	Mri brain stem w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
70552	Mri brain stem w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
70553	Mri brain stem w/o & w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

70554	Fmri brain by tech	Q3		5523	Level 3 Imaging without Contrast	2.7108	
70555	Fmri brain by phys/psych	S		5523	Level 3 Imaging without Contrast	2.7108	
70557	Mri brain w/o dye	S		5524	Level 4 Imaging without Contrast	6.1490	
70558	Mri brain w/dye	S		5571	Level 1 Imaging with Contrast	1.9964	
70559	Mri brain w/o & w/dye	S		5571	Level 1 Imaging with Contrast	1.9964	
71045	X-ray exam chest 1 view	Q3		5521	Level 1 Imaging without Contrast	0.9874	
71046	X-ray exam chest 2 views	Q3		5521	Level 1 Imaging without Contrast	0.9874	
71047	X-ray exam chest 3 views	Q1		5521	Level 1 Imaging without Contrast	0.9874	
71048	X-ray exam chest 4+ views	Q1		5522	Level 2 Imaging without Contrast	1.1926	
71100	X-ray exam ribs uni 2 views	Q1		5521	Level 1 Imaging without Contrast	0.9874	
71101	X-ray exam unilat ribs/chest	Q1		5522	Level 2 Imaging without Contrast	1.1926	
71110	X-ray exam ribs bil 3 views	Q1		5522	Level 2 Imaging without Contrast	1.1926	
71111	X-ray exam ribs/chest4/> vws	Q1		5522	Level 2 Imaging without Contrast	1.1926	
71120	X-ray exam breastbone 2/>vws	Q1		5521	Level 1 Imaging without Contrast	0.9874	
71130	X-ray strenoclavic jt 3/>vws	Q1		5521	Level 1 Imaging without Contrast	0.9874	
71250	Ct thorax dx c-	Q3		5522	Level 2 Imaging without Contrast	1.1926	
71260	Ct thorax dx c+	Q3		5571	Level 1 Imaging with Contrast	1.9964	
71270	Ct thorax dx c-/c+	Q3		5571	Level 1 Imaging with Contrast	1.9964	
71271	Ct thorax lung cancer scr c-	S		5522	Level 2 Imaging without Contrast	1.1926	
71275	Ct angiography chest	Q3		5571	Level 1 Imaging with Contrast	1.9964	
71550	Mri chest w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
71551	Mri chest w/dye	Q3		5573	Level 3 Imaging with Contrast	8.8602	
71552	Mri chest w/o & w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
71555	Mri angio chest w or w/o dye	B					
72020	X-ray exam of spine 1 view	Q1		5521	Level 1 Imaging without Contrast	0.9874	
72040	X-ray exam neck spine 2-3 vw	Q1		5521	Level 1 Imaging without Contrast	0.9874	
72050	X-ray exam neck spine 4/5vws	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72052	X-ray exam neck spine 6/>vws	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72070	X-ray exam thorac spine 2vws	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72072	X-ray exam thorac spine 3vws	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72074	X-ray exam thorac spine4/>vw	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72080	X-ray exam thoracolmb 2/> vw	Q1		5521	Level 1 Imaging without Contrast	0.9874	
72081	X-ray exam entire spi 1 vw	Q1		5521	Level 1 Imaging without Contrast	0.9874	
72082	X-ray exam entire spi 2/3 vw	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72083	X-ray exam entire spi 4/5 vw	S		5522	Level 2 Imaging without Contrast	1.1926	
72084	X-ray exam entire spi 6/> vw	S		5522	Level 2 Imaging without Contrast	1.1926	
72100	X-ray exam l-s spine 2/3 vws	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72110	X-ray exam l-2 spine 4/>vws	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72114	X-ray exam l-s spine bending	Q1		5522	Level 2 Imaging without Contrast	1.1926	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

72120	X-ray bend only l-s spine	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72125	Ct neck spine w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
72126	Ct neck spine w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72127	Ct neck spine w/o & w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
72128	Ct chest spine w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
72129	Ct chest spine w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
72130	Ct chest spine w/o & w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
72131	Ct lumbar spine w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
72132	Ct lumbar spine w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72133	Ct lumbar spine w/o & w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
72141	Mri neck spine w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
72142	Mri neck spine w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72146	Mri chest spine w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
72147	Mri chest spine w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72148	Mri lumbar spine w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
72149	Mri lumbar spine w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72156	Mri neck spine w/o & w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72157	Mri chest spine w/o & w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72158	Mri lumbar spine w/o & w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72159	Mr angio spine w/o&w/dye	B					
72170	X-ray exam of pelvis	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72190	X-ray exam of pelvis	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72191	Ct angiograph pelv w/o&w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
72192	Ct pelvis w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
72193	Ct pelvis w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
72194	Ct pelvis w/o & w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
72195	Mri pelvis w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
72196	Mri pelvis w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72197	Mri pelvis w/o & w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
72198	Mr angio pelvis w/o & w/dye	B					
72200	X-ray exam si joints	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72202	X-ray exam si joints 3/> vws	Q1		5522	Level 2 Imaging without Contrast	1.1926	
72220	X-ray exam sacrum tailbone	Q1		5521	Level 1 Imaging without Contrast	0.9874	
72240	Myelography neck spine	Q2		5573	Level 3 Imaging with Contrast	8.8602	
72255	Myelography thoracic spine	Q2		5573	Level 3 Imaging with Contrast	8.8602	
72265	Myelography l-s spine	Q2		5573	Level 3 Imaging with Contrast	8.8602	
72270	Myelography 2/> spine regions	Q2		5573	Level 3 Imaging with Contrast	8.8602	
72285	Discography cerv/thor spine	Q2		5431	Level 1 Nerve Procedures	21.8997	
72295	X-ray of lower spine disk	Q2		5431	Level 1 Nerve Procedures	21.8997	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

73000	X-ray exam of collar bone	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73010	X-ray exam of shoulder blade	Q1		5522	Level 2 Imaging without Contrast	1.1926	
73020	X-ray exam of shoulder	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73030	X-ray exam of shoulder	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73040	Contrast x-ray of shoulder	Q2		5572	Level 2 Imaging with Contrast	4.0051	
73050	X-ray exam of shoulders	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73060	X-ray exam of humerus	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73070	X-ray exam of elbow	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73080	X-ray exam of elbow	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73085	Contrast x-ray of elbow	Q2		5572	Level 2 Imaging with Contrast	4.0051	
73090	X-ray exam of forearm	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73092	X-ray exam of arm infant	Q1		5522	Level 2 Imaging without Contrast	1.1926	
73100	X-ray exam of wrist	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73110	X-ray exam of wrist	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73115	Contrast x-ray of wrist	Q2		5572	Level 2 Imaging with Contrast	4.0051	
73120	X-ray exam of hand	Q1		5522	Level 2 Imaging without Contrast	1.1926	
73130	X-ray exam of hand	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73140	X-ray exam of finger(s)	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73200	Ct upper extremity w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
73201	Ct upper extremity w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
73202	Ct uppr extremity w/o&w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
73206	Ct angio upr extrm w/o&w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
73218	Mri upper extremity w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
73219	Mri upper extremity w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
73220	Mri uppr extremity w/o&w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
73221	Mri joint upr extrem w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
73222	Mri joint upr extrem w/dye	Q3		5573	Level 3 Imaging with Contrast	8.8602	
73223	Mri joint upr extr w/o&w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
73225	Mr angio upr extr w/o&w/dye	B					
73501	X-ray exam hip uni 1 view	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73502	X-ray exam hip uni 2-3 views	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73503	X-ray exam hip uni 4/> views	Q1		5522	Level 2 Imaging without Contrast	1.1926	
73521	X-ray exam hips bi 2 views	Q1		5522	Level 2 Imaging without Contrast	1.1926	
73522	X-ray exam hips bi 3-4 views	Q1		5522	Level 2 Imaging without Contrast	1.1926	
73523	X-ray exam hips bi 5/> views	S		5522	Level 2 Imaging without Contrast	1.1926	
73525	Contrast x-ray of hip	Q2		5572	Level 2 Imaging with Contrast	4.0051	
73551	X-ray exam of femur 1	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73552	X-ray exam of femur 2/>	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73560	X-ray exam of knee 1 or 2	Q1		5521	Level 1 Imaging without Contrast	0.9874	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

73562	X-ray exam of knee 3	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73564	X-ray exam knee 4 or more	Q1		5522	Level 2 Imaging without Contrast	1.1926	
73565	X-ray exam of knees	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73580	Contrast x-ray of knee joint	Q2		5572	Level 2 Imaging with Contrast	4.0051	
73590	X-ray exam of lower leg	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73592	X-ray exam of leg infant	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73600	X-ray exam of ankle	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73610	X-ray exam of ankle	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73615	Contrast x-ray of ankle	Q2		5572	Level 2 Imaging with Contrast	4.0051	
73620	X-ray exam of foot	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73630	X-ray exam of foot	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73650	X-ray exam of heel	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73660	X-ray exam of toe(s)	Q1		5521	Level 1 Imaging without Contrast	0.9874	
73700	Ct lower extremity w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
73701	Ct lower extremity w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
73702	Ct lwr extremity w/o&w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
73706	Ct angio lwr extr w/o&w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
73718	Mri lower extremity w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
73719	Mri lower extremity w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
73720	Mri lwr extremity w/o&w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
73721	Mri jnt of lwr extre w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
73722	Mri joint of lwr extr w/dye	Q3		5573	Level 3 Imaging with Contrast	8.8602	
73723	Mri joint lwr extr w/o&w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
73725	Mr ang lwr ext w or w/o dye	B					
74018	X-ray exam abdomen 1 view	Q1		5521	Level 1 Imaging without Contrast	0.9874	
74019	X-ray exam abdomen 2 views	Q1		5522	Level 2 Imaging without Contrast	1.1926	
74021	X-ray exam abdomen 3+ views	Q1		5522	Level 2 Imaging without Contrast	1.1926	
74022	X-ray exam complete abdomen	Q1		5522	Level 2 Imaging without Contrast	1.1926	
74150	Ct abdomen w/o dye	Q3		5522	Level 2 Imaging without Contrast	1.1926	
74160	Ct abdomen w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
74170	Ct abdomen w/o & w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
74174	Ct angio abd&pelv w/o&w/dye	S		5572	Level 2 Imaging with Contrast	4.0051	
74175	Ct angio abdom w/o & w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
74176	Ct abd & pelvis w/o contrast	Q3		5523	Level 3 Imaging without Contrast	2.7108	
74177	Ct abd & pelv w/contrast	Q3		5572	Level 2 Imaging with Contrast	4.0051	
74178	Ct abd & pelv 1/> regns	Q3		5572	Level 2 Imaging with Contrast	4.0051	
74181	Mri abdomen w/o dye	Q3		5523	Level 3 Imaging without Contrast	2.7108	
74182	Mri abdomen w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
74183	Mri abdomen w/o & w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

74185	Mri angio abdom w orw/o dye	B					
74190	X-ray exam of peritoneum	Q2		5524	Level 4 Imaging without Contrast	6.1490	
74210	X-ray xm phrnx&/crv esoph c+	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74220	X-ray xm esophagus 1cntrst	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74221	X-ray xm esophagus 2cntrst	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74230	X-ray xm swing funcj c+	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74235	Remove esophagus obstruction	N					
74240	X-ray xm upr gi trc 1cntrst	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74246	X-ray xm upr gi trc 2cntrst	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74248	X-ray sm int f-thru std	N					
74250	X-ray xm sm int 1cntrst std	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74251	X-ray xm sm int 2cntrst std	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74261	Ct colonography dx	Q3		5522	Level 2 Imaging without Contrast	1.1926	
74262	Ct colonography dx w/dye	Q3		5571	Level 1 Imaging with Contrast	1.9964	
74263	Ct colonography screening	S		5523	Level 3 Imaging without Contrast	2.7108	
74270	X-ray xm colon 1cntrst std	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74280	X-ray xm colon 2cntrst std	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74283	Ther nma rdctj intus/obstrcj	S		5571	Level 1 Imaging with Contrast	1.9964	
74290	Contrast x-ray gallbladder	Q1		5571	Level 1 Imaging with Contrast	1.9964	
74300	X-ray bile ducts/pancreas	N					
74301	X-rays at surgery add-on	N					
74328	X-ray bile duct endoscopy	N					
74329	X-ray for pancreas endoscopy	N					
74330	X-ray bile/panc endoscopy	N					
74340	X-ray guide for gi tube	N					
74355	X-ray guide intestinal tube	N					
74360	X-ray guide gi dilation	N					
74363	X-ray bile duct dilation	N					
74400	Urography iv +-kub tomog	S		5571	Level 1 Imaging with Contrast	1.9964	
74410	Urography nfs drip&/bolus	S		5571	Level 1 Imaging with Contrast	1.9964	
74415	Urography nfs drip&/bls w/nf	S		5571	Level 1 Imaging with Contrast	1.9964	
74420	Urography rtgr +-kub	S		5572	Level 2 Imaging with Contrast	4.0051	
74425	Urography antegrade rs&i	Q2		5572	Level 2 Imaging with Contrast	4.0051	
74430	Contrast x-ray bladder	Q2		5572	Level 2 Imaging with Contrast	4.0051	
74440	X-ray male genital tract	Q2		5523	Level 3 Imaging without Contrast	2.7108	
74445	X-ray exam of penis	Q2		5522	Level 2 Imaging without Contrast	1.1926	
74450	X-ray urethra/bladder	Q2		5523	Level 3 Imaging without Contrast	2.7108	
74455	X-ray urethra/bladder	Q2		5523	Level 3 Imaging without Contrast	2.7108	
74470	X-ray exam of kidney lesion	Q2		5524	Level 4 Imaging without Contrast	6.1490	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

74485	Dilation utrtr/urt rs&i	Q2		5373	Level 3 Urology and Related Services	22.9733	
74712	Mri fetal sngl/1st gestation	S		5523	Level 3 Imaging without Contrast	2.7108	
74713	Mri fetal ea addl gestation	N					
74740	X-ray female genital tract	Q2		5523	Level 3 Imaging without Contrast	2.7108	
74742	X-ray fallopian tube	N					
74775	X-ray exam of perineum	S		5523	Level 3 Imaging without Contrast	2.7108	
75557	Cardiac mri for morph	Q3		5523	Level 3 Imaging without Contrast	2.7108	
75559	Cardiac mri w/stress img	Q3		5524	Level 4 Imaging without Contrast	6.1490	
75561	Cardiac mri for morph w/dye	Q3		5572	Level 2 Imaging with Contrast	4.0051	
75563	Card mri w/stress img & dye	Q3		5573	Level 3 Imaging with Contrast	8.8602	
75565	Card mri veloc flow mapping	N					
75571	Ct hrt w/o dye w/ca test	Q1		5521	Level 1 Imaging without Contrast	0.9874	
75572	Ct hrt w/3d image	S		5572	Level 2 Imaging with Contrast	4.0051	
75573	Ct hrt c+ strux cgen hrt ds	S		5572	Level 2 Imaging with Contrast	4.0051	
75574	Ct angio hrt w/3d image	S		5572	Level 2 Imaging with Contrast	4.0051	
75580	N-invas est c ffr sw aly cta	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
75600	Contrast exam thoracic aorta	Q2		5183	Level 3 Vascular Procedures	35.2981	
75605	Contrast exam thoracic aorta	Q2		5184	Level 4 Vascular Procedures	60.6231	
75625	Contrast exam abdominl aorta	Q2		5183	Level 3 Vascular Procedures	35.2981	
75630	X-ray aorta leg arteries	Q2		5183	Level 3 Vascular Procedures	35.2981	
75635	Ct angio abdominal arteries	Q2		5571	Level 1 Imaging with Contrast	1.9964	
75705	Artery x-rays spine	Q2		5184	Level 4 Vascular Procedures	60.6231	
75710	Artery x-rays arm/leg	Q2		5183	Level 3 Vascular Procedures	35.2981	
75716	Artery x-rays arms/legs	Q2		5183	Level 3 Vascular Procedures	35.2981	
75726	Artery x-rays abdomen	Q2		5184	Level 4 Vascular Procedures	60.6231	
75731	Artery x-rays adrenal gland	J1		5183	Level 3 Vascular Procedures	35.2981	
75733	Artery x-rays adrenals	Q2		5183	Level 3 Vascular Procedures	35.2981	
75736	Artery x-rays pelvis	Q2		5184	Level 4 Vascular Procedures	60.6231	
75741	Artery x-rays lung	Q2		5183	Level 3 Vascular Procedures	35.2981	
75743	Artery x-rays lungs	Q2		5183	Level 3 Vascular Procedures	35.2981	
75746	Artery x-rays lung	J1		5183	Level 3 Vascular Procedures	35.2981	
75756	Artery x-rays chest	Q2		5183	Level 3 Vascular Procedures	35.2981	
75774	Artery x-ray each vessel	N					
75801	Lymph vessel x-ray arm/leg	Q2		5181	Level 1 Vascular Procedures	6.9336	
75803	Lymph vessel x-ray arms/legs	J1		5182	Level 2 Vascular Procedures	17.4213	
75805	Lymph vessel x-ray trunk	J1		5183	Level 3 Vascular Procedures	35.2981	
75807	Lymph vessel x-ray trunk	Q2		5183	Level 3 Vascular Procedures	35.2981	
75809	Nonvascular shunt x-ray	Q2		5522	Level 2 Imaging without Contrast	1.1926	
75810	Vein x-ray spleen/liver	J1		5183	Level 3 Vascular Procedures	35.2981	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

75820	Vein x-ray arm/leg	Q2		5182	Level 2 Vascular Procedures	17.4213	
75822	Vein x-ray arms/legs	J1		5182	Level 2 Vascular Procedures	17.4213	
75825	Vein x-ray trunk	Q2		5183	Level 3 Vascular Procedures	35.2981	
75827	Vein x-ray chest	Q2		5182	Level 2 Vascular Procedures	17.4213	
75831	Vein x-ray kidney	Q2		5183	Level 3 Vascular Procedures	35.2981	
75833	Vein x-ray kidneys	Q2		5183	Level 3 Vascular Procedures	35.2981	
75840	Vein x-ray adrenal gland	Q2		5183	Level 3 Vascular Procedures	35.2981	
75842	Vein x-ray adrenal glands	Q2		5184	Level 4 Vascular Procedures	60.6231	
75860	Vein x-ray neck	Q2		5183	Level 3 Vascular Procedures	35.2981	
75870	Vein x-ray skull	J1		5183	Level 3 Vascular Procedures	35.2981	
75872	Vein x-ray skull epidural	Q2		5181	Level 1 Vascular Procedures	6.9336	
75880	Vein x-ray eye socket	Q2		5181	Level 1 Vascular Procedures	6.9336	
75885	Vein x-ray liver w/hemodynam	Q2		5183	Level 3 Vascular Procedures	35.2981	
75887	Vein x-ray liver w/o hemodyn	J1		5183	Level 3 Vascular Procedures	35.2981	
75889	Vein x-ray liver w/hemodynam	Q2		5183	Level 3 Vascular Procedures	35.2981	
75891	Vein x-ray liver	Q2		5183	Level 3 Vascular Procedures	35.2981	
75893	Venous sampling by catheter	Q2		5184	Level 4 Vascular Procedures	60.6231	
75894	X-rays transcath therapy	N					
75898	Follow-up angiography	J1		5183	Level 3 Vascular Procedures	35.2981	
75901	Remove cva device obstruct	N					
75902	Remove cva lumen obstruct	N					
75956	Xray endovasc thor ao repr	C					
75957	Xray endovasc thor ao repr	C					
75958	Xray place prox ext thor ao	C					
75959	Xray place dist ext thor ao	C					
75970	Vascular biopsy	N					
75984	Xray control catheter change	N					
75989	Abscess drainage under x-ray	N					
76000	Fluoroscopy <1 hr phys/qhp	S		5523	Level 3 Imaging without Contrast	2.7108	
76010	X-ray nose to rectum	Q1		5521	Level 1 Imaging without Contrast	0.9874	
76014	Mr sfty implt&/fb asmt stf 1	S		5731	Level 1 Minor Procedures	0.2747	
76015	Mr sfty mplt&/fb asmt stf ea	N					
76016	Mr safety deter phys/qhp	S		5521	Level 1 Imaging without Contrast	0.9874	
76017	Mr sfty med physics xm cstmz	S		5523	Level 3 Imaging without Contrast	2.7108	
76018	Mr safety implant elec prepj	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
76019	Mr safety implt pos&/immoblj	S		5733	Level 3 Minor Procedures	0.6661	
76080	X-ray exam of fistula	Q2		5524	Level 4 Imaging without Contrast	6.1490	
76098	X-ray exam surgical specimen	Q2		5524	Level 4 Imaging without Contrast	6.1490	
76100	X-ray exam of body section	Q1		5522	Level 2 Imaging without Contrast	1.1926	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

76120	Cine/video x-rays	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76125	Cine/video x-rays add-on	N					
76140	X-ray consultation	E1					
76145	Med physic dos eval rad exps	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
76376	3d render w/intrp postproces	N					
76377	3d render w/intrp postproces	N					
76380	Cat scan follow-up study	Q1		5521	Level 1 Imaging without Contrast	0.9874	
76390	Mr spectroscopy	S		5521	Level 1 Imaging without Contrast	0.9874	
76391	Mr elastography	Q3		5523	Level 3 Imaging without Contrast	2.7108	
76496	Unlisted fluoroscopic px	Q1		5521	Level 1 Imaging without Contrast	0.9874	
76497	Unlisted ct procedure	Q1		5521	Level 1 Imaging without Contrast	0.9874	
76498	Unlisted mr procedure	S		5521	Level 1 Imaging without Contrast	0.9874	
76499	Unlisted dx radiographic px	Q1		5521	Level 1 Imaging without Contrast	0.9874	
76506	Echo exam of head	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76510	Oph us dx b-scan&quan a-scan	Q1		5734	Level 4 Minor Procedures	1.4456	
76511	Oph us dx quan a-scan only	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76512	Oph us dx b-scan	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76513	Oph us dx ant sgm us uni/bi	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76514	Echo exam of eye thickness	Q1		5731	Level 1 Minor Procedures	0.2747	
76516	Echo exam of eye	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76519	Echo exam of eye	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76529	Echo exam of eye	Q1		5521	Level 1 Imaging without Contrast	0.9874	
76536	Us exam of head and neck	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76604	Us exam chest	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76641	Ultrasound breast complete	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76642	Ultrasound breast limited	Q1		5521	Level 1 Imaging without Contrast	0.9874	
76700	Us exam abdom complete	Q3		5522	Level 2 Imaging without Contrast	1.1926	
76705	Echo exam of abdomen	Q3		5522	Level 2 Imaging without Contrast	1.1926	
76706	Us abdl aorta screen aaa	S		5522	Level 2 Imaging without Contrast	1.1926	
76770	Us exam abdo back wall comp	Q3		5522	Level 2 Imaging without Contrast	1.1926	
76775	Us exam abdo back wall lim	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76776	Us exam k transpl w/doppler	Q3		5522	Level 2 Imaging without Contrast	1.1926	
76800	Us exam spinal canal	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76801	Ob us < 14 wks single fetus	S		5522	Level 2 Imaging without Contrast	1.1926	
76802	Ob us < 14 wks addl fetus	N					
76805	Ob us >= 14 wks snl fetus	S		5522	Level 2 Imaging without Contrast	1.1926	
76810	Ob us >= 14 wks addl fetus	N					
76811	Ob us detailed snl fetus	S		5523	Level 3 Imaging without Contrast	2.7108	
76812	Ob us detailed addl fetus	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

76813	Ob us nuchal meas 1 gest	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76814	Ob us nuchal meas add-on	N					
76815	Ob us limited fetus(s)	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76816	Ob us follow-up per fetus	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76817	Transvaginal us obstetric	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76818	Fetal biophys profile w/nst	S		5522	Level 2 Imaging without Contrast	1.1926	
76819	Fetal biophys profil w/o nst	S		5522	Level 2 Imaging without Contrast	1.1926	
76820	Umbilical artery echo	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76821	Middle cerebral artery echo	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76825	Echo exam of fetal heart	S		5524	Level 4 Imaging without Contrast	6.1490	
76826	Echo exam of fetal heart	S		5523	Level 3 Imaging without Contrast	2.7108	
76827	Echo exam of fetal heart	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76828	Echo exam of fetal heart	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76830	Transvaginal us non-ob	S		5522	Level 2 Imaging without Contrast	1.1926	
76831	Echo exam uterus	Q3		5523	Level 3 Imaging without Contrast	2.7108	
76856	Us exam pelvic complete	Q3		5522	Level 2 Imaging without Contrast	1.1926	
76857	Us exam pelvic limited	Q3		5522	Level 2 Imaging without Contrast	1.1926	
76870	Us exam scrotum	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76872	Us transrectal	S		5522	Level 2 Imaging without Contrast	1.1926	
76873	Echograp trans r pros study	S		5522	Level 2 Imaging without Contrast	1.1926	
76881	Us compl joint r-t w/img	S		5522	Level 2 Imaging without Contrast	1.1926	
76882	Us lmted jt/fcl evl nvasc xtr	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76883	Us nrvt&acc strux 1xtr compre	Q1		5522	Level 2 Imaging without Contrast	1.1926	
76885	Us exam infant hips dynamic	Q1		5521	Level 1 Imaging without Contrast	0.9874	
76886	Us exam infant hips static	Q1		5521	Level 1 Imaging without Contrast	0.9874	
76932	Echo guide for heart biopsy	N					
76936	Echo guide for artery repair	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
76937	Us guide vascular access	N					
76940	Us guide tissue ablation	N					
76941	Echo guide for transfusion	N					
76942	Echo guide for biopsy	N					
76945	Echo guide villus sampling	N					
76946	Echo guide for amniocentesis	N					
76948	Echo guide ova aspiration	N					
76965	Echo guidance radiotherapy	N					
76975	Gi endoscopic ultrasound	Q2		5523	Level 3 Imaging without Contrast	2.7108	
76977	Us bone density measure	S		5522	Level 2 Imaging without Contrast	1.1926	
76978	Us trgt dyn mbubb 1st les	S		5571	Level 1 Imaging with Contrast	1.9964	
76979	Us trgt dyn mbubb ea addl	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

76981	Use parenchyma	Q3		5522	Level 2 Imaging without Contrast	1.1926	
76982	Use 1st target lesion	Q3		5522	Level 2 Imaging without Contrast	1.1926	
76983	Use ea addl target lesion	N					
76984	Dx intraop thoracic aorta us	C					
76987	Dx intraop epicar car us chd	C					
76988	Dx ntrop epcr us chd img acq	C					
76989	Dx intraop epcar us chd i&r	C					
76998	Us guide intraop	N					
76999	Echo examination procedure	Q1		5521	Level 1 Imaging without Contrast	0.9874	
77001	Fluoroguide for vein device	N					
77002	Needle localization by xray	N					
77003	Fluoroguide for spine inject	N					
77011	Ct scan for localization	N					
77012	Ct scan for needle biopsy	N					
77013	Ct guide for tissue ablation	N					
77014	Ct scan for therapy guide	N					
77021	Mri guidance ndl plmt rs&i	N					
77022	Mri gdn parnchyma tiss abltj	N					
77046	Mri breast c- unilateral	Q3		5523	Level 3 Imaging without Contrast	2.7108	
77047	Mri breast c- bilateral	Q3		5523	Level 3 Imaging without Contrast	2.7108	
77048	Mri breast c-+ w/cad uni	B	A				\$327.58
77049	Mri breast c-+ w/cad bi	B	A				\$333.53
77053	X-ray of mammary duct	Q2		5523	Level 3 Imaging without Contrast	2.7108	
77054	X-ray of mammary ducts	Q2		5523	Level 3 Imaging without Contrast	2.7108	
77061	Breast tomosynthesis uni	E1	A				PCT CHG
77062	Breast tomosynthesis bi	E1	A				PCT CHG
77063	Breast tomosynthesis bi	A					\$50.18
77065	Dx mammo incl cad uni	A					\$113.12
77066	Dx mammo incl cad bi	A					\$143.08
77067	Scr mammo bi incl cad	A					\$115.55
77071	X-ray stress view	Q1		5521	Level 1 Imaging without Contrast	0.9874	
77072	X-rays for bone age	Q1		5522	Level 2 Imaging without Contrast	1.1926	
77073	X-rays bone length studies	Q1		5522	Level 2 Imaging without Contrast	1.1926	
77074	X-rays bone survey limited	Q1		5522	Level 2 Imaging without Contrast	1.1926	
77075	X-rays bone survey complete	Q1		5522	Level 2 Imaging without Contrast	1.1926	
77076	X-rays bone survey infant	Q1		5522	Level 2 Imaging without Contrast	1.1926	
77077	Joint survey single view	Q1		5522	Level 2 Imaging without Contrast	1.1926	
77078	Ct bone density axial	S		5521	Level 1 Imaging without Contrast	0.9874	
77080	Dxa bone density axial	S		5522	Level 2 Imaging without Contrast	1.1926	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

77081	Dxa bone density/peripheral	S		5521	Level 1 Imaging without Contrast	0.9874	
77084	Magnetic image bone marrow	S		5523	Level 3 Imaging without Contrast	2.7108	
77085	Dxa bone density study	Q1		5522	Level 2 Imaging without Contrast	1.1926	
77086	Fracture assessment via dxa	Q1		5521	Level 1 Imaging without Contrast	0.9874	
77089	Tbs dxa cal w/i&r fx risk	M	E1				
77090	Tbs techl prep&transmis data	S		5521	Level 1 Imaging without Contrast	0.9874	
77091	Tbs techl calculation only	S		5521	Level 1 Imaging without Contrast	0.9874	
77092	Tbs i&r fx rsk qhp	M					
77261	Radiation therapy planning	B					
77262	Radiation therapy planning	B					
77263	Radiation therapy planning	B					
77280	Set radiation therapy field	S		5611	Level 1 Therapeutic Radiation Treatment Preparation	1.4890	
77285	Set radiation therapy field	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77290	Set radiation therapy field	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77293	Respirator motion mgmt simul	N					
77295	3-d radiotherapy plan	S		5613	Level 3 Therapeutic Radiation Treatment Preparation	15.3446	
77299	Unlisted px ther rad tx plng	S		5611	Level 1 Therapeutic Radiation Treatment Preparation	1.4890	
77300	Radiation therapy dose plan	S		5611	Level 1 Therapeutic Radiation Treatment Preparation	1.4890	
77301	Radiotherapy dose plan imrt	S		5613	Level 3 Therapeutic Radiation Treatment Preparation	15.3446	
77306	Telethx isodose plan simple	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77307	Telethx isodose plan cplx	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77316	Brachytx isodose plan simple	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77317	Brachytx isodose intermed	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77318	Brachytx isodose complex	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77321	Special teletx port plan	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77331	Special radiation dosimetry	S		5611	Level 1 Therapeutic Radiation Treatment Preparation	1.4890	
77332	Radiation treatment aid(s)	S		5611	Level 1 Therapeutic Radiation Treatment Preparation	1.4890	
77333	Radiation treatment aid(s)	S		5611	Level 1 Therapeutic Radiation Treatment Preparation	1.4890	
77334	Radiation treatment aid(s)	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77336	Radiation physics consult	S		5611	Level 1 Therapeutic Radiation Treatment Preparation	1.4890	
77338	Design mlc device for imrt	S		5612	Level 2 Therapeutic Radiation Treatment Preparation	4.1054	
77370	Radiation physics consult	S		5611	Level 1 Therapeutic Radiation Treatment Preparation	1.4890	
77371	Srs multisource	J1		5627	Level 7 Radiation Therapy	85.7304	
77372	Srs linear based	J1		5627	Level 7 Radiation Therapy	85.7304	
77373	Sbrt delivery	S		5626	Level 6 Radiation Therapy	19.6919	
77385	Ntsty modul rad tx dlvr smpl	S		5623	Level 3 Radiation Therapy	6.4874	
77386	Ntsty modul rad tx dlvr cplx	S		5623	Level 3 Radiation Therapy	6.4874	
77387	Guidance for radj tx dlvr	N					
77399	Unlisted px med radj physics	S		5611	Level 1 Therapeutic Radiation Treatment Preparation	1.4890	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

77401	Radiation treatment delivery	S		5621	Level 1 Radiation Therapy	1.2280	
77402	Radiation treatment delivery	S		5621	Level 1 Radiation Therapy	1.2280	
77407	Radiation treatment delivery	S		5622	Level 2 Radiation Therapy	2.9492	
77412	Radiation treatment delivery	S		5622	Level 2 Radiation Therapy	2.9492	
77417	Radiology port images(s)	N					
77423	Neutron beam tx complex	S		5623	Level 3 Radiation Therapy	6.4874	
77424	lo rad tx delivery by x-ray	J1		5627	Level 7 Radiation Therapy	85.7304	
77425	lo rad tx deliver by elctrns	J1		5627	Level 7 Radiation Therapy	85.7304	
77427	Radiation tx management x5	B					
77431	Radiation therapy management	B					
77432	Stereotactic radiation trmt	B					
77435	Sbrt management	N					
77469	lo radiation tx management	B					
77470	Special radiation treatment	S		5623	Level 3 Radiation Therapy	6.4874	
77499	Unlisted px ther rad tx mgmt	B					
77520	Proton trmt simple w/o comp	S		5623	Level 3 Radiation Therapy	6.4874	
77522	Proton trmt simple w/comp	S		5625	Level 5 Radiation Therapy	14.3044	
77523	Proton trmt intermediate	S		5625	Level 5 Radiation Therapy	14.3044	
77525	Proton treatment complex	S		5625	Level 5 Radiation Therapy	14.3044	
77600	Hyperthermia treatment	S		5622	Level 2 Radiation Therapy	2.9492	
77605	Hyperthermia treatment	S		5624	Level 4 Radiation Therapy	7.7808	
77610	Hyperthermia treatment	S		5623	Level 3 Radiation Therapy	6.4874	
77615	Hyperthermia treatment	S		5623	Level 3 Radiation Therapy	6.4874	
77620	Hyperthermia treatment	S		5623	Level 3 Radiation Therapy	6.4874	
77750	Infuse radioactive materials	S		5622	Level 2 Radiation Therapy	2.9492	
77761	Apply intrcav radiat simple	S		5623	Level 3 Radiation Therapy	6.4874	
77762	Apply intrcav radiat interm	S		5623	Level 3 Radiation Therapy	6.4874	
77763	Apply intrcav radiat compl	S		5624	Level 4 Radiation Therapy	7.7808	
77767	Hdr rdncf skn surf brachytx	S		5622	Level 2 Radiation Therapy	2.9492	
77768	Hdr rdncf skn surf brachytx	S		5622	Level 2 Radiation Therapy	2.9492	
77770	Hdr rdncf ntrst/icav brchtx	S		5624	Level 4 Radiation Therapy	7.7808	
77771	Hdr rdncf ntrst/icav brchtx	S		5624	Level 4 Radiation Therapy	7.7808	
77772	Hdr rdncf ntrst/icav brchtx	S		5624	Level 4 Radiation Therapy	7.7808	
77778	Apply interstit radiat compl	S		5624	Level 4 Radiation Therapy	7.7808	
77789	Apply surf ldr radionuclide	S		5621	Level 1 Radiation Therapy	1.2280	
77790	Radiation handling	N					
77799	Unlisted px clin brachytx	S		5621	Level 1 Radiation Therapy	1.2280	
78012	Thyroid uptake measurement	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78013	Thyroid imaging w/blood flow	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

78014	Thyroid imaging w/blood flow	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78015	Thyroid met imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78016	Thyroid met imaging/studies	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78018	Thyroid met imaging body	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78020	Thyroid met uptake	N					
78070	Parathyroid planar imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78071	Parathyrd planar w/wo subtrj	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78072	Parathyrd planar w/spect&ct	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78075	Adrenal cortex & medulla img	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78099	Unlisted endocrine px dx nuc	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78102	Bone marrow imaging ltd	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78103	Bone marrow imaging mult	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78104	Bone marrow imaging body	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78110	Plasma volume single	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78111	Plasma volume multiple	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78120	Red cell mass single	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78121	Red cell mass multiple	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78122	Blood volume	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78130	Red cell survival study	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78140	Red cell sequestration	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78185	Spleen imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78191	Platelet survival	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78195	Lymph system imaging	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78199	Unlstd hematop ret/endo lym	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78201	Liver imaging	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78202	Liver imaging with flow	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78215	Liver and spleen imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78216	Liver & spleen image/flow	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78226	Hepatobiliary system imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78227	Hepatobil syst image w/drug	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78230	Salivary gland imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78231	Serial salivary imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78232	Salivary gland function exam	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78258	Esophageal motility study	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78261	Gastric mucosa imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78262	Gastroesophageal reflux exam	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78264	Gastric emptying imag study	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78265	Gastric emptying imag study	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78266	Gastric emptying imag study	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

78267	Breath tst attain/anal c-14	A					\$11.06
78268	Breath test analysis c-14	A					\$94.41
78278	Acute gi blood loss imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78282	Gi protein loss exam	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78290	Meckels divert exam	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78291	Leveen/shunt patency exam	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78299	Unlisted gi px dx nuc med	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78300	Bone imaging limited area	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78305	Bone imaging multiple areas	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78306	Bone imaging whole body	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78315	Bone imaging 3 phase	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78350	Bone mineral single photon	E1					
78351	Bone mineral dual photon	E1					
78399	Unlisted muscskel px dx nuc	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78414	Non-imaging heart function	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78428	Cardiac shunt imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78429	Myocrd img pet 1 std w/ct	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78430	Myocrd img pet rst/strs w/ct	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78431	Myocrd img pet rst&strs ct	S		1522	New Technology - Level 22 (\$2001-\$2500)	25.2386	
78432	Myocrd img pet 2rtracer	S		1520	New Technology - Level 20 (\$1801-\$1900)	20.7527	
78433	Myocrd img pet 2rtracer ct	S		1521	New Technology - Level 21 (\$1901-\$2000)	21.8742	
78434	Aqmbf pet rest & rx stress	N					
78445	Vascular flow imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78451	Ht muscle image spect sing	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78452	Ht muscle image spect mult	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78453	Ht muscle image planar sing	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78454	Ht musc image planar mult	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78456	Acute venous thrombus image	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78457	Venous thrombosis imaging	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78458	Ven thrombosis images bilat	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78459	Myocrd img pet single study	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78466	Heart infarct image	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78468	Heart infarct image (ef)	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78469	Heart infarct image (3d)	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78472	Gated heart planar single	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78473	Gated heart multiple	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78481	Heart first pass single	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78483	Heart first pass multiple	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78491	Myocrd img pet 1std rst/strs	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

78492	Myocrd img pet mlt rst&strs	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78494	Heart image spect	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78496	Heart first pass add-on	N					
78499	Unlisted cv px dx nuc med	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78579	Lung ventilation imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78580	Lung perfusion imaging	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78582	Lung ventilat&perfus imaging	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78597	Lung perfusion differential	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78598	Lung perf&ventilat diferentl	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78599	Unlisted resp px dx nuc med	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78600	Brain image < 4 views	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78601	Brain image w/flow < 4 views	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78605	Brain image 4+ views	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78606	Brain image w/flow 4 + views	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78608	Brain imaging (pet)	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78609	Brain imaging (pet)	E1					
78610	Brain flow imaging only	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78630	Cerebrospinal fluid scan	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78635	Csf ventriculography	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78645	Csf shunt evaluation	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78650	Csf leakage imaging	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78660	Nuclear exam of tear flow	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78699	Unlisted nrvs sys px dx nuc	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78700	Kidney imaging morphol	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78701	Kidney imaging with flow	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78707	K flow/funct image w/o drug	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78708	K flow/funct image w/drug	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78709	K flow/funct image multiple	S		5592	Level 2 Nuclear Medicine and Related Services	6.0365	
78725	Kidney function study	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78730	Urinary bladder retention	N					
78740	Ureteral reflux study	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78761	Testicular imaging w/flow	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78799	Unlisted gu px dx nuc med	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78800	Rp loclczj tum 1 area 1 d img	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78801	Rp loclczj tum 2+area 1+d img	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
78802	Rp loclczj tum whbdy 1 d img	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78803	Rp loclczj tum spect 1 area	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78804	Rp loclczj tum whbdy 2+d img	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78808	Iv inj ra drug dx study	Q1		5591	Level 1 Nuclear Medicine and Related Services	4.5064	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

78811	Pet image ltd area	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78812	Pet image skull-thigh	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78813	Pet image full body	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78814	Pet image w/ct lmtl	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78815	Pet image w/ct skull-thigh	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78816	Pet image w/ct full body	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78830	Rp loclczj tum spect w/ct 1	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78831	Rp loclczj tum spect 2 areas	S		5593	Level 3 Nuclear Medicine and Related Services	14.6405	
78832	Rp loclczj tum spect w/ct 2	S		5594	Level 4 Nuclear Medicine and Related Services	16.3576	
78835	Rp quan meas single area	N					
78999	Unlisted misc px dx nuc med	S		5591	Level 1 Nuclear Medicine and Related Services	4.5064	
79005	Nuclear rx oral admin	S		5661	Therapeutic Nuclear Medicine	2.5135	
79101	Nuclear rx iv admin	S		5661	Therapeutic Nuclear Medicine	2.5135	
79200	Nuclear rx intracav admin	S		5661	Therapeutic Nuclear Medicine	2.5135	
79300	Nuclr rx interstit colloid	S		5661	Therapeutic Nuclear Medicine	2.5135	
79403	Hematopoietic nuclear tx	S		5661	Therapeutic Nuclear Medicine	2.5135	
79440	Nuclear rx intra-articular	S		5661	Therapeutic Nuclear Medicine	2.5135	
79445	Nuclear rx intra-arterial	S		5661	Therapeutic Nuclear Medicine	2.5135	
79999	Rp therapy unlisted px	S		5661	Therapeutic Nuclear Medicine	2.5135	
80047	Metabolic panel ionized ca	Q4					\$13.73
80048	Metabolic panel total ca	Q4					\$8.46
80050	General health panel	E1	A				\$70.51
80051	Electrolyte panel	Q4					\$7.01
80053	Comprehen metabolic panel	Q4					\$10.56
80055	Obstetric panel	Q4	A				\$47.81
80061	Lipid panel	A					\$13.39
80069	Renal function panel	Q4					\$8.68
80074	Acute hepatitis panel	Q4					\$47.63
80076	Hepatic function panel	Q4					\$8.17
80081	Obstetric panel	Q4					\$74.86
80143	Drug assay acetaminophen	Q4					\$82.87
80145	Drug assay adalimumab	Q4					\$38.57
80150	Assay of amikacin	Q4					\$15.08
80151	Drug assay amiodarone	Q4					\$18.64
80155	Drug assay caffeine	Q4					\$38.57
80156	Assay carbamazepine total	Q4					\$14.57
80157	Assay carbamazepine free	Q4					\$13.25
80158	Drug assay cyclosporine	Q4					\$18.05
80159	Drug assay clozapine	Q4					\$20.15

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

80161	Asy carbamazepin 10,11-epxid	Q4					\$18.64
80162	Assay of digoxin total	Q4					\$13.28
80163	Assay of digoxin free	Q4					\$13.28
80164	Assay dipropylacetic acd tot	Q4					\$13.54
80165	Dipropylacetic acid free	Q4					\$13.54
80167	Drug assay felbamate	Q4					\$18.64
80168	Assay of ethosuximide	Q4					\$16.34
80169	Drug assay everolimus	Q4					\$13.73
80170	Assay of gentamicin	Q4					\$16.38
80171	Drug screen quant gabapentin	Q4					\$21.67
80173	Assay of haloperidol	Q4					\$15.78
80175	Drug screen quan lamotrigine	Q4					\$13.25
80176	Assay of lidocaine	Q4					\$14.69
80177	Drug scrn quan levetiracetam	Q4					\$13.25
80178	Assay of lithium	Q4					\$6.61
80179	Drug assay salicylate	Q4					\$18.64
80180	Drug scrn quan mycophenolate	Q4					\$18.05
80181	Drug assay flecainide	Q4					\$18.64
80183	Drug scrn quant oxcarbazepin	Q4					\$13.25
80184	Assay of phenobarbital	Q4					\$15.30
80185	Assay of phenytoin total	Q4					\$13.25
80186	Assay of phenytoin free	Q4					\$13.76
80187	Drug assay posaconazole	Q4					\$27.11
80188	Assay of primidone	Q4					\$16.59
80189	Drug assay itraconazole	Q4					\$27.11
80190	Assay of procainamide	Q4					\$60.00
80192	Assay of procainamide	Q4					\$16.75
80193	Drug assay leflunomide	Q4					\$38.57
80194	Assay of quinidine	Q4					\$14.60
80195	Assay of sirolimus	Q4					\$13.73
80197	Assay of tacrolimus	Q4					\$13.73
80198	Assay of theophylline	Q4					\$14.14
80199	Drug screen quant tiagabine	Q4					\$27.11
80200	Assay of tobramycin	Q4					\$16.13
80201	Assay of topiramate	Q4					\$11.92
80202	Assay of vancomycin	Q4					\$13.54
80203	Drug screen quant zonisamide	Q4					\$13.25
80204	Drug assay methotrexate	Q4					\$38.57
80210	Drug assay rufinamide	Q4					\$27.11

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

80220	Drug asy hydroxychloroquine	Q4					\$18.64
80230	Drug assay infliximab	Q4					\$38.57
80235	Drug assay iacosamide	Q4					\$27.11
80280	Drug assay vedolizumab	Q4					\$38.57
80285	Drug assay voriconazole	Q4					\$27.11
80299	Quantitative assay drug	Q4					\$18.64
80305	Drug test prsmv dir opt obs	Q4					\$12.60
80306	Drug test prsmv instrmnt	Q4					\$17.14
80307	Drug test prsmv chem anylzyr	Q4					\$62.14
80320	Drug screen quantalcohols	B					
80321	Alcohols biomarkers 1or 2	B					
80322	Alcohols biomarkers 3/more	B					
80323	Alkaloids nos	B					
80324	Drug screen amphetamines 1/2	B					
80325	Amphetamines 3or 4	B					
80326	Amphetamines 5 or more	B					
80327	Anabolic steroid 1 or 2	B					
80328	Anabolic steroid 3 or more	B					
80329	Analgesics non-opioid 1 or 2	B					
80330	Analgesics non-opioid 3-5	B					
80331	Analgesics non-opioid 6/more	B					
80332	Antidepressants class 1 or 2	B					
80333	Antidepressants class 3-5	B					
80334	Antidepressants class 6/more	B					
80335	Antidepressant tricyclic 1/2	B					
80336	Antidepressant tricyclic 3-5	B					
80337	Tricyclic & cyclical 6/more	B					
80338	Antidepressant not specified	B					
80339	Antiepileptics nos 1-3	B					
80340	Antiepileptics nos 4-6	B					
80341	Antiepileptics nos 7/more	B					
80342	Antipsychotics nos 1-3	B					
80343	Antipsychotics nos 4-6	B					
80344	Antipsychotics nos 7/more	B					
80345	Drug screening barbiturates	B					
80346	Benzodiazepines1-12	B					
80347	Benzodiazepines 13 or more	B					
80348	Drug screening buprenorphine	B					
80349	Cannabinoids natural	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

80350	Cannabinoids synthetic 1-3	B					
80351	Cannabinoids synthetic 4-6	B					
80352	Cannabinoid synthetic 7/more	B					
80353	Drug screening cocaine	B					
80354	Drug screening fentanyl	B					
80355	Gabapentin non-blood	B					
80356	Heroin metabolite	B					
80357	Ketamine and norketamine	B					
80358	Drug screening methadone	B					
80359	Methylenedioxyamphetamines	B					
80360	Methylphenidate	B					
80361	Opiates 1 or more	B					
80362	Opioids & opiate analogs 1/2	B					
80363	Opioids & opiate analogs 3/4	B					
80364	Opioid & opiate analog 5/more	B					
80365	Drug screening oxycodone	B					
80366	Drug screening pregabalin	B					
80367	Drug screening propoxyphene	B					
80368	Sedative hypnotics	B					
80369	Skeletal muscle relaxant 1/2	B					
80370	Skel musc relaxant 3 or more	B					
80371	Stimulants synthetic	B					
80372	Drug screening tapentadol	B					
80373	Drug screening tramadol	B					
80374	Stereoisomer analysis	B					
80375	Drug/substance nos 1-3	B					
80376	Drug/substance nos 4-6	B					
80377	Drug/substance nos 7/more	B					
80400	Acth stimulation panel	Q4					\$32.62
80402	Acth stimulation panel	Q4					\$86.96
80406	Acth stimulation panel	Q4					\$78.26
80408	Aldosterone suppression eval	Q4					\$125.50
80410	Calcitonin stim panel	Q4					\$80.37
80412	Crh stimulation panel	Q4					\$801.62
80414	Testosterone response panel	Q4					\$51.64
80415	Tot estradiol response panel	Q4					\$55.89
80416	Renin stimulation panel	Q4					\$209.32
80417	Renin stimulation panel	Q4					\$43.99
80418	Pituitary evaluation panel	Q4					\$579.48

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

80420	Dexamethasone panel	Q4					\$161.88
80422	Glucagon tolerance panel	Q4					\$46.07
80424	Glucagon tolerance panel	Q4					\$50.50
80426	Gonadotropin hormone panel	Q4					\$148.41
80428	Growth hormone panel	Q4					\$66.70
80430	Growth hormone panel	Q4					\$129.33
80432	Insulin suppression panel	Q4					\$165.61
80434	Insulin tolerance panel	Q4					\$285.03
80435	Insulin tolerance panel	Q4					\$103.00
80436	Metyrapone panel	Q4					\$91.16
80438	Trh stimulation panel	Q4					\$50.41
80439	Trh stimulation panel	Q4					\$67.21
80503	Path clin constlj sf 5-20	Q1		5671	Level 1 Pathology	0.5992	
80504	Path clin constlj mod 21-40	Q1		5672	Level 2 Pathology	1.9218	
80505	Path clin constlj high 41-60	Q1		5672	Level 2 Pathology	1.9218	
80506	Path clin constlj prolng svc	N					
81000	Urinalysis nonauto w/scope	Q4					\$4.02
81001	Urinalysis auto w/scope	Q4					\$3.17
81002	Urinalysis nonauto w/o scope	Q4					\$3.48
81003	Urinalysis auto w/o scope	Q4					\$2.25
81005	Urinalysis	Q4					\$2.17
81007	Urine screen for bacteria	Q4					\$29.98
81015	Microscopic exam of urine	Q4					\$3.05
81020	Urinalysis glass test	Q4					\$4.70
81025	Urine pregnancy test	Q4					\$8.61
81050	Urinalysis volume measure	Q4					\$3.64
81099	Unlisted urinalysis px	Q4					\$15.17
81105	Hpa-1 genotyping	A					\$122.22
81106	Hpa-2 genotyping	A					\$122.22
81107	Hpa-3 genotyping	A					\$122.22
81108	Hpa-4 genotyping	A					\$122.22
81109	Hpa-5 genotyping	A					\$122.22
81110	Hpa-6 genotyping	A					\$122.22
81111	Hpa-9 genotyping	A					\$122.22
81112	Hpa-15 genotyping	A					\$122.22
81120	Idh1 common variants	A					\$193.25
81121	Idh2 common variants	A					\$295.79
81161	Dmd dup/delet analysis	A					\$279.00
81162	Brca1&2 gen full seq dup/del	A					\$1,824.88

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

81163	Brca1&2 gene full seq alys	A				\$468.00
81164	Brca1&2 gen ful dup/del alys	A				\$584.23
81165	Brca1 gene full seq alys	A				\$282.88
81166	Brca1 gene full dup/del alys	A				\$301.35
81167	Brca2 gene full dup/del alys	A				\$282.88
81168	Ccnd1/igh translocation alys	A				\$207.31
81170	Abl1 gene	A				\$300.00
81171	Aff2 gene detc abnor alleles	A				\$137.00
81172	Aff2 gene charac alleles	A				\$274.83
81173	Ar gene full gene sequence	A				\$301.35
81174	Ar gene known famil variant	A				\$185.20
81175	Asxl1 full gene sequence	A				\$676.50
81176	Asxl1 gene target seq alys	A				\$241.90
81177	Atn1 gene detc abnor alleles	A				\$137.00
81178	Atxn1 gene detc abnor allele	A				\$137.00
81179	Atxn2 gene detc abnor allele	A				\$137.00
81180	Atxn3 gene detc abnor allele	A				\$137.00
81181	Atxn7 gene detc abnor allele	A				\$137.00
81182	Atxn8os gen detc abnor allele	A				\$137.00
81183	Atxn10 gene detc abnor allele	A				\$137.00
81184	Cacna1a gen detc abnor allele	A				\$137.00
81185	Cacna1a gene full gene seq	A				\$846.27
81186	Cacna1a gen known famil vrnt	A				\$185.20
81187	Cnbp gene detc abnor allele	A				\$137.00
81188	Cstb gene detc abnor allele	A				\$137.00
81189	Cstb gene full gene sequence	A				\$274.83
81190	Cstb gene known famil vrnt	A				\$185.20
81191	Ntrk1 translocation analysis	A				\$207.31
81192	Ntrk2 translocation analysis	A				\$207.31
81193	Ntrk3 translocation analysis	A				\$207.31
81194	Ntrk translocation analysis	A				\$518.28
81195	Cytog genom-wid alys hem mal	A				\$1,263.53
81200	Aspa gene	A				\$47.25
81201	Apc gene full sequence	A				\$780.00
81202	Apc gene known fam variants	A				\$280.00
81203	Apc gene dup/delet variants	A				\$200.00
81204	Ar gene charac alleles	A				\$137.00
81205	Bckdhd gene	A				\$94.99
81206	Bcr/abl1 gene major bp	A				\$163.96

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

81207	Bcr/abl1 gene minor bp	A				\$144.84
81208	Bcr/abl1 gene other bp	A				\$214.62
81209	Blm gene	A				\$39.31
81210	Braf gene	A				\$175.40
81212	Brca1&2 185&5385&6174 vrnt	A				\$440.00
81215	Brca1 gene known famil vrnt	A				\$375.25
81216	Brca2 gene full seq alys	A				\$185.12
81217	Brca2 gene known famil vrnt	A				\$375.25
81218	Cebpa gene full sequence	A				\$241.90
81219	Calr gene com variants	A				\$121.63
81220	Cftr gene com variants	A				\$556.60
81221	Cftr gene known fam variants	A				\$97.22
81222	Cftr gene dup/delet variants	A				\$435.07
81223	Cftr gene full sequence	A				\$499.00
81224	Cftr gene intron poly t	A				\$168.75
81225	Cyp2c19 gene com variants	A				\$291.36
81226	Cyp2d6 gene com variants	A				\$450.91
81227	Cyp2c9 gene com variants	A				\$174.81
81228	Cytog alys chrml abnr cgh	A				\$900.00
81229	Cytog alys chrml abnr snpcgh	A				\$1,160.00
81230	Cyp3a4 gene common variants	A	E1			
81231	Cyp3a5 gene common variants	A	E1			
81232	Dpyd gene common variants	A				\$174.81
81233	Btk gene common variants	A				\$175.40
81234	Dmpk gene detc abnor allele	A				\$137.00
81235	Egfr gene com variants	A				\$324.58
81236	Ezh2 gene full gene sequence	A				\$282.88
81237	Ezh2 gene common variants	A				\$175.40
81238	F9 full gene sequence	A				\$600.00
81239	Dmpk gene charac alleles	A				\$274.83
81240	F2 gene	A				\$65.69
81241	F5 gene	A				\$73.37
81242	Fancc gene	A				\$36.62
81243	Fmr1 gene detection	A				\$57.04
81244	Fmr1 gene charac alleles	A				\$44.89
81245	Flt3 gene	A				\$165.51
81246	Flt3 gene analysis	A				\$83.00
81247	G6pd gene alys cmn variant	A				\$174.81
81248	G6pd known familial variant	A				\$375.25

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

81249	G6pd full gene sequence	A				\$600.00
81250	G6pc gene	A				\$58.49
81251	Gba gene	A				\$47.25
81252	Gjb2 gene full sequence	A				\$101.12
81253	Gjb2 gene known fam variants	A				\$61.52
81254	Gjb6 gene com variants	A				\$35.00
81255	Hexa gene	A				\$51.45
81256	Hfe gene	A				\$65.36
81257	Hba1/hba2 gene	A				\$102.26
81258	Hba1/hba2 gene fam vrnt	A				\$375.25
81259	Hba1/hba2 full gene sequence	A				\$600.00
81260	Ikbkap gene	A				\$39.31
81261	Igh gene rearrange amp meth	A				\$197.99
81262	Igh gene rearrang dir probe	A				\$68.55
81263	Igh vari regional mutation	A				\$294.52
81264	Igk rearrangeabn clonal pop	A				\$172.73
81265	Str markers specimen anal	A				\$233.07
81266	Str markers spec anal addl	A				\$304.81
81267	Chimerism anal no cell selec	A				\$207.46
81268	Chimerism anal w/cell select	A				\$260.79
81269	Hba1/hba2 gene dup/del vrnts	A				\$202.40
81270	Jak2 gene	A				\$91.66
81271	Htt gene detc abnor alleles	A				\$137.00
81272	Kit gene targeted seq analys	A				\$329.51
81273	Kit gene analys d816 variant	A				\$124.87
81274	Htt gene charac alleles	A				\$274.83
81275	Kras gene variants exon 2	A				\$193.25
81276	Kras gene addl variants	A				\$193.25
81277	Cytogenomic neo microra alys	A				\$1,160.00
81278	Igh@/bcl2 translocation alys	A				\$207.31
81279	Jak2 gene trgt sequence alys	A				\$185.20
81283	Ifnl3 gene	A	E1			
81284	Fxn gene detc abnor alleles	A				\$137.00
81285	Fxn gene charac alleles	A				\$274.83
81286	Fxn gene full gene sequence	A				\$274.83
81287	Mgmt gene prmtr mthyltn alys	A				\$124.64
81288	Mlh1 gene	A				\$192.32
81289	Fxn gene known famil variant	A				\$185.20
81290	Mcoln1 gene	A				\$39.31

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

81291	Mthfr gene	A				\$65.34
81292	Mlh1 gene full seq	A				\$675.40
81293	Mlh1 gene known variants	A				\$331.00
81294	Mlh1 gene dup/delete variant	A				\$202.40
81295	Msh2 gene full seq	A				\$381.70
81296	Msh2 gene known variants	A				\$337.73
81297	Msh2 gene dup/delete variant	A				\$213.30
81298	Msh6 gene full seq	A				\$641.85
81299	Msh6 gene known variants	A				\$308.00
81300	Msh6 gene dup/delete variant	A				\$238.00
81301	Microsatellite instability	A				\$348.56
81302	Mecp2 gene full seq	A				\$527.87
81303	Mecp2 gene known variant	A				\$120.00
81304	Mecp2 gene dup/delet variant	A				\$150.00
81305	Myd88 gene p.leu265pro vrnt	A				\$175.40
81306	Nudt15 gene common variants	A				\$291.36
81307	Palb2 gene full gene seq	A				\$676.50
81308	Palb2 gene known famil vrnt	A				\$301.35
81309	Pik3ca gene trgt seq alys	A				\$274.83
81310	Npm1 gene	A				\$246.52
81311	Nras gene variants exon 2&3	A				\$295.79
81312	Pabpn1 gene detc abnor allele	A				\$137.00
81313	Pca3/klk3 antigen	A				\$255.05
81314	Pdgfra gene	A				\$329.51
81315	Pml/raralpha com breakpoints	A				\$207.31
81316	Pml/raralpha 1 breakpoint	A				\$207.31
81317	Pms2 gene full seq analysis	A				\$676.50
81318	Pms2 known familial variants	A				\$331.00
81319	Pms2 gene dup/delet variants	A				\$203.50
81320	Plcg2 gene common variants	A				\$291.36
81321	Pten gene full sequence	A				\$600.00
81322	Pten gene known fam variant	A				\$46.60
81323	Pten gene dup/delet variant	A				\$300.00
81324	Pmp22 gene dup/delet	A				\$758.36
81325	Pmp22 gene full sequence	A				\$769.58
81326	Pmp22 gene known fam variant	A				\$46.60
81327	Sept9 gen prmr mthyltn alys	A				\$192.00
81328	Slco1b1 gene com variants	A				\$174.81
81329	Smn1 gene dos/deletion alys	A				\$137.00

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

81330	Smpd1 gene common variants	A				\$47.00
81331	Snrpn/ube3a gene	A				\$51.07
81332	Serpina1 gene	A				\$43.65
81333	Tgfb1 gene common variants	A				\$137.00
81334	Runx1 gene targeted seq alys	A				\$329.51
81335	Tpmt gene com variants	A	E1			
81336	Smn1 gene full gene sequence	A				\$301.35
81337	Smn1 gen nown famil seq vrnt	A				\$185.20
81338	Mpl gene common variants	A				\$150.33
81339	Mpl gene seq alys exon 10	A				\$185.20
81340	Trb@ gene rearrange amplify	A				\$208.92
81341	Trb@ gene rearrange dirprobe	A				\$49.59
81342	Trg gene rearrangement anal	A				\$201.50
81343	Ppp2r2b gen detc abnor allele	A				\$137.00
81344	Tbp gene detc abnor alleles	A				\$137.00
81345	Tert gene targeted seq alys	A				\$185.20
81346	Tyms gene com variants	A	E1			
81347	Sf3b1 gene common variants	A				\$193.25
81348	Srsf2 gene common variants	A				\$175.40
81349	Cytog alys chrml abnr lw-ps	A				\$1,197.94
81350	Ugt1a1 gene common variants	A				\$234.00
81351	Tp53 gene full gene sequence	A				\$641.85
81352	Tp53 gene trgt sequence alys	A				\$329.51
81353	Tp53 gene known famil vrnt	A				\$308.00
81355	Vkorc1 gene	A				\$88.20
81357	U2af1 gene common variants	A				\$193.25
81360	Zrsr2 gene common variants	A				\$193.25
81361	Hbb gene com variants	A				\$174.81
81362	Hbb gene known fam variant	A				\$375.25
81363	Hbb gene dup/del variants	A				\$202.40
81364	Hbb full gene sequence	A				\$324.58
81370	Hla i & ii typing 1r	A				\$402.12
81371	Hla i & ii type verify 1r	A				\$404.52
81372	Hla i typing complete 1r	A				\$403.59
81373	Hla i typing 1 locus 1r	A				\$127.43
81374	Hla i typing 1 antigen 1r	A				\$74.33
81375	Hla ii typing ag equiv 1r	A				\$220.74
81376	Hla ii typing 1 locus 1r	A				\$122.22
81377	Hla ii type 1 ag equiv 1r	A				\$94.74

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

81378	Hla i & ii typing hr	A				\$345.57
81379	Hla i typing complete hr	A				\$335.38
81380	Hla i typing 1 locus hr	A				\$177.25
81381	Hla i typing 1 allele hr	A				\$169.90
81382	Hla ii typing 1 loc hr	A				\$123.68
81383	Hla ii typing 1 allele hr	A				\$109.13
81400	Mopath procedure level 1	A				\$63.96
81401	Mopath procedure level 2	A				\$137.00
81402	Mopath procedure level 3	A				\$150.33
81403	Mopath procedure level 4	A				\$185.20
81404	Mopath procedure level 5	A				\$274.83
81405	Mopath procedure level 6	A				\$301.35
81406	Mopath procedure level 7	A				\$282.88
81407	Mopath procedure level 8	A				\$846.27
81408	Mopath procedure level 9	A				\$2,000.00
81410	Aortic dysfunction/dilation	A				\$504.00
81411	Aortic dysfunction/dilation	A				\$1,350.19
81412	Ashkenazi jewish assoc dis	A				\$2,448.56
81413	Car ion chnnlpath inc 10 gns	A				\$584.90
81414	Car ion chnnlpath inc 2 gns	A				\$584.90
81415	Exome sequence analysis	A				\$4,780.00
81416	Exome sequence analysis	A				\$12,000.00
81417	Exome re-evaluation	A				\$320.00
81418	Rx metab gen seq alys pnl 6	A				\$917.08
81419	Epilepsy gen seq alys panel	A				\$2,448.56
81420	Fetal chromoml aneuploidy	A				\$759.05
81422	Fetal chromoml microdeltj	A				\$759.05
81425	Genome sequence analysis	A				\$5,031.20
81426	Genome sequence analysis	A				\$2,709.95
81427	Genome re-evaluation	A				\$2,337.65
81430	Hearing loss sequence analys	A				\$1,625.00
81431	Hearing loss dup/del analys	A				\$679.57
81432	Hrdtry brst ca-rlatd dsordrs	A				\$1,303.95
81434	Hereditary retinal disorders	A				\$597.91
81435	Hereditary colon ca dsordrs	A				\$1,303.95
81437	Heredtry nurondcrn tum dsrdr	A				\$1,303.95
81439	Hrdtry cardmypy gene panel	A				\$584.90
81440	Mitochondrial gene	A				\$3,324.00
81441	Ibmfs seq alys pnl 30 genes	A				\$2,448.56

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

81442	Noonan spectrum disorders	A				\$2,143.60
81443	Genetic tstg severe inh cond	A				\$2,448.56
81445	Tgsap so neo 5-50dna/dna&rna	A				\$597.91
81448	Hrdtry perph neurphy panel	A				\$584.90
81449	Tgsap so neo 5-50 rna alys	A				\$597.91
81450	Tgsap hl neo 5-50dna/dna&rna	A				\$759.53
81451	Tgsap hl neo 5-50 rna alys	A				\$759.53
81455	Tgsap so/hl 51/< dna/dna&rna	A				\$2,919.60
81456	Tgsap so/hl 51/< rna alys	A				\$2,919.60
81457	So neo gsap dna mcrstl ins	A				\$896.87
81458	So gsap dna cpy nmbr&mcrstl	A				\$1,046.35
81459	So neo gsap dna/dna&rna	A				\$2,989.55
81460	Whole mitochondrial genome	A				\$1,287.00
81462	So gsap cll fr dna/dna&rna	A				\$1,195.83
81463	So gsap cl fr cpy nmbr&mcrst	A				\$1,345.31
81464	So gsap cll fr mcrstl ins	A				\$3,288.51
81465	Whole mitochondrial genome	A				\$936.00
81470	X-linked intellectual dblt	A				\$914.00
81471	X-linked intellectual dblt	A				\$914.00
81479	Unlisted molecular pathology	A				\$776.65
81490	Autoimmune rheumatoid arthr	A				\$840.65
81493	Cor artery disease mrna	A				\$1,050.00
81500	Onco (ovar) two proteins	A				\$260.50
81503	Onco (ovar) five proteins	A				\$897.00
81504	Oncology tissue of origin	A				\$520.00
81506	Endo assay seven anal	Q4				\$68.92
81507	Fetal aneuploidy trisom risk	A				\$795.00
81508	Ftl cgen abnor two proteins	Q4				\$54.30
81509	Ftl cgen abnor 3 proteins	Q4				\$1,487.37
81510	Ftl cgen abnor three anal	Q4				\$55.54
81511	Ftl cgen abnor four anal	Q4				\$153.50
81512	Ftl cgen abnor five anal	Q4				\$69.52
81513	Nfct ds bv rna vag flu alg	Q4				\$142.63
81514	Nfct ds bv&vaginitis dna alg	A				\$262.99
81515	Nfct ds bv&vaginitis dna alg	A				\$262.99
81517	Liver ds alys 3 bmrk srm alg	Q4				\$176.19
81518	Onc brst mrna 11 genes	A				\$3,873.00
81519	Oncology breast mrna	A				\$3,873.00
81520	Onc breast mrna 58 genes	A				\$2,510.21

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

81521	Onc breast mrna 70 genes	A				\$3,873.00
81522	Onc breast mrna 12 genes	A				\$3,873.00
81523	Onc brst mrna 70 cnt 31 gene	A				\$3,873.00
81525	Oncology colon mrna	A				\$3,116.00
81528	Oncology colorectal scr	A				\$508.87
81529	Onc cutan mlnma mrna 31 gene	A				\$7,193.00
81535	Oncology gynecologic	A				\$579.46
81536	Oncology gynecologic	A				\$177.56
81538	Oncology lung	A				\$2,871.00
81539	Oncology prostate prob score	A				\$760.00
81540	Oncology tum unknown origin	A				\$3,750.00
81541	Onc prostate mrna 46 genes	A				\$3,873.00
81542	Onc prostate mrna 22 cnt gen	A				\$3,873.00
81546	Onc thyr mrna 10,196 gen alg	A				\$3,600.00
81551	Onc prostate 3 genes	A				\$2,030.00
81552	Onc uveal mlnma mrna 15 gene	A				\$7,776.00
81554	Pulm ds ipf mrna 190 gen alg	A				\$5,445.00
81558	Trnspl rej kdn mrna qpcr 139	A				\$3,240.00
81560	Trnsplj pd lvr&bwl cd154+cli	Q4				\$640.73
81595	Cardiology hrt trnspl mrna	A				\$3,240.00
81596	Nfct ds chrnc hcv 6 assays	A				\$72.19
81599	Unlisted maaa	E1				
82009	Test for acetone/ketones	Q4				\$4.52
82010	Acetone assay	Q4				\$8.17
82013	Acetylcholinesterase assay	Q4				\$12.29
82016	Acylcarnitines qual	Q4				\$16.49
82017	Acylcarnitines quant	Q4				\$16.87
82024	Assay of acth	Q4				\$38.62
82030	Assay of adp & amp	Q4				\$25.80
82040	Assay of serum albumin	Q4				\$4.95
82042	Other source albumin quan ea	Q4				\$7.78
82043	Ur albumin quantitative	Q4				\$5.78
82044	Ur albumin semiquantitative	Q4				\$6.23
82045	Albumin ischemia modified	Q4				\$33.94
82075	Assay of breath ethanol	Q4				\$30.00
82077	Assay spec xcp ur&breath ia	Q4				\$17.27
82085	Assay of aldolase	Q4				\$9.71
82088	Assay of aldosterone	Q4				\$40.75
82103	Alpha-1-antitrypsin total	Q4				\$13.44

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

82104	Alpha-1-antitrypsin pheno	Q4					\$14.46
82105	Alpha-fetoprotein serum	Q4					\$16.77
82106	Alpha-fetoprotein amniotic	Q4					\$17.00
82107	Alpha-fetoprotein I3	Q4					\$64.41
82108	Assay of aluminum	Q4					\$25.48
82120	Amines vaginal fluid qual	Q4					\$5.99
82127	Amino acid single qual	Q4					\$14.18
82128	Amino acids mult qual	Q4					\$13.87
82131	Amino acids single quant	Q4					\$22.98
82135	Assay aminolevulinic acid	Q4					\$16.45
82136	Amino acids quant 2-5	Q4					\$19.61
82139	Amino acids quan 6 or more	Q4					\$16.87
82140	Assay of ammonia	Q4					\$14.57
82143	Amniotic fluid scan	Q4					\$9.35
82150	Assay of amylase	Q4					\$6.48
82154	Androstanediol glucuronide	Q4					\$28.83
82157	Assay of androstenedione	Q4					\$29.28
82160	Assay of androsterone	Q4					\$25.55
82163	Assay of angiotensin ii	Q4					\$20.52
82164	Angiotensin i enzyme test	Q4					\$14.60
82166	Assay anti-mullerian horm	Q4					\$38.62
82172	Assay of apolipoprotein	Q4					\$21.09
82175	Assay of arsenic	Q4					\$18.97
82180	Assay of ascorbic acid	Q4					\$9.89
82190	Atomic absorption	Q4					\$15.90
82232	Assay of beta-2 protein	Q4					\$16.18
82233	Beta-amyloid 1-40 (abeta 40)	Q4					PCT CHG
82234	Beta-amyloid 1-42 (abeta 42)	Q4					PCT CHG
82239	Bile acids total	Q4					\$17.12
82240	Bile acids cholyglycine	Q4					\$26.58
82247	Bilirubin total	Q4					\$5.02
82248	Bilirubin direct	Q4					\$5.02
82252	Fecal bilirubin test	Q4					\$4.56
82261	Assay of biotinidase	Q4					\$16.87
82270	Occult blood feces	A					\$4.38
82271	Occult blood other sources	Q4					\$5.32
82272	Occult bld feces 1-3 tests	Q4					\$4.23
82274	Assay test for blood fecal	Q4					\$15.92
82286	Assay of bradykinin	Q4					\$5.16

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

82300	Assay of cadmium	Q4					\$23.64
82306	Vitamin d 25 hydroxy	Q4					\$29.60
82308	Assay of calcitonin	Q4					\$26.79
82310	Assay of calcium	Q4					\$5.16
82330	Assay of calcium	Q4					\$13.68
82331	Calcium infusion test	Q4					\$13.34
82340	Assay of calcium in urine	Q4					\$6.03
82355	Calculus analysis qual	Q4					\$11.58
82360	Calculus assay quant	Q4					\$12.87
82365	Calculus spectroscopy	Q4					\$12.90
82370	X-ray assay calculus	Q4					\$12.52
82373	Assay c-d transfer measure	Q4					\$18.06
82374	Assay blood carbon dioxide	Q4					\$4.88
82375	Assay carboxyhb quant	Q4					\$12.32
82376	Assay carboxyhb qual	Q4					\$14.07
82378	Carcinoembryonic antigen	Q4					\$18.96
82379	Assay of carnitine	Q4					\$16.87
82380	Assay of carotene	Q4					\$9.22
82382	Assay urine catecholamines	Q4					\$27.30
82383	Assay blood catecholamines	Q4					\$29.08
82384	Assay three catecholamines	Q4					\$25.25
82387	Assay of cathepsin-d	Q4					\$18.06
82390	Assay of ceruloplasmin	Q4					\$10.74
82397	Chemiluminescent assay	Q4					\$14.12
82415	Assay of chloramphenicol	Q4					\$12.67
82435	Assay of blood chloride	Q4					\$4.60
82436	Assay of urine chloride	Q4					\$5.75
82438	Assay other fluid chlorides	Q4					\$5.00
82441	Test for chlorohydrocarbons	Q4					\$6.01
82465	Assay bld/serum cholesterol	A					\$4.35
82480	Assay serum cholinesterase	Q4					\$7.87
82482	Assay rbc cholinesterase	Q4					\$9.81
82485	Assay chondroitin sulfate	Q4					\$20.65
82495	Assay of chromium	Q4					\$20.28
82507	Assay of citrate	Q4					\$27.80
82523	Collagen crosslinks	Q4					\$18.68
82525	Assay of copper	Q4					\$12.41
82528	Assay of corticosterone	Q4					\$22.52
82530	Cortisol free	Q4					\$16.71

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

82533	Total cortisol	Q4					\$16.30
82540	Assay of creatine	Q4					\$4.64
82542	Col chromatography qual/quan	Q4					\$24.09
82550	Assay of ck (cpk)	Q4					\$6.51
82552	Assay of cpk in blood	Q4					\$13.39
82553	Creatine mb fraction	Q4					\$11.55
82554	Creatine isoforms	Q4					\$11.87
82565	Assay of creatinine	Q4					\$5.12
82570	Assay of urine creatinine	Q4					\$5.18
82575	Creatinine clearance test	Q4					\$9.46
82585	Assay of cryofibrinogen	Q4					\$14.14
82595	Assay of cryoglobulin	Q4					\$6.47
82600	Assay of cyanide	Q4					\$19.40
82607	Vitamin b-12	Q4					\$15.08
82608	B-12 binding capacity	Q4					\$14.32
82610	Cystatin c	Q4					\$18.52
82615	Test for urine cystines	Q4					\$9.55
82626	Dehydroepiandrosterone	Q4					\$25.27
82627	Dehydroepiandrosterone	Q4					\$22.23
82633	Desoxycorticosterone	Q4					\$30.98
82634	Deoxycortisol	Q4					\$29.28
82638	Assay of dibucaine number	Q4					\$12.25
82642	Dihydrotestosterone	Q4					\$29.28
82652	Vit d 1 25-dihydroxy	Q4					\$38.50
82653	El-1 fecal quantitative	Q4					\$22.97
82656	El-1 fecal qual/semi	Q4					\$11.53
82657	Enzyme cell activity	Q4					\$22.17
82658	Enzyme cell activity ra	Q4					\$44.03
82664	Electrophoretic test	Q4					\$61.50
82668	Assay of erythropoietin	Q4					\$18.79
82670	Assay of total estradiol	Q4					\$27.94
82671	Assay of estrogens	Q4					\$32.30
82672	Assay of estrogen	Q4					\$21.70
82677	Assay of estriol	Q4					\$24.18
82679	Assay of estrone	Q4					\$24.95
82681	Assay dir meas fr estradiol	Q4					\$27.94
82693	Assay of ethylene glycol	Q4					\$14.90
82696	Assay of etiocholanolone	Q4					\$26.24
82705	Fats/lipids feces qual	Q4					\$5.10

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

82710	Fats/lipids feces quant	Q4					\$16.80
82715	Assay of fecal fat	Q4					\$22.97
82725	Assay of blood fatty acids	Q4					\$18.77
82726	Long chain fatty acids	Q4					\$19.75
82728	Assay of ferritin	Q4					\$13.63
82731	Assay of fetal fibronectin	Q4					\$64.41
82735	Assay of fluoride	Q4					\$18.54
82746	Assay of folic acid serum	Q4					\$14.70
82747	Assay of folic acid rbc	Q4					\$17.65
82757	Assay of semen fructose	Q4					\$17.34
82759	Assay of rbc galactokinase	Q4					\$21.48
82760	Assay of galactose	Q4					\$11.20
82775	Assay galactose transferase	Q4					\$21.07
82776	Galactose transferase test	Q4					\$11.74
82777	Galectin-3	Q4	E1				
82784	Assay iga/igd/igg/igm each	Q4					\$9.30
82785	Assay of ige	Q4					\$16.46
82787	Igg 1 2 3 or 4 each	Q4					\$8.02
82800	Blood ph	Q4					\$11.00
82803	Blood gases any combination	Q4					\$26.07
82805	Blood gases w/o2 saturation	Q4					\$78.77
82810	Blood gases o2 sat only	Q4					\$9.77
82820	Hemoglobin-oxygen affinity	Q4					\$13.34
82930	Gastric analy w/ph ea spec	Q4					\$6.71
82938	Gastrin test	Q4					\$17.69
82941	Assay of gastrin	Q4					\$17.63
82943	Assay of glucagon	Q4					\$14.29
82945	Glucose other fluid	Q4					\$3.93
82946	Glucagon tolerance test	Q4					\$17.77
82947	Assay glucose blood quant	A					\$3.93
82948	Reagent strip/blood glucose	Q4					\$5.04
82950	Glucose test	A					\$4.75
82951	Glucose tolerance test (gtt)	A					\$12.87
82952	Gtt-added samples	Q4					\$3.92
82955	Assay of g6pd enzyme	Q4					\$9.70
82960	Test for g6pd enzyme	Q4					\$6.05
82962	Glucose blood test	Q4					\$3.28
82963	Assay of glucosidase	Q4					\$21.48
82965	Assay of gdh enzyme	Q4					\$13.15

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

82977	Assay of ggt	Q4					\$7.20
82978	Assay of glutathione	Q4					\$15.45
82979	Assay rbc glutathione	Q4					\$9.44
82985	Assay of glycated protein	Q4					\$16.76
83001	Assay of gonadotropin (fsh)	Q4					\$18.58
83002	Assay of gonadotropin (lh)	Q4					\$18.52
83003	Assay growth hormone (hgh)	Q4					\$16.67
83006	Growth stimulation gene 2	Q4					\$75.60
83009	H pylori (c-13) blood	Q4					\$67.36
83010	Assay of haptoglobin quant	Q4					\$12.58
83012	Assay of haptoglobins	Q4					\$26.89
83013	H pylori (c-13) breath	Q4					\$67.36
83014	H pylori drug admin	Q4					\$7.86
83015	Heavy metal qual any anal	Q4					\$20.94
83018	Heavy metal quant each nes	Q4					\$21.96
83020	Hemoglobin electrophoresis	Q4					\$12.87
83021	Hemoglobin chromatography	Q4					\$18.06
83026	Hemoglobin copper sulfate	Q4					\$4.01
83030	Hemoglobin f fetal chemical	Q4					\$10.74
83033	Hemoglobin ftl f assay qual	Q4					\$8.00
83036	Hemoglobin glycosylated a1c	Q4					\$9.71
83037	Hb glycosylated a1c home dev	Q4					\$9.71
83045	Hgb methemoglobin qual	Q4					\$6.49
83050	Hgb methemoglobin quan	Q4					\$8.20
83051	Hemoglobin plasma	Q4					\$7.31
83060	Hgb sulfhemoglobin quan	Q4					\$8.80
83065	Hemoglobin thermolabile	Q4					\$9.00
83068	Hemoglobin unstable screen	Q4					\$9.47
83069	Hemoglobin urine	Q4					\$3.95
83070	Assay of hemosiderin qual	Q4					\$4.75
83080	Assay of b hexosaminidase ea	Q4					\$16.87
83088	Assay of histamine	Q4					\$29.53
83090	Assay of homocysteine	Q4					\$17.92
83150	Assay of homovanillic acid	Q4					\$22.41
83491	Asy hydroxycorticosteroids17	Q4					\$17.90
83497	Assay of 5-hiaa	Q4					\$12.90
83498	Asy hydroxyprogesterone 17-d	Q4					\$27.17
83500	Assay free hydroxyproline	Q4					\$22.65
83505	Assay total hydroxyproline	Q4					\$24.30

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

83516	Immunoassay nonantibody	Q4					\$11.53
83518	Immunoassay dipstick	Q4					\$9.64
83519	Ria nonantibody	Q4					\$18.40
83520	Immunoassay quant nos nonab	Q4					\$17.27
83521	Ig light chains free each	Q4					\$17.27
83525	Assay of insulin	Q4					\$11.43
83527	Assay of insulin	Q4					\$12.95
83528	Assay of intrinsic factor	Q4					\$19.82
83529	Asay of interleukin-6 (il-6)	Q4					\$17.27
83540	Assay of iron	Q4					\$6.47
83550	Iron binding test	Q4					\$8.74
83570	Assay of idh enzyme	Q4					\$8.85
83582	Assay of ketogenic steroids	Q4					\$15.47
83586	Assay 17- ketosteroids	Q4					\$12.80
83593	Fractionation ketosteroids	Q4					\$28.50
83605	Assay of lactic acid	Q4					\$11.57
83615	Lactate (ld) (ldh) enzyme	Q4					\$6.04
83625	Assay of ldh enzymes	Q4					\$12.79
83630	Lactoferrin fecal (qual)	Q4					\$19.70
83631	Lactoferrin fecal (quant)	Q4					\$19.63
83632	Placental lactogen	Q4					\$20.22
83633	Test urine for lactose	Q4					\$11.25
83655	Assay of lead	Q4					\$12.11
83661	L/s ratio fetal lung	Q4					\$21.99
83662	Foam stability fetal lung	Q4					\$18.91
83663	Fluoro polarize fetal lung	Q4					\$18.91
83664	Lamellar bdy fetal lung	Q4					\$19.32
83670	Assay of lap enzyme	Q4					\$9.81
83690	Assay of lipase	Q4					\$6.89
83695	Assay of lipoprotein(a)	Q4					\$14.32
83698	Assay lipoprotein pla2	Q4					\$46.31
83700	Lipopro bld electrophoretic	Q4					\$11.26
83701	Lipoprotein bld hr fraction	Q4					\$33.86
83704	Lipoprotein bld quan part	Q4					\$34.19
83718	Assay of lipoprotein	A					\$8.19
83719	Assay of blood lipoprotein	Q4					\$12.75
83721	Assay of blood lipoprotein	Q4					\$10.50
83722	Lipoprtn dir meas sd ldl chl	Q4					\$34.19
83727	Assay of lrh hormone	Q4					\$17.19

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

83735	Assay of magnesium	Q4					\$6.70
83775	Assay malate dehydrogenase	Q4					\$7.37
83785	Assay of manganese	Q4					\$26.65
83789	Mass spectrometry qual/quant	Q4					\$24.11
83825	Assay of mercury	Q4					\$16.26
83835	Assay of metanephrines	Q4					\$16.94
83857	Assay of methemalbumin	Q4					\$10.74
83861	Microfluidic analysis of tears	Q4					\$22.48
83864	Mucopolysaccharides	Q4					\$28.50
83872	Assay synovial fluid mucin	Q4					\$5.86
83873	Assay of CSF protein	Q4					\$17.20
83874	Assay of myoglobin	Q4					\$12.92
83876	Assay myeloperoxidase	Q4					\$50.86
83880	Assay of natriuretic peptide	Q4					\$39.26
83883	Assay nephelometry not spec	Q4					\$13.60
83884	Assay neurfilament light chain	Q4					PCT CHG
83885	Assay of nickel	Q4					\$24.51
83915	Assay of nucleotidase	Q4					\$11.15
83916	Oligoclonal bands	Q4					\$27.39
83918	Organic acids total quant	Q4					\$23.60
83919	Organic acids qual each	Q4					\$16.45
83921	Organic acid single quant	Q4					\$21.21
83930	Assay of blood osmolality	Q4					\$6.61
83935	Assay of urine osmolality	Q4					\$6.82
83937	Assay of osteocalcin	Q4					\$29.85
83945	Assay of oxalate	Q4					\$14.45
83950	Oncoprotein her-2/neu	Q4					\$64.41
83951	Oncoprotein dcp	Q4					\$64.41
83970	Assay of parathormone	Q4					\$41.28
83986	Assay pH body fluid nos	Q4					\$3.58
83987	Exhaled breath condensate	Q4					\$3.58
83992	Assay for phencyclidine	E1	A				\$26.65
83993	Assay for calprotectin fecal	Q4					\$19.63
84030	Assay of blood PKU	Q4					\$5.50
84035	Assay of phenylketones	Q4					\$3.98
84060	Assay acid phosphatase	Q4					\$7.64
84066	Assay prostate phosphatase	Q4					\$9.66
84075	Assay alkaline phosphatase	Q4					\$5.18
84078	Assay alkaline phosphatase	Q4					\$8.26

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

84080	Assay alkaline phosphatases	Q4					\$14.78
84081	Assay phosphatidylglycerol	Q4					\$16.52
84085	Assay of rbc pg6d enzyme	Q4					\$9.44
84087	Assay phosphohexose enzymes	Q4					\$10.73
84100	Assay of phosphorus	Q4					\$4.74
84105	Assay of urine phosphorus	Q4					\$5.78
84106	Test for porphobilinogen	Q4					\$5.82
84110	Assay of porphobilinogen	Q4					\$8.44
84112	Eval amniotic fluid protein	Q4					\$98.11
84119	Test urine for porphyrins	Q4					\$13.36
84120	Assay of urine porphyrins	Q4					\$14.71
84126	Assay of feces porphyrins	Q4					\$39.11
84132	Assay of serum potassium	Q4					\$4.76
84133	Assay of urine potassium	Q4					\$4.73
84134	Assay of prealbumin	Q4					\$14.59
84135	Assay of pregnanediol	Q4					\$21.27
84138	Assay of pregnanetriol	Q4					\$21.05
84140	Assay of pregnenolone	Q4					\$20.67
84143	Assay of 17-hydroxypregнено	Q4					\$22.81
84144	Assay of progesterone	Q4					\$20.86
84145	Procalcitonin (pct)	Q4					\$27.22
84146	Assay of prolactin	Q4					\$19.38
84150	Assay of prostaglandin	Q4					\$41.77
84152	Assay of psa complexed	Q4					\$18.39
84153	Assay of psa total	Q4					\$18.39
84154	Assay of psa free	Q4					\$18.39
84155	Assay of protein serum	Q4					\$3.67
84156	Assay of protein urine	Q4					\$3.67
84157	Assay of protein other	Q4					\$4.00
84160	Assay of protein any source	Q4					\$5.61
84163	Pappa serum	Q4					\$15.05
84165	Protein e-phoresis serum	Q4					\$10.74
84166	Protein e-phoresis/urine/csf	Q4					\$17.83
84181	Western blot test	Q4					\$17.03
84182	Protein western blot test	Q4					\$29.21
84202	Assay rbc protoporphyrin	Q4					\$14.35
84203	Test rbc protoporphyrin	Q4					\$9.74
84206	Assay of proinsulin	Q4					\$26.69
84207	Assay of vitamin b-6	Q4					\$28.10

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

84210	Assay of pyruvate	Q4					\$14.48
84220	Assay of pyruvate kinase	Q4					\$9.44
84228	Assay of quinine	Q4					\$11.63
84233	Assay of estrogen	Q4					\$87.88
84234	Assay of progesterone	Q4					\$64.88
84235	Assay of endocrine hormone	Q4					\$71.23
84238	Assay nonendocrine receptor	Q4					\$36.57
84244	Assay of renin	Q4					\$21.99
84252	Assay of vitamin b-2	Q4					\$20.24
84255	Assay of selenium	Q4					\$25.53
84260	Assay of serotonin	Q4					\$30.98
84270	Assay of sex hormone globul	Q4					\$21.73
84275	Assay of sialic acid	Q4					\$13.44
84285	Assay of silica	Q4					\$25.21
84295	Assay of serum sodium	Q4					\$4.81
84300	Assay of urine sodium	Q4					\$5.06
84302	Assay of sweat sodium	Q4					\$4.86
84305	Assay of somatomedin	Q4					\$21.26
84307	Assay of somatostatin	Q4					\$18.28
84311	Spectrophotometry	Q4					\$8.10
84315	Body fluid specific gravity	Q4					\$3.28
84375	Chromatogram assay sugars	Q4					\$39.00
84376	Sugars single qual	Q4					\$5.50
84377	Sugars multiple qual	Q4					\$5.50
84378	Sugars single quant	Q4					\$11.53
84379	Sugars multiple quant	Q4					\$11.53
84392	Assay of urine sulfate	Q4					\$5.49
84393	Tau phosphorylated ea	Q4					PCT CHG
84394	Total tau	Q4					PCT CHG
84402	Assay of free testosterone	Q4					\$25.47
84403	Assay of total testosterone	Q4					\$25.81
84410	Testosterone bioavailable	Q4					\$51.28
84425	Assay of vitamin b-1	Q4					\$21.23
84430	Assay of thiocyanate	Q4					\$11.63
84431	Thromboxane urine	Q4					\$35.11
84432	Assay of thyroglobulin	Q4					\$16.06
84433	Asy thiopurin s-mthyltrnsfrs	Q4					\$22.17
84436	Assay of total thyroxine	Q4					\$6.87
84437	Assay of neonatal thyroxine	Q4					\$6.47

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

84439	Assay of free thyroxine	Q4					\$9.02
84442	Assay of thyroid activity	Q4					\$14.78
84443	Assay thyroid stim hormone	Q4					\$16.80
84445	Assay of tsi globulin	Q4					\$50.86
84446	Assay of vitamin e	Q4					\$14.18
84449	Assay of transcortin	Q4					\$18.00
84450	Transferase (ast) (sgot)	Q4					\$5.18
84460	Alanine amino (alt) (sgpt)	Q4					\$5.30
84466	Assay of transferrin	Q4					\$12.76
84478	Assay of triglycerides	A					\$5.74
84479	Assay of thyroid (t3 or t4)	Q4					\$6.47
84480	Assay triiodothyronine (t3)	Q4					\$14.18
84481	Free assay (ft-3)	Q4					\$16.94
84482	T3 reverse	Q4					\$15.76
84484	Assay of troponin quant	Q4					\$12.47
84485	Assay duodenal fluid trypsin	Q4					\$7.20
84488	Test feces for trypsin	Q4					\$7.30
84490	Assay of feces for trypsin	Q4					\$9.93
84510	Assay of tyrosine	Q4					\$10.63
84512	Assay of troponin qual	Q4					\$10.09
84520	Assay of urea nitrogen	Q4					\$3.95
84525	Urea nitrogen semi-quant	Q4					\$5.13
84540	Assay of urine/urea-n	Q4					\$5.56
84545	Urea-n clearance test	Q4					\$7.20
84550	Assay of blood/uric acid	Q4					\$4.52
84560	Assay of urine/uric acid	Q4					\$5.08
84577	Assay of feces/urobilinogen	Q4					\$16.80
84578	Test urine urobilinogen	Q4					\$4.47
84580	Assay of urine urobilinogen	Q4					\$9.55
84583	Assay of urine urobilinogen	Q4					\$6.05
84585	Assay of urine vma	Q4					\$15.50
84586	Assay of vip	Q4					\$35.33
84588	Assay of vasopressin	Q4					\$33.94
84590	Assay of vitamin a	Q4					\$11.61
84591	Assay of nos vitamin	Q4					\$17.06
84597	Assay of vitamin k	Q4					\$13.72
84600	Assay of volatiles	Q4					\$17.11
84620	Xylose tolerance test	Q4					\$12.91
84630	Assay of zinc	Q4					\$11.39

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

84681	Assay of c-peptide	Q4					\$20.81
84702	Chorionic gonadotropin test	Q4					\$15.05
84703	Chorionic gonadotropin assay	Q4					\$7.52
84704	Hcg free betachain test	Q4					\$15.29
84830	Ovulation tests	Q4					\$12.70
84999	Unlisted chemistry procedure	Q4					PCT CHG
85002	Bleeding time test	Q4					\$4.82
85004	Automated diff wbc count	Q4					\$6.47
85007	BI smear w/diff wbc count	Q4					\$3.80
85008	BI smear w/o diff wbc count	Q4					\$3.43
85009	Manual diff wbc count b-coat	Q4					\$5.07
85013	Spun microhematocrit	Q4					\$7.00
85014	Hematocrit	Q4					\$2.37
85018	Hemoglobin	Q4					\$2.37
85025	Complete cbc w/auto diff wbc	Q4					\$7.77
85027	Complete cbc automated	Q4					\$6.47
85032	Manual cell count each	Q4					\$4.31
85041	Automated rbc count	Q4					\$3.02
85044	Manual reticulocyte count	Q4					\$4.31
85045	Automated reticulocyte count	Q4					\$3.99
85046	Reticyte/hgb concentrate	Q4					\$5.57
85048	Automated leukocyte count	Q4					\$2.54
85049	Automated platelet count	Q4					\$4.48
85055	Reticulated platelet assay	Q4					\$35.74
85060	Blood smear interpretation	B					
85097	Bone marrow interpretation	Q2		5674	Level 4 Pathology	9.1613	
85130	Chromogenic substrate assay	Q4					\$11.89
85170	Blood clot retraction	Q4					\$16.30
85175	Blood clot lysis time	Q4					\$20.37
85210	Clot factor ii prothrom spec	Q4					\$12.98
85220	Blooc clot factor v test	Q4					\$17.65
85230	Clot factor vii proconvertin	Q4					\$17.90
85240	Clot factor viii ahg 1 stage	Q4					\$17.90
85244	Clot factor viii reltd antgn	Q4					\$20.42
85245	Clot factor viii vw ristoctn	Q4					\$22.94
85246	Clot factor viii vw antigen	Q4					\$22.94
85247	Clot factor viii multimetric	Q4					\$22.94
85250	Clot factor ix ptc/chrstmas	Q4					\$19.04
85260	Clot factor x stuart-power	Q4					\$17.90

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

85270	Clot factor xi pta	Q4					\$17.90
85280	Clot factor xii hageman	Q4					\$19.35
85290	Clot factor xiii fibrin stab	Q4					\$16.34
85291	Clot factor xiii fibrin scrn	Q4					\$9.11
85292	Clot factor fletcher fact	Q4					\$18.93
85293	Clot factor wght kininogen	Q4					\$18.93
85300	Antithrombin iii activity	Q4					\$11.85
85301	Antithrombin iii antigen	Q4					\$10.81
85302	Clot inhibit prot c antigen	Q4					\$12.01
85303	Clot inhibit prot c activity	Q4					\$13.84
85305	Clot inhibit prot s total	Q4					\$11.61
85306	Clot inhibit prot s free	Q4					\$15.32
85307	Assay activated protein c	Q4					\$15.32
85335	Factor inhibitor test	Q4					\$12.87
85337	Thrombomodulin	Q4					\$17.27
85345	Coagulation time lee & white	Q4					\$4.69
85347	Coagulation time activated	Q4					\$4.28
85348	Coagulation time otr method	Q4					\$4.49
85360	Euglobulin lysis	Q4					\$8.41
85362	Fibrin degradation products	Q4					\$6.89
85366	Fibrinogen test	Q4					\$80.46
85370	Fibrinogen test	Q4					\$12.43
85378	Fibrin degrade semiquant	Q4					\$9.72
85379	Fibrin degradation quant	Q4					\$10.18
85380	Fibrin degradj d-dimer	Q4					\$10.18
85384	Fibrinogen activity	Q4					\$9.72
85385	Fibrinogen antigen	Q4					\$14.46
85390	Fibrinolysins screen i&r	Q4					\$15.48
85396	Clotting assay whole blood	N					
85397	Clotting funct activity	Q4					\$30.86
85400	Fibrinolytic plasmin	Q4					\$7.71
85410	Fibrinolytic antiplasmin	Q4					\$7.71
85415	Fibrinolytic plasminogen	Q4					\$17.19
85420	Fibrinolytic plasminogen	Q4					\$6.53
85421	Fibrinolytic plasminogen	Q4					\$10.18
85441	Heinz bodies direct	Q4					\$4.20
85445	Heinz bodies induced	Q4					\$6.82
85460	Hemoglobin fetal	Q4					\$7.73
85461	Hemoglobin fetal	Q4					\$9.36

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

85475	Hemolysin acid	Q4					\$8.87
85520	Heparin assay	Q4					\$13.09
85525	Heparin neutralization	Q4					\$11.84
85530	Heparin-protamine tolerance	Q4					\$13.09
85536	Iron stain peripheral blood	Q4					\$6.88
85540	Wbc alkaline phosphatase	Q4					\$8.60
85547	Rbc mechanical fragility	Q4					\$8.60
85549	Muramidase	Q4					\$18.75
85555	Rbc osmotic fragility	Q4					\$7.47
85557	Rbc osmotic fragility	Q4					\$13.36
85576	Blood platelet aggregation	Q4					\$24.91
85597	Phospholipid pltlt neutraliz	Q4					\$17.98
85598	Hexagnal phosph pltlt neutrl	Q4					\$17.98
85610	Prothrombin time	Q4					\$4.29
85611	Prothrombin test	Q4					\$3.94
85612	Viper venom prothrombin time	Q4					\$17.49
85613	Russell viper venom diluted	Q4					\$9.58
85635	Reptilase test	Q4					\$9.85
85651	Rbc sed rate nonautomated	Q4					\$4.27
85652	Rbc sed rate automated	Q4					\$2.70
85660	Rbc sickle cell test	Q4					\$5.51
85670	Thrombin time plasma	Q4					\$5.77
85675	Thrombin time titer	Q4					\$6.85
85705	Thromboplastin inhibition	Q4					\$9.63
85730	Thromboplastin time partial	Q4					\$6.01
85732	Thromboplastin time partial	Q4					\$6.47
85810	Blood viscosity examination	Q4					\$11.67
85999	Unlisted hematology&coagj px	Q4					\$9.37
86000	Agglutinins febrile antigen	Q4					\$6.98
86001	Allergen specific igg	Q4					\$7.82
86003	Allg spec ige crude xtrc ea	Q4					\$5.22
86005	Allg spec ige multiallg scr	Q4					\$7.97
86008	Allg spec ige recomb ea	Q4					\$17.93
86015	Actin antibody each	Q4					\$12.05
86021	Wbc antibody identification	Q4					\$15.05
86022	Platelet antibodies	Q4					\$18.37
86023	Immunoglobulin assay	Q4					\$12.46
86036	Anca screen each antibody	Q4					\$12.05
86037	Anca titer each antibody	Q4					\$12.05

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

86038	Antinuclear antibodies	Q4					\$12.09
86039	Antinuclear antibodies (ana)	Q4					\$11.16
86041	Acetylcholin rcptr bndng antb	Q4					\$18.40
86042	Acetylcholin rcptr blkcg antb	Q4					\$18.40
86043	Acetylcholin rcptr modlg antb	Q4					\$12.05
86051	Aquaporin-4 antb elisa	Q4					\$11.53
86052	Aquaporin-4 antb cba each	Q4					\$12.05
86053	Aqaprn-4 antb flo cytmtry ea	Q4					\$37.73
86060	Antistreptolysin o titer	Q4					\$7.30
86063	Antistreptolysin o screen	Q4					\$5.77
86077	Phys blood bank serv xmatch	Q1		5731	Level 1 Minor Procedures	0.2747	
86078	Phys blood bank serv reactj	Q1		5672	Level 2 Pathology	1.9218	
86079	Phys blood bank serv authrj	Q1		5671	Level 1 Pathology	0.5992	
86140	C-reactive protein	Q4					\$5.18
86141	C-reactive protein hs	Q4					\$12.95
86146	Beta-2 glycoprotein antibody	Q4					\$25.45
86147	Cardiolipin antibody ea ig	Q4					\$25.45
86148	Anti-phospholipid antibody	Q4					\$16.07
86152	Cell enumeration & id	Q4					\$250.78
86153	Cell enumeration phys interp	B					
86155	Chemotaxis assay	Q4					\$15.99
86156	Cold agglutinin screen	Q4					\$8.07
86157	Cold agglutinin titer	Q4					\$8.06
86160	Complement antigen	Q4					\$12.00
86161	Complement/function activity	Q4					\$12.00
86162	Complement total (ch50)	Q4					\$20.32
86171	Complement fixation each	Q4					\$10.01
86200	Ccp antibody	Q4					\$12.95
86215	Deoxyribonuclease antibody	Q4					\$13.25
86225	Dna antibody native	Q4					\$13.74
86226	Dna antibody single strand	Q4					\$12.11
86231	Ema each ig class	Q4					\$12.09
86235	Nuclear antigen antibody	Q4					\$17.93
86255	Fluorescent antibody screen	Q4					\$12.05
86256	Fluorescent antibody titer	Q4					\$12.05
86258	Dgp antibody each ig class	Q4					\$12.05
86277	Growth hormone antibody	Q4					\$15.74
86280	Hemagglutination inhibition	Q4					\$8.19
86294	Immunoassay tumor qual	Q4					\$25.57

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

86300	Immunoassay tumor ca 15-3	Q4					\$20.81
86301	Immunoassay tumor ca 19-9	Q4					\$20.81
86304	Immunoassay tumor ca 125	Q4					\$20.81
86305	Human epididymis protein 4	Q4					\$20.81
86308	Heterophile antibody screen	Q4					\$5.18
86309	Heterophile antibody titer	Q4					\$6.47
86310	Heterophile antibody absrbj	Q4					\$7.37
86316	Immunoassay tumor other	Q4					\$20.81
86317	Immunoassay infectious agent	Q4					\$14.99
86318	Ia infectious agent antibody	Q4					\$18.09
86320	Serum immunoelectrophoresis	Q4					\$29.92
86325	Other immunoelectrophoresis	Q4					\$23.13
86328	Ia nfct ab sarscov2 covid19	A					\$45.28
86329	Immunodiffusion nes	Q4					\$14.05
86331	Immunodiffusion ouchterlony	Q4					\$11.98
86332	Immune complex assay	Q4					\$24.37
86334	Immunofix e-phoresis serum	Q4					\$22.34
86335	Immunfix e-phorsis/urine/csf	Q4					\$29.35
86336	Inhibin a	Q4					\$15.59
86337	Insulin antibodies	Q4					\$21.41
86340	Intrinsic factor antibody	Q4					\$15.08
86341	Islet cell antibody	Q4					\$23.57
86343	Leukocyte histamine release	Q4					\$12.46
86344	Leukocyte phagocytosis	Q4					\$10.39
86352	Cell function assay w/stim	Q4					\$135.86
86353	Lymphocyte transformation	Q4					\$49.03
86355	B cells total count	Q4					\$37.73
86356	Mononuclear cell antigen	Q4					\$26.78
86357	Nk cells total count	Q4					\$37.73
86359	T cells total count	Q4					\$37.73
86360	T cell absolute count/ratio	Q4					\$46.98
86361	T cell absolute count	Q4					\$26.78
86362	Mog-igg1 antb cba each	Q4					\$12.05
86363	Mog-igg1 antb flo cytmtry ea	Q4					\$37.73
86364	Tiss trnsgltnase ea ig clas	Q4					\$11.53
86366	Muscle-specific kinase antb	Q4					\$18.40
86367	Stem cells total count	Q4					\$77.78
86376	Microsomal antibody each	Q4					\$14.55
86381	Mitochondrial antibody each	Q4					\$25.45

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

86382	Neutralization test viral	Q4					\$16.91
86384	Nitroblue tetrazolium dye	Q4					\$13.61
86386	Nuclear matrix protein 22	Q4					\$21.78
86403	Particle agglut antbdy scrn	Q4					\$11.54
86406	Particle agglut antbdy titr	Q4					\$10.64
86408	Neutrlzg antb sarscov2 scr	A					\$42.13
86409	Neutrlzg antb sarscov2 titer	A					\$79.61
86413	Sars-cov-2 antb quantitative	A					\$51.43
86430	Rheumatoid factor test qual	Q4					\$6.14
86431	Rheumatoid factor quant	Q4					\$5.67
86480	Tb test cell immun measure	Q4					\$61.98
86481	Tb ag response t-cell susp	Q4					\$100.00
86485	Skin test candida	Q1		5731	Level 1 Minor Procedures	0.2747	
86486	Skin test unlisted antign ea	Q1		5731	Level 1 Minor Procedures	0.2747	
86510	Histoplasmosis skin test	Q1		5732	Level 2 Minor Procedures	0.4402	
86580	Tb intradermal test	Q1		5731	Level 1 Minor Procedures	0.2747	
86581	Strptcs pneum antb serot ia	Q4					PCT CHG
86590	Streptokinase antibody	Q4					\$12.66
86592	Syphilis test non-trep qual	A					\$4.27
86593	Syphilis test non-trep quant	A					\$4.40
86596	Voltage-gtd ca chnl antb ea	Q4					\$12.05
86602	Antinomyces antibody	Q4					\$10.18
86603	Adenovirus antibody	Q4					\$12.87
86606	Aspergillus antibody	Q4					\$15.05
86609	Bacterium antibody	Q4					\$12.88
86611	Bartonella antibody	Q4					\$10.18
86612	Blastomyces antibody	Q4					\$12.90
86615	Bordetella antibody	Q4					\$13.19
86617	Lyme disease antibody	Q4					\$15.49
86618	Lyme disease antibody	Q4					\$17.03
86619	Borrelia antibody	Q4					\$13.38
86622	Brucella antibody	Q4					\$8.93
86625	Campylobacter antibody	Q4					\$13.12
86628	Candida antibody	Q4					\$12.01
86631	Chlamydia antibody	A					\$11.82
86632	Chlamydia igm antibody	A					\$12.68
86635	Coccidioides antibody	Q4					\$11.47
86638	Q fever antibody	Q4					\$12.12
86641	Cryptococcus antibody	Q4					\$14.41

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

86644	Cmv antibody	Q4					\$14.39
86645	Cmv antibody igm	Q4					\$16.85
86648	Diphtheria antibody	Q4					\$15.21
86651	Encephalitis californ antbdy	Q4					\$13.19
86652	Encephalitis east eqne anbdy	Q4					\$13.19
86653	Encephalitis st louis antibody	Q4					\$13.19
86654	Encephalitis west eqne antbdy	Q4					\$13.19
86658	Enterovirus antibody	Q4					\$13.03
86663	Epstein-barr antibody	Q4					\$13.12
86664	Epstein-barr nuclear antigen	Q4					\$15.29
86665	Epstein-barr capsid vca	Q4					\$18.14
86666	Ehrlichia antibody	Q4					\$10.18
86668	Francisella tularensis	Q4					\$14.16
86671	Fungus nes antibody	Q4					\$12.25
86674	Giardia lamblia antibody	Q4					\$14.72
86677	Helicobacter pylori antibody	Q4					\$16.85
86682	Helminth antibody	Q4					\$13.01
86684	Hemophilus influenza antibdy	Q4					\$15.84
86687	Htlv-i antibody	Q4					\$9.09
86688	Htlv-ii antibody	Q4					\$14.00
86689	Htlv/hiv confirmj antibody	Q4					\$19.35
86692	Hepatitis delta agent antbdy	Q4					\$17.16
86694	Herpes simplex nes antbdy	Q4					\$14.39
86695	Herpes simplex type 1 test	Q4					\$13.19
86696	Herpes simplex type 2 test	Q4					\$19.35
86698	Histoplasma antibody	Q4					\$13.79
86701	Hiv-1antibody	Q4					\$8.89
86702	Hiv-2 antibody	Q4					\$13.52
86703	Hiv-1/hiv-2 1 result antbdy	Q4					\$13.71
86704	Hep b core antibody total	Q4					\$12.05
86705	Hep b core antibody igm	Q4					\$11.77
86706	Hep b surface antibody	Q4					\$10.74
86707	Hepatitis be antibody	Q4					\$11.57
86708	Hepatitis a antibody	Q4					\$12.39
86709	Hepatitis a igm antibody	Q4					\$11.26
86710	Influenza virus antibody	Q4					\$13.55
86711	John cunningham antibody	Q4					\$16.89
86713	Legionella antibody	Q4					\$15.30
86717	Leishmania antibody	Q4					\$12.25

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

86720	Leptospira antibody	Q4					\$16.20
86723	Listeria monocytogenes	Q4					\$13.19
86727	Lymph choriomeningitis ab	Q4					\$12.87
86732	Mucormycosis antibody	Q4					\$15.00
86735	Mumps antibody	Q4					\$13.05
86738	Mycoplasma antibody	Q4					\$13.24
86741	Neisseria meningitidis	Q4					\$13.19
86744	Nocardia antibody	Q4					\$15.99
86747	Parvovirus antibody	Q4					\$15.03
86750	Malaria antibody	Q4					\$13.19
86753	Protozoa antibody nos	Q4					\$12.39
86756	Respiratory virus antibody	Q4					\$15.89
86757	Rickettsia antibody	Q4					\$19.35
86759	Rotavirus antibody	Q4					\$18.23
86762	Rubella antibody	Q4					\$14.39
86765	Rubeola antibody	Q4					\$12.88
86768	Salmonella antibody	Q4					\$13.19
86769	Sars-cov-2 covid-19 antibody	A					\$42.13
86771	Shigella antibody	Q4					\$24.48
86774	Tetanus antibody	Q4					\$14.80
86777	Toxoplasma antibody	Q4					\$14.39
86778	Toxoplasma antibody igm	Q4					\$14.41
86780	Treponema pallidum	A					\$13.24
86784	Trichinella antibody	Q4					\$12.56
86787	Varicella-zoster antibody	Q4					\$12.88
86788	West nile virus ab igm	Q4					\$16.85
86789	West nile virus antibody	Q4					\$14.39
86790	Virus antibody nos	Q4					\$12.88
86793	Yersinia antibody	Q4					\$13.19
86794	Zika virus igm antibody	Q4					\$16.85
86800	Thyroglobulin antibody	Q4					\$15.91
86803	Hepatitis c ab test	Q4					\$14.27
86804	Hep c ab test confirm	Q4					\$15.49
86805	Lymphocytotoxicity assay	Q4					\$189.51
86806	Lymphocytotoxicity assay	Q4					\$47.59
86807	Cytotoxic antibody screening	Q4					\$78.65
86808	Cytotoxic antibody screening	Q4					\$29.68
86812	Hla typing a b or c	Q4					\$25.81
86813	Hla typing a b or c	Q4					\$58.00

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

86816	Hla typing dr/dq	Q4					\$30.17
86817	Hla typing dr/dq	Q4					\$106.14
86821	Lymphocyte culture mixed	Q4					\$36.56
86825	Hla x-math non-cytotoxic	Q4	E1				
86826	Hla x-match noncytotoxc addl	Q4	E1				
86828	Hla class i&ii antibody qual	Q4					\$64.19
86829	Hla class i/ii antibody qual	Q4					\$64.19
86830	Hla class i phenotype qual	Q4					\$95.52
86831	Hla class ii phenotype qual	Q4					\$81.88
86832	Hla class i high defin qual	Q4					\$323.75
86833	Hla class ii high defin qual	Q4					\$325.80
86834	Hla class i semiquant panel	Q4					\$357.56
86835	Hla class ii semiquant panel	Q4					\$322.96
86849	Immunology procedure	N					
86850	Rbc antibody screen	Q1		5671	Level 1 Pathology	0.5992	
86860	Rbc antibody elution	Q1		5672	Level 2 Pathology	1.9218	
86870	Rbc antibody identification	Q2		5673	Level 3 Pathology	4.0341	
86880	Coombs test direct	Q1		5733	Level 3 Minor Procedures	0.6661	
86885	Coombs test indirect qual	Q1		5672	Level 2 Pathology	1.9218	
86886	Coombs test indirect titer	Q1		5672	Level 2 Pathology	1.9218	
86890	Autologous blood process	Q1		5672	Level 2 Pathology	1.9218	
86891	Autologous blood op salvage	Q1		5674	Level 4 Pathology	9.1613	
86900	Blood typing serologic abo	Q1		5734	Level 4 Minor Procedures	1.4456	
86901	Blood typing serologic rh(d)	Q1		5732	Level 2 Minor Procedures	0.4402	
86902	Blood type antigen donor ea	Q1		5673	Level 3 Pathology	4.0341	
86904	Blood typing patient serum	Q1		5733	Level 3 Minor Procedures	0.6661	
86905	Blood typing rbc antigens	Q1		5673	Level 3 Pathology	4.0341	
86906	Bld typing serologic rh phnt	Q1		5732	Level 2 Minor Procedures	0.4402	
86910	Blood typing paternity test	E1					
86911	Blood typing antigen system	E1					
86920	Compatibility test spin	Q1		5672	Level 2 Pathology	1.9218	
86921	Compatibility test incubate	Q1		5672	Level 2 Pathology	1.9218	
86922	Compatibility test antiglob	Q1		5672	Level 2 Pathology	1.9218	
86923	Compatibility test electric	Q1		5672	Level 2 Pathology	1.9218	
86927	Plasma fresh frozen	S		5672	Level 2 Pathology	1.9218	
86930	Frozen blood prep	Q1		5672	Level 2 Pathology	1.9218	
86931	Frozen blood thaw	Q1		5672	Level 2 Pathology	1.9218	
86932	Frozen blood freeze/thaw	Q1		5732	Level 2 Minor Procedures	0.4402	
86940	Hemolysins/agglutinins auto	Q4					\$8.77

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

86941	Hemolysins/agglutinins	Q4					\$12.11
86945	Blood product/irradiation	Q1		5732	Level 2 Minor Procedures	0.4402	
86950	Leukocyte transfusion	Q1		5672	Level 2 Pathology	1.9218	
86960	Vol reduction of blood/prod	Q1		5672	Level 2 Pathology	1.9218	
86965	Pooling blood platelets	Q1		5672	Level 2 Pathology	1.9218	
86970	Rbc pretx incubatj w/chemicl	Q1		5733	Level 3 Minor Procedures	0.6661	
86971	Rbc pretx incubatj w/enzymes	Q1		5672	Level 2 Pathology	1.9218	
86972	Rbc pretx incubatj w/density	Q1		5672	Level 2 Pathology	1.9218	
86975	Rbc serum pretx incubj drugs	Q1		5735	Level 5 Minor Procedures	4.4751	
86976	Rbc serum pretx id dilution	Q1		5731	Level 1 Minor Procedures	0.2747	
86977	Rbc serum pretx incubj/inhib	Q1		5672	Level 2 Pathology	1.9218	
86978	Rbc pretreatment serum	Q1		5733	Level 3 Minor Procedures	0.6661	
86985	Split blood or products	Q1		5672	Level 2 Pathology	1.9218	
86999	Unlisted transfusion med px	Q1		5731	Level 1 Minor Procedures	0.2747	
87003	Small animal inoculation	Q4					\$16.84
87015	Specimen infect agnt concntj	Q4					\$6.68
87040	Blood culture for bacteria	Q4					\$10.32
87045	Feces culture aerobic bact	Q4					\$9.44
87046	Stool cultr aerobic bact ea	Q4					\$9.44
87070	Culture othr specimn aerobic	Q4					\$8.62
87071	Culture aerobic quant other	Q4					\$9.89
87073	Culture bacteria anaerobic	Q4					\$9.66
87075	Cultr bacteria except blood	Q4					\$9.47
87076	Culture anaerobe ident each	Q4					\$8.08
87077	Culture aerobic identify	Q4					\$8.08
87081	Culture screen only	Q4					\$6.63
87084	Culture of specimen by kit	Q4					\$27.07
87086	Urine culture/colony count	Q4					\$8.07
87088	Urine bacteria culture	Q4					\$8.09
87101	Skin fungi culture	Q4					\$7.71
87102	Fungus isolation culture	Q4					\$8.41
87103	Blood fungus culture	Q4					\$20.46
87106	Fungi identification yeast	Q4					\$10.32
87107	Fungi identification mold	Q4					\$10.32
87109	Mycoplasma	Q4					\$15.39
87110	Chlamydia culture	Q4					\$19.60
87116	Mycobacteria culture	Q4					\$10.80
87118	Mycobacteric identification	Q4					\$14.61
87140	Culture type immunofluoresc	Q4					\$5.57

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

87143	Culture typing glc/hplc	Q4					\$12.52
87147	Culture type immunologic	Q4					\$5.18
87149	Dna/rna direct probe	Q4					\$20.05
87150	Dna/rna amplified probe	Q4					\$35.09
87152	Culture type pulse field gel	Q4					\$7.74
87153	Dna/rna sequencing	Q4					\$115.36
87154	Cul typ id bld pthgn 6+ trgt	Q4					\$218.06
87158	Culture typing added method	Q4					\$7.74
87164	Dark field examination	Q4					\$10.74
87166	Dark field examination	Q4					\$11.30
87168	Macroscopic exam arthropod	Q4					\$4.27
87169	Macroscopic exam parasite	Q4					\$4.31
87172	Pinworm exam	Q4					\$4.27
87176	Tissue homogenization cultr	Q4					\$5.88
87177	Ova and parasites smears	Q4					\$8.90
87181	Microbe susceptible diffuse	Q4					\$4.75
87184	Microbe susceptible disk	Q4					\$7.48
87185	Microbe susceptible enzyme	Q4					\$4.75
87186	Microbe susceptible mic	Q4					\$8.65
87187	Microbe susceptible mlc	Q4					\$40.17
87188	Microbe suscept macrobroth	Q4					\$6.64
87190	Microbe suscept mycobacteri	Q4					\$7.31
87197	Bactericidal level serum	Q4					\$15.02
87205	Smear gram stain	Q4					\$4.27
87206	Smear fluorescent/acid stai	Q4					\$5.39
87207	Smear special stain	Q4					\$5.99
87209	Smear complex stain	Q4					\$17.98
87210	Smear wet mount saline/ink	Q4					\$5.82
87220	Tissue exam for fungi	Q4					\$4.27
87230	Assay toxin or antitoxin	Q4					\$19.74
87250	Virus inoculate eggs/animal	Q4					\$19.56
87252	Virus inoculation tissue	Q4					\$26.07
87253	Virus inoculate tissue addl	Q4					\$20.20
87254	Virus inoculation shell via	Q4					\$19.56
87255	Genet virus isolate hsv	Q4					\$33.86
87260	Adenovirus ag if	Q4					\$14.43
87265	Pertussis ag if	Q4					\$11.98
87267	Enterovirus antibody dfa	Q4					\$13.42
87269	Giardia ag if	Q4					\$13.61

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

87270	Chlamydia trachomatis ag if	Q4					\$11.98
87271	Cytomegalovirus dfa	Q4					\$13.42
87272	Cryptosporidium ag if	Q4					\$11.98
87273	Herpes simplex 2 ag if	Q4					\$11.98
87274	Herpes simplex 1 ag if	Q4					\$11.98
87275	Influenza b ag if	Q4					\$12.25
87276	Influenza a ag if	Q4					\$16.07
87278	Legion pneumophilia ag if	Q4					\$15.60
87279	Parainfluenza ag if	Q4					\$16.43
87280	Respiratory syncytial ag if	Q4					\$13.42
87281	Pneumocystis carinii ag if	Q4					\$11.98
87283	Rubeola ag if	Q4					\$60.80
87285	Treponema pallidum ag if	Q4					\$12.18
87290	Varicella zoster ag if	Q4					\$13.42
87299	Antibody detection nos if	Q4					\$16.10
87300	Ag detection polyval if	Q4					\$11.98
87301	Adenovirus ag ia	Q4					\$11.98
87305	Aspergillus ag ia	Q4					\$11.98
87320	Chlmyd trach ag ia	Q4					\$15.00
87324	Clostridium ag ia	Q4					\$11.98
87327	Cryptococcus neoform ag ia	Q4					\$13.42
87328	Cryptosporidium ag ia	Q4					\$13.82
87329	Giardia ag ia	Q4					\$11.98
87332	Cytomegalovirus ag ia	Q4					\$11.98
87335	E coli 0157 ag ia	Q4					\$12.66
87336	Entamoeb hist dispr ag ia	Q4					\$16.00
87337	Entamoeb hist group ag ia	Q4					\$11.98
87338	Hpylori stool ag ia	Q4					\$14.38
87339	H pylori ag ia	Q4					\$16.00
87340	Hepatitis b surface ag ia	Q4					\$10.33
87341	Hep b surface ag neutr1zj ia	Q4					\$10.33
87350	Hepatitis be ag ia	Q4					\$11.53
87380	Hepatitis delta agent ag ia	Q4					\$18.36
87385	Histoplasma capsul ag ia	Q4					\$13.25
87389	Hiv-1 ag w/hiv-1&-2 ab ag ia	Q4					\$24.08
87390	Hiv-1 ag ia	Q4					\$24.06
87391	Hiv-2 ag ia	Q4					\$21.90
87400	Influenza a/b each ag ia	Q4					\$14.13
87420	Resp syncytial virus ag ia	Q4					\$13.91

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

87425	Rotavirus ag ia	Q4					\$11.98
87426	Sarscov coronavirus ag ia	A					\$35.33
87427	Shiga-like toxin ag ia	Q4					\$11.98
87428	Sarscov & inf vir a&b ag ia	A					\$70.29
87430	Strep a ag ia	Q4					\$16.81
87449	Nos each organism ag ia	Q4					\$11.98
87451	Polyvalent mult org ea ag ia	Q4					\$10.51
87467	Hepatitis b surface ag quan	Q4					\$25.32
87468	Anaplsma phgcytophlm amp prb	Q4					\$35.09
87469	Babesia microti amp prb	Q4					\$35.09
87471	Bartonella dna amp probe	Q4					\$35.09
87472	Bartonella dna quant	Q4					\$42.84
87475	Lyme dis dna dir probe	Q4					\$20.05
87476	Lyme dis dna amp probe	Q4					\$35.09
87478	Borrelia miyamotoi amp prb	Q4					\$35.09
87480	Candida dna dir probe	Q4					\$20.05
87481	Candida dna amp probe	Q4					\$35.09
87482	Candida dna quant	Q4					\$55.74
87483	Cns dna amp probe type 12-25	Q4					\$416.78
87484	Ehrlicha chaffeensis amp prb	Q4					\$35.09
87485	Chlmyd pneum dna dir probe	Q4					\$20.05
87486	Chlmyd pneum dna amp probe	Q4					\$35.09
87487	Chlmyd pneum dna quant	Q4					\$42.84
87490	Chlmyd trach dna dir probe	Q4					\$22.75
87491	Chlmyd trach dna amp probe	Q4					\$35.09
87492	Chlmyd trach dna quant	Q4					\$53.47
87493	C diff amplified probe	Q4					\$37.27
87495	Cytomeg dna dir probe	Q4					\$30.03
87496	Cytomeg dna amp probe	Q4					\$35.09
87497	Cytomeg dna quant	Q4					\$42.84
87498	Enterovirus probe&revrs trns	Q4					\$35.09
87500	Vanomycin dna amp probe	Q4					\$35.09
87501	Influenza dna amp prob 1+	Q4					\$51.31
87502	Influenza dna amp probe	Q4					\$95.80
87503	Influenza dna amp prob addl	Q4					\$29.22
87505	Nfct agent detection gi	Q4					\$128.29
87506	Iadna-dna/rna probe tq 6-11	Q4					\$262.99
87507	Iadna-dna/rna probe tq 12-25	Q4					\$416.78
87510	Gardner vag dna dir probe	Q4					\$20.05

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

87511	Gardner vag dna amp probe	Q4					\$35.09
87512	Gardner vag dna quant	Q4					\$41.76
87513	H pylri clrthmcn rst amp prb	Q4					\$35.09
87516	Hepatitis b dna amp probe	Q4					\$35.09
87517	Hepatitis b dna quant	Q4					\$42.84
87520	Hepatitis c rna dir probe	Q4					\$31.22
87521	Hepatitis c probe&rvrs tnsc	Q4					\$35.09
87522	Hepatitis c revrs tnscrpj	Q4					\$42.84
87523	Hepatitis d quantification	Q4					\$42.84
87525	Hepatitis g dna dir probe	Q4					\$29.80
87526	Hepatitis g dna amp probe	Q4					\$39.26
87527	Hepatitis g dna quant	Q4					\$41.76
87528	Hsv dna dir probe	Q4					\$20.05
87529	Hsv dna amp probe	Q4					\$35.09
87530	Hsv dna quant	Q4					\$42.84
87531	Hhv-6 dna dir probe	Q4					\$58.00
87532	Hhv-6 dna amp probe	Q4					\$35.09
87533	Hhv-6 dna quant	Q4					\$41.76
87534	Hiv-1 dna dir probe	Q4					\$21.92
87535	Hiv-1 probe&reverse tnscrpj	Q4					\$35.09
87536	Hiv-1 quant&revrse tnscrpj	Q4					\$85.10
87537	Hiv-2 dna dir probe	Q4					\$21.92
87538	Hiv-2 probe&revrse tnscrpj	Q4					\$35.09
87539	Hiv-2 quant&revrse tnscrpj	Q4					\$58.62
87540	Legion pneumo dna dir prob	Q4					\$20.05
87541	Legion pneumo dna amp prob	Q4					\$35.09
87542	Legion pneumo dna quant	Q4					\$41.76
87550	Mycobacteria dna dir probe	Q4					\$20.05
87551	Mycobacteria dna amp probe	Q4					\$48.24
87552	Mycobacteria dna quant	Q4					\$42.84
87555	M.tuberculo dna dir probe	Q4					\$26.88
87556	M.tuberculo dna amp probe	Q4					\$41.68
87557	M.tuberculo dna quant	Q4					\$42.84
87560	M.avium-intra dna dir prob	Q4					\$27.29
87561	M.avium-intra dna amp prob	Q4					\$35.09
87562	M.avium-intra dna quant	Q4					\$42.84
87563	M. genitalium amp probe	Q4					\$35.09
87564	Mtb rifampin rst amp prb tq	Q4					\$76.77
87580	M.pneumon dna dir probe	Q4					\$20.05

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

87581	M.pneumon dna amp probe	Q4					\$35.09
87582	M.pneumon dna quant	Q4					\$302.62
87590	N.gonorrhoeae dna dir prob	Q4					\$26.88
87591	N.gonorrhoeae dna amp prob	Q4					\$35.09
87592	N.gonorrhoeae dna quant	Q4					\$42.84
87593	Orthopoxvirus amp prb each	A					\$51.31
87594	Pneumcysts jirovecii amp prb	Q4					\$35.09
87623	Hpv low-risk types	Q4					\$35.09
87624	Hpv high-risk types	Q4					\$35.09
87625	Hpv types 16 & 18 only	Q4					\$40.55
87626	Hpv sep hi-rsk typ&pool rslt	Q4					\$70.20
87631	Resp virus 3-5 targets	Q4					\$142.63
87632	Resp virus 6-11 targets	Q4					\$218.06
87633	Resp virus 12-25 targets	Q4					\$416.78
87634	Rsv dna/rna amp probe	Q4					\$70.20
87635	Sars-cov-2 covid-19 amp prb	A					\$51.31
87636	Sarscov2 & inf a&b amp prb	A					\$142.63
87637	Sarscov2&inf a&b&rsv amp prb	A					\$142.63
87640	Staph a dna amp probe	Q4					\$35.09
87641	Mr-staph dna amp probe	Q4					\$35.09
87650	Strep a dna dir probe	Q4					\$20.05
87651	Strep a dna amp probe	Q4					\$35.09
87652	Strep a dna quant	Q4					\$41.76
87653	Strep b dna amp probe	Q4					\$35.09
87660	Trichomonas vagin dir probe	Q4					\$20.05
87661	Trichomonas vaginalis amplif	Q4					\$35.09
87662	Zika virus dna/rna amp probe	Q4					\$51.31
87797	Detect agent nos dna dir	Q4					\$30.03
87798	Detect agent nos dna amp	Q4					\$35.09
87799	Detect agent nos dna quant	Q4					\$42.84
87800	Detect agnt mult dna direc	Q4					\$43.67
87801	Detect agnt mult dna ampli	Q4					\$70.20
87802	Strep b assay w/optic	Q4					\$12.73
87803	Clostridium toxin a w/optic	Q4					\$16.00
87804	Influenza assay w/optic	Q4					\$16.55
87806	Hiv ag w/hiv1&2 antb w/optic	Q4					\$32.77
87807	Rsv assay w/optic	Q4					\$13.10
87808	Trichomonas assay w/optic	Q4					\$15.29
87809	Adenovirus assay w/optic	Q4					\$21.76

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

87810	Chlmyd trach assay w/optic	Q4					\$35.29
87811	Sars-cov-2 covid19 w/optic	A					\$41.38
87850	N. gonorrhoeae assay w/optic	Q4					\$24.56
87880	Strep a assay w/optic	Q4					\$16.53
87899	Agent nos assay w/optic	Q4					\$16.07
87900	Phenotype infect agent drug	Q4					\$130.35
87901	Nfct agt gntyp alys hiv1 rev	Q4					\$257.45
87902	Nfct agt gntyp alys hep c	Q4					\$257.45
87903	Phenotype dna hiv w/culture	Q4					\$488.66
87904	Phenotype dna hiv w/clt add	Q4					\$26.07
87905	Sialidase enzyme assay	Q4					\$12.22
87906	Nfct agt gntyp alys hiv1	Q4					\$128.73
87910	Nfct agt gntyp alys cmv	Q4					\$257.45
87912	Nfct agt gntyp alys hep b	Q4					\$257.45
87913	Nfct agt gntyp alys sarscov2	A					\$257.45
87999	Unlisted microbiology px	N					
88000	Autopsy (necropsy) gross	E1					
88005	Autopsy (necropsy) gross	E1					
88007	Autopsy (necropsy) gross	E1					
88012	Autopsy (necropsy) gross	E1					
88014	Autopsy (necropsy) gross	E1					
88016	Autopsy (necropsy) gross	E1					
88020	Autopsy (necropsy) complete	E1					
88025	Autopsy (necropsy) complete	E1					
88027	Autopsy (necropsy) complete	E1					
88028	Autopsy (necropsy) complete	E1					
88029	Autopsy (necropsy) complete	E1					
88036	Limited autopsy	E1					
88037	Limited autopsy	E1					
88040	Forensic autopsy (necropsy)	E1					
88045	Coroners autopsy (necropsy)	E1					
88099	Unlisted necropsy (autopsy)	E1					
88104	Cytopath fl nongyn smears	Q1	5732	Level 2 Minor Procedures		0.4402	
88106	Cytopath fl nongyn filter	Q1	5731	Level 1 Minor Procedures		0.2747	
88108	Cytopath concentrate tech	Q1	5732	Level 2 Minor Procedures		0.4402	
88112	Cytopath cell enhance tech	Q1	5671	Level 1 Pathology		0.5992	
88120	Cytp urne 3-5 probes ea spec	Q2	5672	Level 2 Pathology		1.9218	
88121	Cytp urine 3-5 probes cmptr	Q1	5672	Level 2 Pathology		1.9218	
88125	Forensic cytopathology	Q1	5671	Level 1 Pathology		0.5992	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

88130	Sex chromatin identification	Q4					\$17.98
88140	Sex chromatin identification	Q4					\$7.99
88141	Cytopath c/v interpret	N					
88142	Cytopath c/v thin layer	Q4					\$20.26
88143	Cytopath c/v thin layer redo	Q4					\$23.04
88147	Cytopath c/v automated	Q4					\$50.56
88148	Cytopath c/v auto rescreen	Q4					\$18.19
88150	Cytopath c/v manual	Q4					\$18.19
88152	Cytopath c/v auto redo	Q4					\$27.64
88153	Cytopath c/v redo	Q4					\$24.03
88155	Cytopath c/v index add-on	Q4					\$14.65
88160	Cytopath smear other source	Q1		5731	Level 1 Minor Procedures	0.2747	
88161	Cytopath smear other source	Q1		5731	Level 1 Minor Procedures	0.2747	
88162	Cytopath smear other source	Q1		5671	Level 1 Pathology	0.5992	
88164	Cytopath tbs c/v manual	Q4					\$18.19
88165	Cytopath tbs c/v redo	Q4					\$42.22
88166	Cytopath tbs c/v auto redo	Q4					\$18.19
88167	Cytopath tbs c/v select	Q4					\$18.19
88172	Cytp dx eval fna 1st ea site	Q1		5672	Level 2 Pathology	1.9218	
88173	Cytopath eval fna report	Q1		5671	Level 1 Pathology	0.5992	
88174	Cytopath c/v auto in fluid	Q4					\$25.37
88175	Cytopath c/v auto fluid redo	Q4					\$26.61
88177	Cytp fna eval ea addl	N					
88182	Cell marker study	Q2		5671	Level 1 Pathology	0.5992	
88184	Flowcytometry/ tc 1 marker	Q2		5673	Level 3 Pathology	4.0341	
88185	Flowcytometry/tc add-on	N					
88187	Flowcytometry/read 2-8	B					
88188	Flowcytometry/read 9-15	B					
88189	Flowcytometry/read 16 & >	B					
88199	Unlisted cytopathology px	Q1		5671	Level 1 Pathology	0.5992	
88230	Tissue culture lymphocyte	Q4					\$116.49
88233	Tissue culture skin/biopsy	Q4					\$140.73
88235	Tissue culture placenta	Q4					\$150.30
88237	Tissue culture bone marrow	Q4					\$143.75
88239	Tissue culture tumor	Q4					\$147.52
88240	Cell cryopreserve/storage	Q4					\$13.07
88241	Frozen cell preparation	Q4					\$12.09
88245	Chromosome analysis 20-25	Q4					\$173.17
88248	Chromosome analysis 50-100	Q4					\$173.17

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

88249	Chromosome analysis 100	Q4					\$173.17
88261	Chromosome analysis 5	Q4					\$264.34
88262	Chromosome analysis 15-20	Q4					\$125.49
88263	Chromosome analysis 45	Q4					\$150.29
88264	Chromosome analysis 20-25	Q4					\$144.61
88267	Chromosome analys placenta	Q4					\$188.57
88269	Chromosome analys amniotic	Q4					\$173.66
88271	Cytogenetics dna probe	Q4					\$21.42
88272	Cytogenetics 3-5	Q4					\$40.70
88273	Cytogenetics 10-30	Q4					\$34.81
88274	Cytogenetics 25-99	Q4					\$42.38
88275	Cytogenetics 100-300	Q4					\$51.19
88280	Chromosome karyotype study	Q4					\$33.47
88283	Chromosome banding study	Q4					\$68.60
88285	Chromosome count additional	Q4					\$26.91
88289	Chromosome study additional	Q4					\$34.43
88291	Cyto/molecular report	M					
88299	Unlisted cytogenetic study	Q1		5671	Level 1 Pathology	0.5992	
88300	Surgical path gross	Q1		5731	Level 1 Minor Procedures	0.2747	
88302	Tissue exam by pathologist	Q1		5732	Level 2 Minor Procedures	0.4402	
88304	Tissue exam by pathologist	Q1		5671	Level 1 Pathology	0.5992	
88305	Tissue exam by pathologist	Q1		5671	Level 1 Pathology	0.5992	
88307	Tissue exam by pathologist	Q2		5673	Level 3 Pathology	4.0341	
88309	Tissue exam by pathologist	Q2		5674	Level 4 Pathology	9.1613	
88311	Decalcify tissue	N					
88312	Special stains group 1	Q1		5671	Level 1 Pathology	0.5992	
88313	Special stains group 2	Q1		5734	Level 4 Minor Procedures	1.4456	
88314	Histochemical stains add-on	N					
88319	Enzyme histochemistry	Q2		5674	Level 4 Pathology	9.1613	
88321	Microslide consultation	Q1		5732	Level 2 Minor Procedures	0.4402	
88323	Microslide consultation	Q1		5671	Level 1 Pathology	0.5992	
88325	Comprehensive review of data	Q1		5672	Level 2 Pathology	1.9218	
88329	Path consult introp	Q1		5733	Level 3 Minor Procedures	0.6661	
88331	Path consult intraop 1 bloc	Q1		5672	Level 2 Pathology	1.9218	
88332	Path consult intraop addl	N					
88333	Intraop cyto path consult 1	Q2		5674	Level 4 Pathology	9.1613	
88334	Intraop cyto path consult 2	N					
88341	Immunohisto antb addl slide	N					
88342	Immunohisto antb 1st stain	Q2		5672	Level 2 Pathology	1.9218	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

88344	Immunohisto antibody slide	Q1		5673	Level 3 Pathology	4.0341	
88346	Immunofluor antb 1st stain	Q2		5672	Level 2 Pathology	1.9218	
88348	Electron microscopy	Q2		5674	Level 4 Pathology	9.1613	
88350	Immunofluor antb addl stain	N	E1				
88355	Analysis skeletal muscle	Q1		5672	Level 2 Pathology	1.9218	
88356	Analysis nerve	Q1		5671	Level 1 Pathology	0.5992	
88358	Analysis tumor	Q2		5672	Level 2 Pathology	1.9218	
88360	Tumor immunohistochem/manual	Q2		5672	Level 2 Pathology	1.9218	
88361	Tumor immunohistochem/comput	Q2		5673	Level 3 Pathology	4.0341	
88362	Nerve teasing preparations	Q2		5674	Level 4 Pathology	9.1613	
88363	Xm archive tissue molec anal	Q1		5731	Level 1 Minor Procedures	0.2747	
88364	Insitu hybridization (fish)	N					
88365	Insitu hybridization (fish)	Q1		5672	Level 2 Pathology	1.9218	
88366	Insitu hybridization (fish)	Q1		5672	Level 2 Pathology	1.9218	
88367	Insitu hybridization auto	Q2		5673	Level 3 Pathology	4.0341	
88368	Insitu hybridization manual	Q2		5673	Level 3 Pathology	4.0341	
88369	M/phmtrc alysisquant/semi	N					
88371	Protein western blot tissue	N					
88372	Protein analysis w/probe	N					
88373	M/phmtrc alysisquant/semi	N					
88374	M/phmtrc alysisquant/semi	Q1		5672	Level 2 Pathology	1.9218	
88375	Optical endomicroscopy interp	B					
88377	M/phmtrc alysisquant/semi	Q1		5672	Level 2 Pathology	1.9218	
88380	Microdissection laser	N					
88381	Microdissection manual	N					
88387	Tiss exam molecular study	N	E1				
88399	Unlisted surgical path px	Q1		5671	Level 1 Pathology	0.5992	
88720	Bilirubin total transcut	Q4					\$5.02
88738	Hgb quant transcutaneous	Q4					\$5.02
88740	Transcutaneous carboxyhb	Q4					\$9.37
88741	Transcutaneous methb	Q4					\$9.37
88749	Unlisted in vivo lab service	Q4					PCT CHG
89049	Chct for mal hyperthermia	Q1		5672	Level 2 Pathology	1.9218	
89050	Body fluid cell count	Q4					\$4.72
89051	Body fluid cell count	Q4					\$5.60
89055	Leukocyte assessment fecal	Q4					\$4.27
89060	Exam synovial fluid crystals	Q4					\$7.33
89125	Specimen fat stain	Q4					\$5.88
89160	Exam feces for meat fibers	Q4					\$4.85

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

89190	Nasal smear for eosinophils	Q4					\$5.79
89220	Sputum specimen collection	Q1		5672	Level 2 Pathology	1.9218	
89230	Collect sweat for test	Q1		5671	Level 1 Pathology	0.5992	
89240	Unlisted misc path test	Q1		5671	Level 1 Pathology	0.5992	
89250	Cultr oocyte/embryo <4 days	Q1	E1				
89251	Cultr oocyte/embryo <4 days	Q2	E1				
89253	Embryo hatching	Q1	E1				
89254	Oocyte identification	Q1	E1				
89255	Prepare embryo for transfer	Q1	E1				
89257	Sperm identification	Q1	E1				
89258	Cryopreservation embryo(s)	Q2	E1				
89259	Cryopreservation sperm	Q1	E1				
89260	Sperm isolation simple	Q1	E1				
89261	Sperm isolation complex	Q1	E1				
89264	Identify sperm tissue	Q1	E1				
89268	Insemination of oocytes	Q1	E1				
89272	Extended culture of oocytes	Q2	E1				
89280	Assist oocyte fertilization	Q2	E1				
89281	Assist oocyte fertilization	Q1	E1				
89290	Biopsy oocyte polar body	Q1	E1				
89291	Biopsy oocyte polar body	Q1	E1				
89300	Semen analysis w/huhner	Q4	E1				
89310	Semen analysis w/count	Q4	E1				
89320	Semen anal vol/count/mot	Q4	E1				
89321	Semen anal sperm detection	Q4	E1				
89322	Semen anal strict criteria	Q4	E1				
89325	Sperm antibody test	Q4	E1				
89329	Sperm evaluation test	Q4	E1				
89330	Evaluation cervical mucus	Q4	E1				
89331	Retrograde ejaculation anal	Q4	E1				
89335	Cryopreserve testicular tiss	Q1	E1				
89337	Cryopreservation oocyte(s)	Q1	E1				
89342	Storage/year embryo(s)	Q1	E1				
89343	Storage/year sperm/semn	Q1	E1				
89344	Storage/year reprod tissue	Q1	E1				
89346	Storage/year oocyte(s)	Q2	E1				
89352	Thawing cryopresrved embryo	Q1	E1				
89353	Thawing cryopresrved sperm	Q1	E1				
89354	Thaw cryoprsvrd reprod tiss	Q1	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

89356	Thawing cryopresrved oocyte	Q1	E1				
89398	Unlisted reprod med lab proc	Q1		5671	Level 1 Pathology	0.5992	
9001F	Aortic aneurysm<5cm diam ct	E1					
9002F	Aortic aneurysm 5-5.4cm diam	E1					
9003F	Aortic anrysm5.5-5.9cm diam	M					
9004F	Aortic anrysm 6/> cm diam	M					
9005F	Asympt carot/vrtbrbas sten	E1					
9006F	Sympt sten-tia/strk<120days	M					
9007F	Other carot sten 120 days/>	M					
90281	Human ig im	E1	A				\$23.98
90283	Human ig iv	E1	A				PCT CHG
90284	Human ig sc	E1	A				PCT CHG
90287	Botulinum antitoxin	E1	A				PCT CHG
90288	Botulism ig iv	E1	A				PCT CHG
90291	Cmv ig iv	E1	A				PCT CHG
90296	Diphtheria antitoxin	E2					
90371	Hep b ig im	K		1630	Hep b ig, im	1.5049	
90375	Rabies ig im/sc	K		9133	Rabies ig, im/sc	3.1385	
90376	Rabies ig heat treated	K		9134	Rabies ig, heat treated	3.8951	
90377	Rabies ig ht&sol human im/sc	K		9201	Rabies ig ht&sol human im/sc	2.4924	
90378	Rsv mab im 50mg	K		9003	Rsv mab im 50mg	8.0731	
90380	Rsv monoc antib seasn .5ml im	M	A				\$501.19
90381	Rsv monoc antib seasn 1ml im	M	A				\$501.19
90382	Rsv monoc antib seasn .7ml im	M					
90384	Rh ig full-dose im	E1	A				\$156.39
90385	Rh ig minidose im	N					
90386	Rh ig iv	E1	A				PCT CHG
90389	Tetanus ig im	E1	A				\$269.16
90393	Vaccina ig im	E2					
90396	Varicella-zoster ig im	K		9135	Varicella-zoster ig, im	26.487	
90399	Unlisted immune globulin	E1	A				PCT CHG
90460	Im admin 1st/only component	B	A				\$20.55
90461	Im admin each addl component	B					
90471	Immunization admin	Q1		5692	Level 2 Drug Administration	0.7982	
90472	Immunization admin each add	N					
90473	Immune admin oral/nasal	Q1		5692	Level 2 Drug Administration	0.7982	
90474	Immune admin oral/nasal addl	N					
90476	Adenovirus vaccine type 4	N					
90477	Adenovirus vaccine type 7	M	A				PCT CHG

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

90480	Admn sarscov2 vacc 1 dose	S		9398	Covid-19 Vaccine Admin Dose 2 of 2, Single Dose Product or Additional Dose	0.4656	
90581	Anthrax vaccine sc or im	E2					
90584	Dengue vacc quad 2 dose subq	E1					
90585	Bcg vaccine percut	M	A				PCT CHG
90586	Bcg vaccine intravesical	B	A				\$156.16
90587	Dengue vacc quad 3 dose subq	E1					
90589	Chikungunya vaccine live im	M	A				PCT CHG
90593	Chikungunya vacc recomb im	M					
90611	Smallpox&monkeypox vac 0.5ml	K		9068	Smallpox&monkeypox vac 0.5ml	0.0001	
90612	Inf&sarscov2 vacc 31.7/.32im	E1	A				PCT CHG
90613	Inf&sarscov2 vacc 40/0.4 im	E1	A				PCT CHG
90619	Menacwy-tt vaccine im	E1					
90620	Menb-4c vacc 2 dose im	M	A				\$200.72
90621	Menb-fhbp vacc 2/3 dose im	M	A				\$200.72
90622	Vaccinia vrs vac 0.3 ml perq	K		9101	Vaccinia vrs vac 0.3 ml perq	0.0001	
90623	Menacwy-tt menb-fhbp vacc im	M	A				PCT CHG
90624	Menb-4c&menacwy vacc im	E1					
90625	Cholera vaccine live oral	E1					
90626	Tic-brn enceph vac 0.25ml im	E1					
90627	Tic-brn enceph vac 0.5ml im	E1					
90631	H5 vaccine pandemic im use	E1	A				PCT CHG
90632	Hepa vaccine adult im	N					
90633	Hepa vacc ped/adol 2 dose im	N					
90634	Hepa vacc ped/adol 3 dose	E2					
90635	H5n1 vacc drv cll cul adj im	E1	A				PCT CHG
90636	Hep a/hep b vacc adult im	N					
90637	Vacc qirv mrna 30mcg/.5ml im	E1	A				PCT CHG
90638	Vacc qirv mrna 60mcg/.5ml im	E1	A				PCT CHG
90644	Hib-mency vacc 6wk-18m0 im	M	A				PCT CHG
90647	Hib prp-omp vacc 3 dose im	N					
90648	Hib prp-t vaccine 4 dose im	N					
90649	4vhpv vaccine 3 dose im	M					
90650	2vhpv vaccine 3 dose im	M					
90651	9vhpv vaccine 2/3 dose im	M	A				\$581.50
90653	liv adjuvant vaccine im	L					\$98.16
90655	liv3 vacc no prsv 0.25 ml im	L					\$22.46
90656	liv3 vacc no prsv 0.5 ml im	L					\$23.22

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

90657	liv3 vaccine splt 0.25 ml im	L					\$11.03
90658	liv3 vaccine splt 0.5 ml im	L	A				\$22.07
90660	Laiv3 vaccine intranasal	L					\$29.71
90661	Cciiv3 vac no prsv 0.5 ml im	L					\$49.50
90662	liv no prsv increased ag im	L					\$98.16
90664	Laiv vacc pandemic intranasl	E1					
90666	Flu vac pandem prsrv free im	E1					
90667	liv vacc pandemic adjvut im	E1					
90668	liv vaccine pandemic im	E1					
90670	Pcv13 vaccine im	L					\$257.99
90671	Pcv15 vaccine im	L					\$261.15
90672	Laiv4 vaccine intranasal	L					\$28.14
90673	Riv3 vaccine no preserv im	L					\$98.16
90674	Cciiv4 vac no prsv 0.5 ml im	L					\$34.60
90675	Rabies vaccine im	K		9139	Rabies vaccine, im	3.5178	
90676	Rabies vaccine id	K		9140	Rabies vaccine, id	2.9659	
90677	Pcv20 vaccine im	L					\$312.90
90678	Rsv vacc pref bivalent im	M	L				PCT CHG
90679	Rsv vacc pref recomb adjt im	M	A				PCT CHG
90680	Rv5 vacc 3 dose live oral	E2					
90681	Rv1 vacc 2 dose live oral	M	A				\$137.05
90682	Riv4 vacc recombinant dna im	L					\$74.32
90683	Rsv vacc mrna lipid nano im	M					
90684	Pcv21 vaccine im	L					\$327.89
90685	liv4 vacc no prsv 0.25 ml im	L					\$23.93
90686	liv4 vacc no prsv 0.5 ml im	L					\$22.63
90687	liv4 vaccine splt 0.25 ml im	L					\$10.57
90688	liv4 vaccine splt 0.5 ml im	L					\$21.14
90689	Vacc iiv4 no prsrv 0.25ml im	L					PCT CHG
90690	Typhoid vaccine oral	N					
90691	Typhoid vaccine im	N					
90694	Vacc aiiv4 no prsrv 0.5ml im	L					\$78.33
90695	H5n8 vacc drv cll cul adj im	E1					
90696	Dtap-ipv vaccine 4-6 yrs im	N					
90697	Dtap-ipv-hib-hepb vaccine im	M	A				PCT CHG
90698	Dtap-ipv/hib vaccine im	N					
90700	Dtap vaccine < 7 yrs im	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

90702	Dt vaccine under 7 yrs im	N					
90707	Mmr vaccine sc	N					
90710	Mmr vaccine sc	N					
90713	Poliovirus ipv sc/im	N					
90714	Td vacc no presv 7 yrs+ im	N					
90715	Tdap vaccine 7 yrs/> im	N	A				\$39.71
90716	Var vaccine live subq	M					
90717	Yellow fever vaccine subq	N					
90723	Dtap-hep b-ipv vaccine im	M	A				\$90.82
90732	Ppsv23 vacc 2 yrs+ subq/im	L					\$133.47
90733	Mpsv4 vaccine subq	M	A				\$134.83
90734	Menacwyd/menacwycrm vacc im	M	A				\$145.30
90736	Hzv vaccine live subq	M	A				\$265.57
90738	Inactivated je vacc im	M	A				PCT CHG
90739	Hepb vacc 2/4 dose adult im	L					\$177.56
90740	Hepb vacc 3 dose immunusup im	L					\$164.42
90743	Hepb vacc 2 dose adolesc im	L					\$75.15
90744	Hepb vacc 3 dose ped/adol im	L					\$31.67
90746	Hepb vaccine 3 dose adult im	L					\$70.38
90747	Hepb vacc 4 dose immunusup im	L					\$140.75
90748	Hib-hepb vaccine im	E1	A				\$39.23
90749	Unlisted vaccine/toxoid	N					
90750	Hzv vacc recombinant im	M					
90756	Cciiv4 vacc abx free im	L					\$32.77
90758	Zaire ebolavirus vac live im	E1					
90759	Hep b vac 3ag 10mcg 3 dos im	L					\$73.82
90785	Psytx complex interactive	N	E1				
90791	Psych diagnostic evaluation	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90792	Psych diag eval w/med srvc	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90832	Psytx w pt 30 minutes	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90833	Psytx w pt w e/m 30 min	N					
90834	Psytx w pt 45 minutes	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90836	Psytx w pt w e/m 45 min	N					
90837	Psytx w pt 60 minutes	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90838	Psytx w pt w e/m 60 min	N					
90839	Psytx crisis initial 60 min	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90840	Psytx crisis ea addl 30 min	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

90845	Psychoanalysis	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90846	Family psytx w/o pt 50 min	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90847	Family psytx w/pt 50 min	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90849	Multiple family group psytx	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90853	Group psychotherapy	Q3		5822	Level 2 Health and Behavior Services	1.0374	
90863	Pharmacologic mgmt w/psytx	E1					
90865	Narcosynthesis	Q3		5823	Level 3 Health and Behavior Services	1.8019	
90867	Tcranial magn stim tx plan	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
90868	Tcranial magn stim tx deli	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
90869	Tcran magn stim redetermine	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
90870	Electroconvulsive therapy	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
90875	Psychophysiological therapy	E1					
90876	Psychophysiological therapy	E1					
90880	Hypnotherapy	Q3	E1				
90882	Environmental manipulation	E1					
90885	Psy evaluation of records	N					
90887	Consultation with family	N	E1				
90889	Preparation of report	N	E1				
90899	Unlisted psyc svc/therapy	Q3		5821	Level 1 Health and Behavior Services	0.3341	
90901	Biofeedback train any meth	A	E1				
90912	Bfb training 1st 15 min	A	E1				
90913	Bfb training ea addl 15 min	A	E1				
90935	Hemodialysis one evaluation	S		5401	Dialysis	7.8471	
90937	Hemodialysis repeated eval	B					
90940	Hemodialysis access study	N					
90945	Dialysis one evaluation	V		5024	Level 4 Type A ED Visits	4.7754	
90947	Dialysis repeated eval	B					
90951	Esrd serv 4 visits p mo <2yr	M					
90952	Esrd serv 2-3 vsts p mo <2yr	M					
90953	Esrd serv 1 visit p mo <2yrs	M					
90954	Esrd serv 4 vsts p mo 2-11	M					
90955	Esrd srv 2-3 vsts p mo 2-11	M					
90956	Esrd srv 1 visit p mo 2-11	M					
90957	Esrd srv 4 vsts p mo 12-19	M					
90958	Esrd srv 2-3 vsts p mo 12-19	M					
90959	Esrd serv 1 vst p mo 12-19	M					
90960	Esrd srv 4 visits p mo 20+	M					
90961	Esrd srv 2-3 vsts p mo 20+	M					
90962	Esrd serv 1 visit p mo 20+	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

90963	Esrd home pt serv p mo <2yrs	M					
90964	Esrd home pt serv p mo 2-11	M					
90965	Esrd home pt serv p mo 12-19	M					
90966	Esrd home pt serv p mo 20+	M					
90967	Esrd svc pr day pt <2	M					
90968	Esrd svc pr day pt 2-11	M					
90969	Esrd svc pr day pt 12-19	M					
90970	Esrd svc pr day pt 20+	M					
90989	Dialysis training complete	B					
90993	Dialysis training incompl	B					
90997	Hemoperfusion	B					
90999	Unlisted dialysis procedure	B					
91010	Esophagus motility study	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
91013	Esophgl motil w/stim/perfus	N					
91020	Gastric motility studies	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
91022	Duodenal motility study	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
91030	Acid perfusion of esophagus	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
91034	Gastroesophageal reflux test	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
91035	G-esoph reflx tst w/electrod	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
91037	Esoph impd function test	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
91038	Esoph impd funct test > 1hr	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
91040	Esoph balloon distension tst	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
91065	Breath hydrogen/methane test	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
91110	Gi trc img intral esoph-ile	T		5301	Level 1 Upper GI Procedures	10.5144	
91111	Gi trc img intral esophagus	T		5301	Level 1 Upper GI Procedures	10.5144	
91112	Gi wireless capsule measure	T		5301	Level 1 Upper GI Procedures	10.5144	
91113	Gi trc img intral colon i&r	T		5311	Level 1 Lower GI Procedures	10.2245	
91117	Colon motility 6 hr study	T		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
91120	Rectal sensation test	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
91122	Anal pressure record	T		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
91132	Electrogastrography	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
91133	Electrogastrography w/test	Q1		5734	Level 4 Minor Procedures	1.4456	
91200	Liver elastography	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
91299	Unlisted dx gi procedure	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
91304	Sarscov2 vac 5mcg/0.5ml im	L					\$161.54
91318	Sarscov2 vac 3mcg trs-suc im	L					\$65.55
91319	Sarscv2 vac 10mcg trs-suc im	L					\$87.78
91320	Sarscv2 vac 30mcg trs-suc im	L					\$155.90
91321	Sarscov2 vac 25 mcg/.25ml im	L					\$147.06

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

91322	Sarscov2 vac 50 mcg/0.5ml im	L					\$161.65
91323	Sarscov2 vac 10 mcg/0.2ml im	L					\$201.91
92002	Eye exam new patient	V		5012	Clinic Visits and Related Services	1.4452	
92004	Eye exam new patient	V		5012	Clinic Visits and Related Services	1.4452	
92012	Eye exam establish patient	V		5012	Clinic Visits and Related Services	1.4452	
92014	Eye exam&tx estab pt 1/>vst	V		5012	Clinic Visits and Related Services	1.4452	
92015	Determine refractive state	E1					
92018	New eye exam & treatment	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
92019	Eye exam & treatment	J1		5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	26.1633	
92020	Special eye evaluation	Q1		5734	Level 4 Minor Procedures	1.4456	
92025	Corneal topography	Q1		5733	Level 3 Minor Procedures	0.6661	
92060	Special eye evaluation	Q1		5733	Level 3 Minor Procedures	0.6661	
92065	Orthop traing pfrmd phys/qhp	M					
92066	Orthop traing supvj phys/qhp	Q1		5733	Level 3 Minor Procedures	0.6661	
92071	Contact lens fitting for tx	N					
92072	Fit contac lens for managmnt	N					
92081	Visual field examination(s)	Q1		5733	Level 3 Minor Procedures	0.6661	
92082	Visual field examination(s)	Q1		5733	Level 3 Minor Procedures	0.6661	
92083	Visual field examination(s)	Q1		5734	Level 4 Minor Procedures	1.4456	
92100	Serial tonometry exam(s)	N					
92132	Cmptr ophth dx img ant segmt	Q1		5733	Level 3 Minor Procedures	0.6661	
92133	Cmptr ophth img optic nerve	Q1		5733	Level 3 Minor Procedures	0.6661	
92134	Cptr ophth dx img post segmt	Q1		5733	Level 3 Minor Procedures	0.6661	
92136	Ophthalmic biometry	Q1		5734	Level 4 Minor Procedures	1.4456	
92137	Cptrz oph img pst sg rta oct	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92145	Corneal hysteresis deter	Q1		5733	Level 3 Minor Procedures	0.6661	
92201	Opscopy extnd rta draw uni/bi	Q1		5733	Level 3 Minor Procedures	0.6661	
92202	Opscopy extnd on/mac draw	Q1		5733	Level 3 Minor Procedures	0.6661	
92227	Img rta detcj/mntr ds staff	Q1		5733	Level 3 Minor Procedures	0.6661	
92228	Img rta detc/mntr ds phy/qhp	Q1		5732	Level 2 Minor Procedures	0.4402	
92229	Img rta detc/mntr ds poc aly	S	E1				
92230	Eye exam with photos	Q1		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
92235	Fluorescein angrph uni/bi	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92240	Icg angiography uni/bi	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92242	Fluorescein icg angiography	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92250	Eye exam with photos	Q1		5734	Level 4 Minor Procedures	1.4456	
92260	Ophthalmoscopy/dynamometry	Q1		5732	Level 2 Minor Procedures	0.4402	
92265	Eye muscle evaluation	Q1		5733	Level 3 Minor Procedures	0.6661	
92270	Electro-oculography	Q1		5734	Level 4 Minor Procedures	1.4456	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

92273	Full field erg w/i&r	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92274	Multifocal erg w/i&r	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92283	Color vision examination	Q1		5733	Level 3 Minor Procedures	0.6661	
92284	Dx dark adaptation exam i&r	Q1		5735	Level 5 Minor Procedures	4.4751	
92285	Eye photography	Q1		5732	Level 2 Minor Procedures	0.4402	
92286	Internal eye photography	Q1		5734	Level 4 Minor Procedures	1.4456	
92287	Internal eye photography	Q1		5734	Level 4 Minor Procedures	1.4456	
92310	Contact lens fitting	E1	A				\$85.09
92311	Contact lens fitting	Q1		5735	Level 5 Minor Procedures	4.4751	
92312	Contact lens fitting	Q1		5734	Level 4 Minor Procedures	1.4456	
92313	Contact lens fitting	Q1		5734	Level 4 Minor Procedures	1.4456	
92314	Prescription of contact lens	E1					
92315	Rx cntact lens aphakia 1 eye	Q1		5734	Level 4 Minor Procedures	1.4456	
92316	Rx cntact lens aphakia 2 eye	Q1		5734	Level 4 Minor Procedures	1.4456	
92317	Rx corneoscleral cntact lens	Q1		5732	Level 2 Minor Procedures	0.4402	
92325	Modification of contact lens	Q1	E1				
92326	Replacement of contact lens	Q1		5733	Level 3 Minor Procedures	0.6661	
92340	Fit spectacles monofocal	E1					
92341	Fit spectacles bifocal	E1					
92342	Fit spectacles multifocal	E1					
92352	Fit aphakia spectcl monofocl	Q1	E1				
92353	Fit aphakia spectcl multifoc	Q1	E1				
92354	Fit spectacles single system	Q1	E1				
92355	Fit spectacles compound lens	Q1	E1				
92358	Aphakia prosth service temp	Q1	E1				
92370	Repair & adjust spectacles	E1					
92371	Repair & adjust spectacles	Q1	E1				
92499	Unlisted oph svc/procedure	Q1		5731	Level 1 Minor Procedures	0.2747	
92502	Ear and throat examination	T		5162	Level 2 ENT Procedures	5.7111	
92504	Ear microscopy examination	N					
92507	Speech/hearing therapy	A					\$67.00
92508	Speech/hearing therapy	A					\$21.95
92511	Nasopharyngoscopy	T		5151	Level 1 Airway Endoscopy	2.1772	
92512	Nasal function studies	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92516	Facial nerve function test	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92517	Vemp test i&r cervical	S	E1				
92518	Vemp test i&r ocular	S	E1				
92519	Vemp tst i&r cervical&ocular	S	E1				
92520	Laryngeal function studies	Q1		5734	Level 4 Minor Procedures	1.4456	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

92521	Evaluation of speech fluency	A					\$119.90
92522	Evaluate speech production	A					\$100.00
92523	Speech sound lang comprehen	A					\$205.61
92524	Behavral qualit analys voice	A					\$98.49
92526	Oral function therapy	A					\$82.21
92531	Spontaneous nystagmus study	N					
92532	Positional nystagmus test	N					
92533	Caloric vestibular test	N					
92534	Optokinetic nystagmus test	N					
92537	Caloric vstblr test w/rec	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92538	Caloric vstblr test w/rec	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92540	Basic vestibular evaluation	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92541	Spontaneous nystagmus test	Q1		5734	Level 4 Minor Procedures	1.4456	
92542	Positional nystagmus test	Q1		5734	Level 4 Minor Procedures	1.4456	
92544	Optokinetic nystagmus test	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92545	Oscillating tracking test	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92546	Sinusoidal rotational test	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92547	Supplemental electrical test	N					
92548	Cdp-sot 6 cond w/i&r	Q1		5734	Level 4 Minor Procedures	1.4456	
92549	Cdp-sot 6 cond w/i&r mct&adt	Q1	E1				
92550	Tympanometry & reflex thresh	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92551	Pure tone hearing test air	E1					
92552	Pure tone audiometry air	Q1		5734	Level 4 Minor Procedures	1.4456	
92553	Audiometry air & bone	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92555	Speech threshold audiometry	Q1		5733	Level 3 Minor Procedures	0.6661	
92556	Speech audiometry complete	Q1		5733	Level 3 Minor Procedures	0.6661	
92557	Comprehensive hearing test	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92558	Evoked auditory test qual	E1					
92562	Loudness balance test	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92563	Tone decay hearing test	Q1		5732	Level 2 Minor Procedures	0.4402	
92565	Stenger test pure tone	Q1		5733	Level 3 Minor Procedures	0.6661	
92567	Tympanometry	Q1		5732	Level 2 Minor Procedures	0.4402	
92568	Acoustic refl threshold tst	Q1		5732	Level 2 Minor Procedures	0.4402	
92570	Acoustic immittance testing	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92571	Filtered speech hearing test	Q1		5732	Level 2 Minor Procedures	0.4402	
92572	Staggered spondaic word test	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92575	Sensorineural acuity test	Q1		5732	Level 2 Minor Procedures	0.4402	
92576	Synthetic sentence test	Q1		5732	Level 2 Minor Procedures	0.4402	
92577	Stenger test speech	Q1		5723	Level 3 Diagnostic Tests and Related Services	5.9505	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

92579	Visual audiometry (vra)	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92582	Conditioning play audiometry	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92583	Select picture audiometry	Q1		5733	Level 3 Minor Procedures	0.6661	
92584	Electrocochleography	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92587	Evoked auditory test limited	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92588	Evoked auditory tst complete	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92590	Hearing aid exam one ear	E1					
92591	Hearing aid exam both ears	E1					
92592	Hearing aid check one ear	E1					
92593	Hearing aid check both ears	E1					
92594	Electro hearing aid test one	E1					
92595	Electro hearing aid tst both	E1					
92596	Ear protector evaluation	Q1		5732	Level 2 Minor Procedures	0.4402	
92597	Oral speech device eval	A					\$69.02
92601	Cochlear implt f/up exam <7	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92602	Reprogram cochlear implt <7	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92603	Cochlear implt f/up exam 7/>	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92604	Reprogram cochlear implt 7/>	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92605	Ex for nonspeech device rx	A					\$0.01
92606	Non-speech device service	A					\$0.01
92607	Ex for speech device rx 1hr	A					\$119.46
92608	Ex for speech device rx addl	A					\$47.15
92609	Use of speech device service	A					\$93.28
92610	Evaluate swallowing function	A					\$82.65
92611	Motion fluoroscopy/swallow	A					\$87.79
92612	Endoscopy swallow (fees) vid	A					\$179.66
92613	Endoscopy swallow (fees) i&r	B	A				\$34.46
92614	Laryngoscopic sensory vid	A					\$141.31
92615	Laryngoscopic sensory i&r	E1	A				\$30.58
92616	Fees w/laryngeal sense test	A					\$209.21
92617	Fees w/laryngeal sense i&r	E1	A				\$38.34
92618	Ex for nonspeech dev rx add	A					\$0.01
92620	Auditory function 60 min	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92621	Auditory function + 15 min	N					
92622	Dx aly aud oi snd prcsr 1st	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92623	Dx aly aud oi snd prcsr each	N					
92625	Tinnitus assessment	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92626	Eval aud funcj 1st hour	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92627	Eval aud funcj ea addl 15	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

92630	Aud rehab pre-ling hear loss	E1	A				PCT CHG
92633	Aud rehab postling hear loss	E1	A				PCT CHG
92640	Aud brainstem implt programg	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
92650	Aep scr auditory potential	E1					
92651	Aep hearing status deter i&r	S	E1				
92652	Aep thrshld est mlt freq i&r	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92653	Aep neurodiagnostic i&r	S	E1				
92700	Unlisted orl service/px	Q1		5731	Level 1 Minor Procedures	0.2747	
92920	Prq cardiac angioplast 1 art	J1		5192	Level 2 Endovascular Procedures	63.9406	
92921	Prq cardiac angio addl art	N					
92924	Prq card angio/athrect 1 art	J1		5193	Level 3 Endovascular Procedures	127.1806	
92925	Prq card angio/athrect addl	N					
92928	Prq card stent w/angio 1 vsl	J1		5193	Level 3 Endovascular Procedures	127.1806	
92929	Prq card stent w/angio addl	N					
92933	Prq card stent/ath/angio	J1		5194	Level 4 Endovascular Procedures	201.3785	
92934	Prq card stent/ath/angio	N					
92937	Prq revasc byp graft 1 vsl	J1		5193	Level 3 Endovascular Procedures	127.1806	
92938	Prq revasc byp graft addl	N					
92941	Prq card revasc mi 1 vsl	C					
92943	Prq card revasc chronic 1vsl	J1		5193	Level 3 Endovascular Procedures	127.1806	
92944	Prq card revasc chronic addl	N					
92950	Heart/lung resuscitation cpr	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
92953	Temporary external pacing	Q3		5781	Resuscitation and Cardioversion	7.3387	
92960	Cardioversion electric ext	S		5781	Resuscitation and Cardioversion	7.3387	
92961	Cardioversion electric int	S		5781	Resuscitation and Cardioversion	7.3387	
92970	Cardioassist internal	C					
92971	Cardioassist external	C					
92972	Perq trluml coronry lithotrp	N					
92973	Prq coronary mech thrombect	N					
92974	Cath place cardio brachytx	N					
92975	Dissolve clot heart vessel	C					
92977	Dissolve clot heart vessel	T		5694	Level 4 Drug Administration	3.7198	
92978	Endoluminl ivus oct c 1st	N					
92979	Endoluminl ivus oct c ea	N					
92986	Revision of aortic valve	J1		5192	Level 2 Endovascular Procedures	63.9406	
92987	Revision of mitral valve	J1		5193	Level 3 Endovascular Procedures	127.1806	
92990	Revision of pulmonary valve	J1		5193	Level 3 Endovascular Procedures	127.1806	
92997	Pul art balloon repr percut	J1		5193	Level 3 Endovascular Procedures	127.1806	
92998	Pul art balloon repr percut	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

93000	Electrocardiogram complete	M					
93005	Electrocardiogram tracing	Q1		5733	Level 3 Minor Procedures	0.6661	
93010	Electrocardiogram report	M					
93015	Cardiovascular stress test	B					
93016	Cardiovascular stress test	B					
93017	Cardiovascular stress test	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
93018	Cardiovascular stress test	B					
93024	Cardiac drug stress test	Q1		5735	Level 5 Minor Procedures	4.4751	
93025	Microvolt t-wave assess	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
93040	Rhythm ecg with report	B					
93041	Rhythm ecg tracing	Q1		5733	Level 3 Minor Procedures	0.6661	
93042	Rhythm ecg report	M					
93050	Art pressure waveform analys	Q1		5731	Level 1 Minor Procedures	0.2747	
93150	Therapy activation ipnss	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
93151	Interrog&prgrmg ipnss	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
93152	Interrog&prgrmg ipnss polysm	S		5743	Level 3 Electronic Analysis of Devices	3.3634	
93153	Interrog w/o prgrmg ipnss	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
93224	Ecg monit/reprt up to 48 hrs	M					
93225	Ecg monit/reprt up to 48 hrs	Q1		5734	Level 4 Minor Procedures	1.4456	
93226	Ecg monit/reprt up to 48 hrs	Q1		5733	Level 3 Minor Procedures	0.6661	
93227	Ecg monit/reprt up to 48 hrs	M					
93228	Remote 30 day ecg rev/report	M					
93229	Remote 30 day ecg tech supp	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
93241	Ext ecg>48hr<7d rec scan a/r	M					
93242	Ext ecg>48hr<7d recording	Q1		5732	Level 2 Minor Procedures	0.4402	
93243	Ext ecg>48hr<7d scan a/r	Q1		5734	Level 4 Minor Procedures	1.4456	
93244	Ext ecg>48hr<7d rev&interpj	M					
93245	Ext ecg>7d<15d rec scan a/r	M					
93246	Ext ecg>7d<15d recording	Q1		5732	Level 2 Minor Procedures	0.4402	
93247	Ext ecg>7d<15d scan a/r	Q1		5734	Level 4 Minor Procedures	1.4456	
93248	Ext ecg>7d<15d rev&interpj	M					
93260	Prgrmg dev eval impltbl sys	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93261	Interrogate subq defib	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93264	Rem mntr wrls p-art prs snr	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93268	Ecg record/review	M					
93270	Remote 30 day ecg rev/report	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93271	Ecg/monitoring and analysis	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
93272	Ecg/review interpret only	M					
93278	Ecg/signal-averaged	Q1		5733	Level 3 Minor Procedures	0.6661	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

93279	Prgrmg dev eval pm/ldls pm	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93280	Pm device progr eval dual	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93281	Pm device progr eval multi	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93282	Prgrmg eval implantable dfb	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93283	Prgrmg eval implantable dfb	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93284	Prgrmg eval implantable dfb	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93285	Prgrmg dev eval scrms ip	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93286	Peri-px eval pm/ldls pm ip	N					
93287	Peri-px device eval & prgr	N					
93288	Interrog evl pm/ldls pm ip	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93289	Interrog device eval heart	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93290	Interrog dev eval icpms ip	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93291	Interrog dev eval scrms ip	Q1		5731	Level 1 Minor Procedures	0.2747	
93292	Wcd device interrogate	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93293	Pm phone r-strip device eval	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93294	Rem interrog evl pm/ldls pm	M					
93295	Dev interrog remote 1/2/mlt	M					
93296	Rem interrog evl pm/ids	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93297	Rem interrog dev eval icpms	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93298	Rem interrog dev eval scrms	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
93303	Echo transthoracic	S		5524	Level 4 Imaging without Contrast	6.1490	
93304	Echo transthoracic	S		5524	Level 4 Imaging without Contrast	6.1490	
93306	Tte w/doppler complete	S		5524	Level 4 Imaging without Contrast	6.1490	
93307	Tte w/o doppler complete	S		5523	Level 3 Imaging without Contrast	2.7108	
93308	Tte f-up or lmtd	S		5523	Level 3 Imaging without Contrast	2.7108	
93312	Echo transesophageal	S		5524	Level 4 Imaging without Contrast	6.1490	
93313	Echo transesophageal	S		5524	Level 4 Imaging without Contrast	6.1490	
93314	Echo transesophageal	N					
93315	Echo transesophageal	S		5524	Level 4 Imaging without Contrast	6.1490	
93316	Echo transesophageal	S		5524	Level 4 Imaging without Contrast	6.1490	
93317	Echo transesophageal	N					
93318	Echo transesophageal intraop	S		5524	Level 4 Imaging without Contrast	6.1490	
93319	3d echo img cgen car anomal	N					
93320	Doppler echo exam heart	N					
93321	Doppler echo exam heart	N					
93325	Doppler color flow add-on	N					
93350	Stress tte only	S		5524	Level 4 Imaging without Contrast	6.1490	
93351	Stress tte complete	S		5524	Level 4 Imaging without Contrast	6.1490	
93352	Admin ecg contrast agent	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

93355	Echo transesophageal (tee)	N					
93356	Myocrd strain img spckl trck	N					
93451	Right heart cath	J1		5191	Level 1 Endovascular Procedures	36.0710	
93452	Left hrt cath w/ventrclgrphy	J1		5191	Level 1 Endovascular Procedures	36.0710	
93453	R&I hrt cath w/ventrclgrphy	J1		5191	Level 1 Endovascular Procedures	36.0710	
93454	Coronary artery angio s&i	J1		5191	Level 1 Endovascular Procedures	36.0710	
93455	Coronary art/grft angio s&i	J1		5191	Level 1 Endovascular Procedures	36.0710	
93456	R hrt coronary artery angio	J1		5191	Level 1 Endovascular Procedures	36.0710	
93457	R hrt art/grft angio	J1		5191	Level 1 Endovascular Procedures	36.0710	
93458	L hrt artery/ventricle angio	J1		5191	Level 1 Endovascular Procedures	36.0710	
93459	L hrt art/grft angio	J1		5191	Level 1 Endovascular Procedures	36.0710	
93460	R&I hrt art/ventricle angio	J1		5191	Level 1 Endovascular Procedures	36.0710	
93461	R&I hrt art/ventricle angio	J1		5191	Level 1 Endovascular Procedures	36.0710	
93462	L hrt cath trnsptl puncture	N					
93463	Drug admin & hemodynmic meas	N					
93464	Exercise w/hemodynamic meas	N					
93503	Insert/place heart catheter	J1		5182	Level 2 Vascular Procedures	17.4213	
93505	Biopsy of heart lining	J1		5183	Level 3 Vascular Procedures	35.2981	
93563	Njx cgen car cth slctv c ang	N					
93564	Njx cgen car cath slctv opac	N					
93565	Njx car cth slctv lv/la ang	N					
93566	Njx car cth slctv rv/ra ang	N					
93567	Njx car cth sprlv aortgrphy	N					
93568	Njx car cth nslc p-art angrp	N					
93569	Njx cth slct p-art angrp uni	N					
93571	Heart flow reserve measure	N					
93572	Heart flow reserve measure	N					
93573	Njx cath slct p-art angrp bi	N					
93574	Njx cath slct pulm vn angrph	N					
93575	Njx cath slct p angrph mapca	N					
93580	Transcath closure of asd	J1		5194	Level 4 Endovascular Procedures	201.3785	
93581	Transcath closure of vsd	J1		5194	Level 4 Endovascular Procedures	201.3785	
93582	Perq transcath closure pda	J1		5194	Level 4 Endovascular Procedures	201.3785	
93583	Perq transcath septal reduxn	C					
93584	Vngrph chd anom/persist svc	N					
93585	Vngrph chd azygs/hemiazygs	N					
93586	Vngrph chd coronary sinus	N					
93587	Vngrph chd vnv n cltrl at/abv	N					
93588	Vngrph chd vnv n cltrl below	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

93590	Perq transcath cls mitral	J1		5194	Level 4 Endovascular Procedures	201.3785	
93591	Perq transcath cls aortic	J1		5194	Level 4 Endovascular Procedures	201.3785	
93592	Perq transcath closure each	N					
93593	R hrt cath chd nml nt cnj	J1		5191	Level 1 Endovascular Procedures	36.0710	
93594	R hrt cath chd abnl nt cnj	J1		5191	Level 1 Endovascular Procedures	36.0710	
93595	L hrt cath chd nm/abn nt cnj	J1		5191	Level 1 Endovascular Procedures	36.0710	
93596	R&I hrt cath chd nml nt cnj	J1		5191	Level 1 Endovascular Procedures	36.0710	
93597	R&I hrt cath chd abnl nt cnj	J1		5191	Level 1 Endovascular Procedures	36.0710	
93598	Car outp meas drg cath chd	N					
93600	Bundle of his recording	J1		5212	Level 2 Electrophysiologic Procedures	85.0980	
93602	Intra-atrial recording	J1		5212	Level 2 Electrophysiologic Procedures	85.0980	
93603	Right ventricular recording	J1		5211	Level 1 Electrophysiologic Procedures	13.6145	
93609	Map tachycardia add-on	N					
93610	Intra-atrial pacing	J1		5212	Level 2 Electrophysiologic Procedures	85.0980	
93612	Intraventricular pacing	J1		5212	Level 2 Electrophysiologic Procedures	85.0980	
93613	Electrophys map 3d add-on	N					
93615	Esophageal recording	J1		5211	Level 1 Electrophysiologic Procedures	13.6145	
93616	Esophageal recording	J1		5211	Level 1 Electrophysiologic Procedures	13.6145	
93618	Heart rhythm pacing	J1		5211	Level 1 Electrophysiologic Procedures	13.6145	
93619	Electrophysiology evaluation	J1		5212	Level 2 Electrophysiologic Procedures	85.0980	
93620	Electrophysiology evaluation	J1		5212	Level 2 Electrophysiologic Procedures	85.0980	
93621	Electrophysiology evaluation	N					
93622	Electrophysiology evaluation	N					
93623	Stimulation pacing heart	N					
93624	Electrophysiologic study	J1		5212	Level 2 Electrophysiologic Procedures	85.0980	
93631	Heart pacing mapping	N					
93640	Evaluation heart device	N					
93641	Electrophysiology evaluation	N					
93642	Electrophysiology evaluation	J1		5211	Level 1 Electrophysiologic Procedures	13.6145	
93644	Electrophysiology evaluation	N					
93650	Ablate heart dysrhythm focus	J1		5212	Level 2 Electrophysiologic Procedures	85.0980	
93653	Compre ep eval tx svt	J1		5213	Level 3 Electrophysiologic Procedures	275.1214	
93654	Compre ep eval tx vt	J1		5213	Level 3 Electrophysiologic Procedures	275.1214	
93655	Ablate arrhythmia add on	N					
93656	Compre ep eval abltj atr fib	J1		5213	Level 3 Electrophysiologic Procedures	275.1214	
93657	Tx l/r atrial fib addl	N					
93660	Tilt table evaluation	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
93662	Intracardiac ecg (ice)	N					
93668	Peripheral vascular rehab	S	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

93701	Bioimpedance cv analysis	Q1		5734	Level 4 Minor Procedures	1.4456	
93702	Bis xtracell fluid analysis	S	E1				
93724	Analyze pacemaker system	S		5743	Level 3 Electronic Analysis of Devices	3.3634	
93740	Temperature gradient studies	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
93745	Set-up cardiovert-defibrill	S		5743	Level 3 Electronic Analysis of Devices	3.3634	
93750	Interrogation vad in person	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
93770	Measure venous pressure	N					
93784	Ambl bp mntr w/software	B					
93786	Ambl bp mntr w/sw rec only	Q1		5734	Level 4 Minor Procedures	1.4456	
93788	Ambl bp mntr w/sw a/r	Q1		5734	Level 4 Minor Procedures	1.4456	
93790	Ambl bp mntr w/sw i&r	M					
93792	Pt/caregiver traing home inr	B					
93793	Anticoag mgmt pt warfarin	B					
93797	Cardiac rehab	S		5771	Cardiac Rehabilitation	1.4120	
93798	Cardiac rehab/monitor	S		5771	Cardiac Rehabilitation	1.4120	
93799	Unlisted cv svc/procedure	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
93880	Extracranial bilat study	S		5523	Level 3 Imaging without Contrast	2.7108	
93882	Extracranial uni/ltd study	S		5522	Level 2 Imaging without Contrast	1.1926	
93886	Intracranial complete study	S		5523	Level 3 Imaging without Contrast	2.7108	
93888	Intracranial limited study	S		5522	Level 2 Imaging without Contrast	1.1926	
93892	Tcd emboli detect w/o inj	Q1		5522	Level 2 Imaging without Contrast	1.1926	
93893	Tcd emboli detect w/inj	Q1		5522	Level 2 Imaging without Contrast	1.1926	
93895	Carotid intima atheroma eval	E1					
93896	Vsrctv std tcd icr art compl	N					
93897	Emboli detcj wo iv mbubb njx	N					
93898	Ven-artl shunt det mbubb njx	N					
93922	Upr/l xtremity art 2 levels	Q1		5734	Level 4 Minor Procedures	1.4456	
93923	Upr/lxtr art stdy 3+ lvls	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
93924	Lwr xtr vasc stdy bilat	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
93925	Lower extremity study	S		5523	Level 3 Imaging without Contrast	2.7108	
93926	Lower extremity study	S		5522	Level 2 Imaging without Contrast	1.1926	
93930	Upper extremity study	S		5523	Level 3 Imaging without Contrast	2.7108	
93931	Upper extremity study	S		5522	Level 2 Imaging without Contrast	1.1926	
93970	Extremity study	S		5523	Level 3 Imaging without Contrast	2.7108	
93971	Extremity study	S		5522	Level 2 Imaging without Contrast	1.1926	
93975	Vascular study	S		5523	Level 3 Imaging without Contrast	2.7108	
93976	Vascular study	S		5522	Level 2 Imaging without Contrast	1.1926	
93978	Vascular study	S		5523	Level 3 Imaging without Contrast	2.7108	
93979	Vascular study	Q1		5522	Level 2 Imaging without Contrast	1.1926	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

93980	Penile vascular study	S		5522	Level 2 Imaging without Contrast	1.1926	
93981	Penile vascular study	S		5522	Level 2 Imaging without Contrast	1.1926	
93985	Dup-scan hemo compl bi std	S		5523	Level 3 Imaging without Contrast	2.7108	
93986	Dup-scan hemo compl uni std	S		5522	Level 2 Imaging without Contrast	1.1926	
93990	Doppler flow testing	Q1		5522	Level 2 Imaging without Contrast	1.1926	
93998	Unlistd noninvas vasc dx std	Q1		5731	Level 1 Minor Procedures	0.2747	
94002	Vent mgmt inpat init day	Q3		5801	Ventilation Initiation and Management	7.4140	
94003	Vent mgmt inpat subq day	Q3		5801	Ventilation Initiation and Management	7.4140	
94004	Vent mgmt nf per day	B					
94005	Home vent mgmt supervision	M					
94010	Breathing capacity test	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94011	Spirometry up to 2 yrs old	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94012	Spirntry w/brnchdil inf-2 yr	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
94013	Meas lung vol thru 2 yrs	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
94014	Patient recorded spirometry	Q1		5735	Level 5 Minor Procedures	4.4751	
94015	Patient recorded spirometry	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
94016	Review patient spirometry	A					\$22.89
94060	Evaluation of wheezing	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
94070	Evaluation of wheezing	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
94150	Vital capacity test	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94200	Lung function test (mbc/mvv)	Q1		5733	Level 3 Minor Procedures	0.6661	
94375	Respiratory flow volume loop	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
94450	Hypoxia response curve	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94452	Hast w/report	Q1		5734	Level 4 Minor Procedures	1.4456	
94453	Hast w/oxygen titrate	Q1		5734	Level 4 Minor Procedures	1.4456	
94610	Surfactant admin thru tube	Q1		5791	Pulmonary Treatment	2.2810	
94617	Exercise tst brncspsm w/ecg	Q1		5734	Level 4 Minor Procedures	1.4456	
94618	Pulmonary stress testing	Q1		5734	Level 4 Minor Procedures	1.4456	
94619	Exercise tst brncspsm wo ecg	Q1		5733	Level 3 Minor Procedures	0.6661	
94621	Cardiopulm exercise testing	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
94625	Phy/qhp op pulm rhb w/o mntr	S		5733	Level 3 Minor Procedures	0.6661	
94626	Phy/qhp op pulm rhb w/mntr	S		5733	Level 3 Minor Procedures	0.6661	
94640	Airway inhalation treatment	Q1		5791	Pulmonary Treatment	2.2810	
94642	Aerosol inhalation treatment	Q1		5791	Pulmonary Treatment	2.2810	
94644	Cbt 1st hour	Q1		5734	Level 4 Minor Procedures	1.4456	
94645	Cbt each addl hour	N					
94660	Pos airway pressure cpap	Q1		5791	Pulmonary Treatment	2.2810	
94662	Neg press ventilation cnp	Q3		5801	Ventilation Initiation and Management	7.4140	
94664	Evaluate pt use of inhaler	Q1		5791	Pulmonary Treatment	2.2810	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

94667	Chest wall manipulation	Q1		5734	Level 4 Minor Procedures	1.4456	
94668	Chest wall manipulation	Q1		5734	Level 4 Minor Procedures	1.4456	
94669	Mechanical chest wall oscill	Q1		5791	Pulmonary Treatment	2.2810	
94680	Exhaled air analysis o2	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94681	Exhaled air analysis o2/co2	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
94690	Exhaled air analysis	Q1		5733	Level 3 Minor Procedures	0.6661	
94726	Pulm funct tst plethysmograph	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
94727	Pulm function test by gas	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94728	Airway resist by oscillometry	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94729	Co/membrane diffuse capacity	N					
94760	Measure blood oxygen level	N					
94761	Measure blood oxygen level	N					
94762	Measure blood oxygen level	Q3		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94772	Breath recording infant	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
94774	Ped home apnea rec compl	B					
94775	Ped home apnea rec hk-up	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94776	Ped home apnea rec downld	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
94777	Ped home apnea rec report	B					
94780	Cars/bd tst infn-12mo 60 min	Q1	E1				
94781	Cars/bd tst infn-12mo +30min	N	E1				
94799	Unlisted pulmonary svc/px	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95004	Percut allergy skin tests	Q1		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95012	Exhaled nitric oxide meas	Q1		5732	Level 2 Minor Procedures	0.4402	
95017	Perq & icut allg test venoms	Q1		5731	Level 1 Minor Procedures	0.2747	
95018	Perq&ic allg test drugs/biol	Q1		5732	Level 2 Minor Procedures	0.4402	
95024	Icut allergy test drug/bug	Q1		5733	Level 3 Minor Procedures	0.6661	
95027	Icut allergy titrate-airborn	Q1		5731	Level 1 Minor Procedures	0.2747	
95028	Icut allergy test-delayed	Q1		5732	Level 2 Minor Procedures	0.4402	
95044	Allergy patch tests	Q1		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95052	Photo patch test	Q1		5733	Level 3 Minor Procedures	0.6661	
95056	Photosensitivity tests	Q1		5734	Level 4 Minor Procedures	1.4456	
95060	Eye allergy tests	Q1		5734	Level 4 Minor Procedures	1.4456	
95065	Nose allergy test	Q1		5732	Level 2 Minor Procedures	0.4402	
95070	Bronchial allergy tests	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95076	Ingest challenge ini 120 min	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95079	Ingest challenge addl 60 min	N					
95115	Immunotherapy one injection	Q1		5691	Level 1 Drug Administration	0.5174	
95117	Immunotherapy injections	Q1		5691	Level 1 Drug Administration	0.5174	
95120	Immunotherapy one injection	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

95125	Immunotherapy 2/> injections	E1					
95130	Immmtx 1 sting insect	E1					
95131	Immmtx 2 sting insects	E1					
95132	Immmtx 3 sting insects	E1					
95133	Immmtx 4 sting insects	E1					
95134	Immmtx 5 sting insects	E1					
95144	Antigen therapy services	Q1		5691	Level 1 Drug Administration	0.5174	
95145	Antigen therapy services	Q1		5691	Level 1 Drug Administration	0.5174	
95146	Antigen therapy services	Q1		5691	Level 1 Drug Administration	0.5174	
95147	Antigen therapy services	Q1		5692	Level 2 Drug Administration	0.7982	
95148	Antigen therapy services	Q1		5692	Level 2 Drug Administration	0.7982	
95149	Antigen therapy services	Q1		5692	Level 2 Drug Administration	0.7982	
95165	Antigen therapy services	Q1		5691	Level 1 Drug Administration	0.5174	
95170	Antigen therapy services	Q1		5691	Level 1 Drug Administration	0.5174	
95180	Rapid desensitization	Q1		5735	Level 5 Minor Procedures	4.4751	
95199	Unlisted all/immig svc/px	Q1		5731	Level 1 Minor Procedures	0.2747	
95249	Cont gluc mntr pt prov eqp	S		5733	Level 3 Minor Procedures	0.6661	
95250	Cont gluc mntr phys/qhp eqp	V		5012	Clinic Visits and Related Services	1.4452	
95251	Cont gluc mntr analysis i&r	B					
95700	Eeg cont rec w/vid eeg tech	S	E1				
95705	Eeg w/o vid 2-12 hr unmntr	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95706	Eeg wo vid 2-12hr intmt mntr	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95707	Eeg w/o vid 2-12hr cont mntr	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95708	Eeg wo vid ea 12-26hr unmntr	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95709	Eeg w/o vid ea 12-26hr intmt	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95710	Eeg w/o vid ea 12-26hr cont	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95711	Veeg 2-12 hr unmonitored	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95712	Veeg 2-12 hr intmt mntr	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95713	Veeg 2-12 hr cont mntr	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95714	Veeg ea 12-26 hr unmntr	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95715	Veeg ea 12-26hr intmt mntr	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95716	Veeg ea 12-26hr cont mntr	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95717	Eeg phys/qhp 2-12 hr w/o vid	M					
95718	Eeg phys/qhp 2-12 hr w/veeg	M					
95719	Eeg phys/qhp ea incr w/o vid	M					
95720	Eeg phy/qhp ea incr w/veeg	M					
95721	Eeg phy/qhp>36<60 hr w/o vid	M					
95722	Eeg phy/qhp>36<60 hr w/veeg	M					
95723	Eeg phy/qhp>60<84 hr w/o vid	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

95724	Eeg phy/qhp>60<84 hr w/veeg	M					
95725	Eeg phy/qhp>84 hr w/o vid	M					
95726	Eeg phy/qhp>84 hr w/veeg	M					
95782	Polysom <6 yrs 4/> paramtrs	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95783	Polysom <6 yrs cpap/bilvl	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95800	Slp stdy unattended	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95801	Slp stdy unatnd w/anal	Q1	E1				
95803	Actigraphy testing	Q1	E1				
95805	Multiple sleep latency test	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95806	Sleep study unatt&resp efft	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95807	Sleep study attended	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95808	Polysom any age 1-3> param	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95810	Polysom 6/> yrs 4/> param	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95811	Polysom 6/>yrs cpap 4/> parm	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95812	Eeg 41-60 minutes	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95813	Eeg extnd mntr 61-119 min	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95816	Eeg awake and drowsy	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95819	Eeg awake and asleep	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95822	Eeg coma or sleep only	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95824	Eeg cerebral death only	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95829	Surgery electrocorticogram	N					
95830	Insert electrodes for eeg	B					
95836	Ecog impltd brn npgt <30 d	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
95851	Range of motion measurements	A					\$21.07
95852	Range of motion measurements	A					\$17.87
95857	Cholinesterase challenge	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95860	Muscle test one limb	Q1		5734	Level 4 Minor Procedures	1.4456	
95861	Muscle test 2 limbs	Q1		5734	Level 4 Minor Procedures	1.4456	
95863	Muscle test 3 limbs	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95864	Muscle test 4 limbs	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95865	Muscle test larynx	Q1		5734	Level 4 Minor Procedures	1.4456	
95866	Muscle test hemidiaphragm	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95867	Muscle test cran nerv unilat	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95868	Muscle test cran nerve bilat	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95869	Muscle test thor paraspinal	Q1		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95870	Muscle test nonparaspinal	Q1		5734	Level 4 Minor Procedures	1.4456	
95872	Muscle test one fiber	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95873	Guide nerv destr elec stim	N					
95874	Guide nerv destr needle emg	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

95875	Limb exercise test	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95885	Musc tst done w/nerv tst lim	N					
95886	Musc test done w/n test comp	N					
95887	Musc tst done w/n tst nonext	N					
95905	Motor &/ sens nrve cndj test	Q1		5735	Level 5 Minor Procedures	4.4751	
95907	Nvr cndj tst 1-2 studies	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95908	Nrv cndj tst 3-4 studies	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95909	Nrv cndj tst 5-6 studies	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95910	Nrv cndj test 7-8 studies	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95911	Nrv cndj test 9-10 studies	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95912	Nrv cndj test 11-12 studies	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95913	Nrv cndj test 13/> studies	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95919	Quan puplmtry phy/qhp uni/bi	Q1		5734	Level 4 Minor Procedures	1.4456	
95921	Autonomic nrv parasymp inervj	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95922	Autonomic nrv adrenrg inervj	Q1		5734	Level 4 Minor Procedures	1.4456	
95923	Autonomic nrv syst funj test	Q1		5734	Level 4 Minor Procedures	1.4456	
95924	Ans parasymp & symp w/tilt	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95925	Somatosensory testing	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95926	Somatosensory testing	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95927	Somatosensory testing	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95928	C motor evoked uppr limbs	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95929	C motor evoked lwr limbs	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95930	Visual ep test cns w/i&r	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
95933	Blink reflex test	Q1		5733	Level 3 Minor Procedures	0.6661	
95937	Neuromuscular junction test	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
95938	Somatosensory testing	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95939	C motor evoked upr&lwr limbs	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95940	Ionm in operatng room 15 min	N					
95941	Ionm remote/>1 pt or per hr	N					
95954	Eeg monitoring/giving drugs	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
95955	Eeg during surgery	N					
95957	Eeg digital analysis	N					
95958	Eeg monitoring/function test	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95961	Electrode stimulation brain	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
95962	Electrode stim brain add-on	N					
95965	Meg spontaneous	S	E1				
95966	Meg evoked single	S	E1				
95967	Meg evoked each addl	N	E1				
95970	Alys npgt w/o prgrmg	Q1		5734	Level 4 Minor Procedures	1.4456	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

95971	Alys smpl sp/pn npgt w/prgrm	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
95972	Alys cplx sp/pn npgt w/prgrm	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
95976	Alys smpl cn npgt prgrmg	S		5741	Level 1 Electronic Analysis of Devices	0.4182	
95977	Alys cplx cn npgt prgrmg	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
95980	lo anal gast n-stim init	N					
95981	lo anal gast n-stim subseq	Q1		5733	Level 3 Minor Procedures	0.6661	
95982	lo ga n-stim subseq w/reprog	Q1		5741	Level 1 Electronic Analysis of Devices	0.4182	
95983	Alys brn npgt prgrmg 15 min	S		5742	Level 2 Electronic Analysis of Devices	1.0294	
95984	Alys brn npgt prgrmg addl 15	N					
95990	Spin/brain pump refill & main	S		5694	Level 4 Drug Administration	3.7198	
95991	Spin/brain pump refill & main	T		5441	Level 1 Nerve Injections	3.3105	
95992	Canalith repositioning proc	A					\$40.48
95999	Unlisted neurological dx px	Q1		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
96000	Motion analysis video/3d	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
96001	Motion test w/ft press meas	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
96002	Dynamic surface emg	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
96004	Phys review of motion tests	B					
96020	Functional brain mapping	N					
96041	Genetic counseling svc ea 30	B					
96105	Assessment of aphasia	A					\$92.61
96110	Developmental screen w/score	E1					
96112	Devel tst phys/qhp 1st hr	Q3		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
96113	Devel tst phys/qhp ea addl	N					
96116	Nubhvl xm phys/qhp 1st hr	Q3		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
96121	Nubhvl xm phy/qhp ea addl hr	N					
96125	Cognitive test by hc pro	A					\$98.63
96127	Brief emotional/behav assmt	Q1	E1				
96130	Psycl tst eval phys/qhp 1st	Q3		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
96131	Psycl tst eval phys/qhp ea	N					
96132	Nrpsyc tst eval phys/qhp 1st	Q3		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
96133	Nrpsyc tst eval phys/qhp ea	N					
96136	Psycl/nrpsyc tst phy/qhp 1st	Q3		5734	Level 4 Minor Procedures	1.4456	
96137	Psycl/nrpsyc tst phy/qhp ea	N					
96138	Psycl/nrpsyc tech 1st	Q3	E1				
96139	Psycl/nrpsyc tst tech ea	N	E1				
96146	Psycl/nrpsyc tst auto result	Q3	E1				
96156	HIth bhv assmt/reassessment	Q3	E1				
96158	HIth bhv ivntj indiv 1st 30	Q3	E1				
96159	HIth bhv ivntj indiv ea addl	N	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

96160	Pt-focused hlth risk assmt	S	E1				
96161	Caregiver health risk assmt	S	E1				
96164	Hlth bhv ivntj grp 1st 30	Q3	E1				
96165	Hlth bhv ivntj grp ea addl	N	E1				
96167	Hlth bhv ivntj fam 1st 30	Q3	E1				
96168	Hlth bhv ivntj fam ea addl	N	E1				
96170	Hlth bhv ivntj fam wo pt 1st	E1					
96171	Hlth bhv ivntj fam w/o pt ea	E1					
96202	Mlt fam grp bhv train 1st 60	A	E1				
96203	Mlt fam grp bhv train ea add	A	E1				
96360	Hydration iv infusion init	S		5693	Level 3 Drug Administration	2.3628	
96361	Hydrate iv infusion add-on	S		5691	Level 1 Drug Administration	0.5174	
96365	Ther/proph/diag iv inf init	S		5693	Level 3 Drug Administration	2.3628	
96366	Ther/proph/diag iv inf addon	S		5691	Level 1 Drug Administration	0.5174	
96367	Tx/proph/dg addl seq iv inf	S		5692	Level 2 Drug Administration	0.7982	
96368	Ther/diag concurrent inf	N					
96369	Sc ther infusion up to 1 hr	S		5693	Level 3 Drug Administration	2.3628	
96370	Sc ther infusion addl hr	S		5691	Level 1 Drug Administration	0.5174	
96371	Sc ther infusion reset pump	Q1		5692	Level 2 Drug Administration	0.7982	
96372	Ther/proph/diag inj sc/im	Q1		5692	Level 2 Drug Administration	0.7982	
96373	Ther/proph/diag inj ia	S		5693	Level 3 Drug Administration	2.3628	
96374	Ther/proph/diag inj iv push	S		5693	Level 3 Drug Administration	2.3628	
96375	Tx/pro/dx inj new drug addon	S		5691	Level 1 Drug Administration	0.5174	
96376	Tx/pro/dx inj same drug adon	N					
96377	Applicaton on-body injector	Q1		5691	Level 1 Drug Administration	0.5174	
96379	Unl ther/prop/diag inj/inf	Q1		5691	Level 1 Drug Administration	0.5174	
96380	Admn rsv monoc antib im cnsl	M					
96381	1 admn rsv monoc antib im njx	M					
96401	Chemo anti-neopl sq/im	Q1		5692	Level 2 Drug Administration	0.7982	
96402	Chemo hormon antineopl sq/im	Q1		5692	Level 2 Drug Administration	0.7982	
96405	Chemo intralesional up to 7	Q1		5692	Level 2 Drug Administration	0.7982	
96406	Chemo intralesional over 7	S		5693	Level 3 Drug Administration	2.3628	
96409	Chemo iv push sngl drug	S		5694	Level 4 Drug Administration	3.7198	
96411	Chemo iv push addl drug	S		5692	Level 2 Drug Administration	0.7982	
96413	Chemo iv infusion 1 hr	S		5694	Level 4 Drug Administration	3.7198	
96415	Chemo iv infusion addl hr	S		5692	Level 2 Drug Administration	0.7982	
96416	Chemo prolong infuse w/pump	S		5694	Level 4 Drug Administration	3.7198	
96417	Chemo iv infus each addl seq	S		5692	Level 2 Drug Administration	0.7982	
96420	Chemo ia push technique	S		5694	Level 4 Drug Administration	3.7198	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

96422	Chemo ia infusion up to 1 hr	S		5694	Level 4 Drug Administration	3.7198	
96423	Chemo ia infuse each addl hr	S		5691	Level 1 Drug Administration	0.5174	
96425	Chemotherapy infusion method	S		5694	Level 4 Drug Administration	3.7198	
96440	Chemotherapy intracavitary	S		5694	Level 4 Drug Administration	3.7198	
96446	Chemotx admn prtl cavity	S		5694	Level 4 Drug Administration	3.7198	
96450	Chemotherapy into cns	S		5694	Level 4 Drug Administration	3.7198	
96521	Refill/maint portable pump	S		5693	Level 3 Drug Administration	2.3628	
96522	Refill/maint pump/resvr syst	S		5693	Level 3 Drug Administration	2.3628	
96523	Irrig drug delivery device	Q1		5733	Level 3 Minor Procedures	0.6661	
96542	Chemotherapy injection	S		5694	Level 4 Drug Administration	3.7198	
96547	Intraop hipec px 1st 60 min	N					
96548	Ntraop hipec px ea add 30min	N					
96549	Unlisted chemotherapy px	Q1		5691	Level 1 Drug Administration	0.5174	
96567	Pdt dstr prmlg les skn	Q1		5051	Level 1 Skin Procedures	2.2284	
96570	Photodynmc tx 30 min add-on	N					
96571	Photodynamic tx addl 15 min	N					
96573	Pdt dstr prmlg les phys/qhp	Q1		5051	Level 1 Skin Procedures	2.2284	
96574	Dbrdmt prmlg les w/pdt	Q1		5051	Level 1 Skin Procedures	2.2284	
96900	Ultraviolet light therapy	Q1		5732	Level 2 Minor Procedures	0.4402	
96902	Trichogram	N					
96904	Whole body photography	N					
96910	Photochemotherapy with uv-b	Q1		5733	Level 3 Minor Procedures	0.6661	
96912	Photochemotherapy with uv-a	Q1		5733	Level 3 Minor Procedures	0.6661	
96913	Photochemotherapy uv-a or b	T		5052	Level 2 Skin Procedures	4.4806	
96920	Laser tx skin < 250 sq cm	Q1		5051	Level 1 Skin Procedures	2.2284	
96921	Laser tx skin 250-500 sq cm	Q1		5051	Level 1 Skin Procedures	2.2284	
96922	Laser tx skin >500 sq cm	Q1		5052	Level 2 Skin Procedures	4.4806	
96931	Rcm celulr subcelulr img skn	M					
96932	Rcm celulr subcelulr img skn	N					
96933	Rcm celulr subcelulr img skn	B					
96934	Rcm celulr subcelulr img skn	N					
96935	Rcm celulr subcelulr img skn	N					
96936	Rcm celulr subcelulr img skn	N					
96999	Unlisted spec derm svc/px	Q1		5051	Level 1 Skin Procedures	2.2284	
97010	Hot or cold packs therapy	A	E1				
97012	Mechanical traction therapy	A					\$12.63
97014	Electric stimulation therapy	E1	A				\$10.88
97016	Vasopneumatic device therapy	A					\$10.43
97018	Paraffin bath therapy	A					\$5.95

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

97022	Whirlpool therapy	A					\$15.28
97024	Diathermy eg microwave	A					\$6.92
97026	Infrared therapy	A					\$6.59
97028	Ultraviolet therapy	A					\$7.89
97032	Electrical stimulation	A					\$14.03
97033	Electric current therapy	A					\$17.40
97034	Contrast bath therapy	A					\$13.39
97035	Ultrasound therapy	A					\$13.71
97036	Hydrotherapy	A					\$33.23
97037	Appl modality 1+lllt po pain	Q1	E1				
97039	Unlisted modality	A					\$24.04
97110	Therapeutic exercises	A					\$26.51
97112	Neuromuscular reeducation	A					\$30.45
97113	Aquatic therapy/exercises	A					\$33.18
97116	Gait training therapy	A					\$26.51
97124	Massage therapy	A	E1				
97129	Ther ivntj 1st 15 min	A					\$20.14
97130	Ther ivntj ea addl 15 min	A					\$19.23
97139	Unlisted therapeutic px	A					\$33.44
97140	Manual therapy 1/> regions	A					\$24.38
97150	Group therapeutic procedures	A					\$16.19
97151	Bhv id asmt by phys/qhp	Q3		5822	Level 2 Health and Behavior Services	1.0374	
97152	Bhv id suprt asmt by 1 tech	Q3		5822	Level 2 Health and Behavior Services	1.0374	
97153	Adaptive behavior tx by tech	Q3		5822	Level 2 Health and Behavior Services	1.0374	
97154	Grp adapt bhv tx by tech	Q3		5821	Level 1 Health and Behavior Services	0.3341	
97155	Adapt behavior tx phys/qhp	Q3		5823	Level 3 Health and Behavior Services	1.8019	
97156	Fam adapt bhv tx gdn phy/qhp	Q3		5821	Level 1 Health and Behavior Services	0.3341	
97157	Mult fam adapt bhv tx gdn	Q3		5821	Level 1 Health and Behavior Services	0.3341	
97158	Grp adapt bhv tx by phy/qhp	Q3		5821	Level 1 Health and Behavior Services	0.3341	
97161	Pt eval low complex 20 min	A					\$90.55
97162	Pt eval mod complex 30 min	A					\$90.55
97163	Pt eval high complex 45 min	A					\$90.55
97164	Pt re-eval est plan care	A					\$62.84
97165	Ot eval low complex 30 min	A					\$91.46
97166	Ot eval mod complex 45 min	A					\$91.46
97167	Ot eval high complex 60 min	A					\$91.46
97168	Ot re-eval est plan care	A					\$63.14
97169	Athletic trn eval low cmplx	E1					
97170	Athletic trn eval mod cmplx	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

97171	Athletic trn eval high cmplx	E1					
97172	Athletic trn re-eval plan cr	E1					
97530	Therapeutic activities	A					\$33.18
97533	Sensory integration	A					\$56.54
97535	Self care mngment training	A					\$29.54
97537	Community/work reintegration	A	E1				
97542	Wheelchair mngment training	A					\$28.63
97545	Work hardening	A	E1				
97546	Work hardening add-on	A	E1				
97550	Caregiver traing 1st 30 min	A	E1				
97551	Caregiver traing ea addl 15	A	E1				
97552	Group caregiver training	A	E1				
97597	Rmvl devital tis 20 cm/<	T		5051	Level 1 Skin Procedures	2.2284	\$90.79
97598	Rmvl devital tis addl 20cm/<	N					\$42.34
97602	Wound(s) care non-selective	Q1		5051	Level 1 Skin Procedures	2.2284	\$45.64
97605	Neg press wound tx <=50 cm	Q1		5051	Level 1 Skin Procedures	2.2284	\$41.85
97606	Neg press wound tx >50 cm	Q1		5052	Level 2 Skin Procedures	4.4806	\$49.94
97607	Neg press wnd tx <=50 sq cm	T		5052	Level 2 Skin Procedures	4.4806	\$315.86
97608	Neg press wound tx >50 cm	T		5052	Level 2 Skin Procedures	4.4806	\$326.22
97610	Low frequency non-thermal us	Q1		5051	Level 1 Skin Procedures	2.2284	
97750	Physical performance test	A					\$30.76
97755	Assistive technology assess	A					\$37.12
97760	Orthotic mgmt&traing 1st enc	A					\$43.19
97761	Prosthetic traing 1st enc	A	E1				
97763	Orthc/prostc mgmt sbsq enc	A					\$47.44
97799	Unlisted physcl med/rehab px	A					\$39.38
97802	Medical nutrition indiv in	A	E1				
97803	Med nutrition indiv subseq	A	E1				
97804	Medical nutrition group	A	E1				
97810	Acupunct w/o stimul 15 min	S	E1				
97811	Acupunct w/o stimul addl 15m	N					
97813	Acupunct w/stimul 15 min	S	E1				
97814	Acupunct w/stimul addl 15m	N					
98000	Synch audio-video new sf 15	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

98001	Synch audio-video new low 30	B					
98002	Synch audio-video new mod 45	B					
98003	Synch audio-video new hi 60	B					
98004	Synch audio-video est sf 10	B					
98005	Synch audio-video est low 20	B					
98006	Synch audio-video est mod 30	B					
98007	Synch audio-video est hi 40	B					
98008	Synch audio-only new sf 15	B					
98009	Synch audio-only new low 30	B					
98010	Synch audio-only new mod 45	B					
98011	Synch audio-only new high 60	B					
98012	Synch audio-only est sf 10	B					
98013	Synch audio-only est low 20	B					
98014	Synch audio-only est mod 30	B					
98015	Synch audio-only est high 40	B					
98016	Brief comunicaj tech-bsd svc	B					
98925	Osteopath manj 1-2 regions	Q1		5811	Manipulation Therapy	0.2837	
98926	Osteopath manj 3-4 regions	Q1		5811	Manipulation Therapy	0.2837	
98927	Osteopath manj 5-6 regions	Q1		5811	Manipulation Therapy	0.2837	
98928	Osteopath manj 7-8 regions	Q1		5811	Manipulation Therapy	0.2837	
98929	Osteopath manj 9-10 regions	Q1		5811	Manipulation Therapy	0.2837	
98940	Chiropract manj 1-2 regions	Q1		5811	Manipulation Therapy	0.2837	
98941	Chiropract manj 3-4 regions	Q1		5811	Manipulation Therapy	0.2837	
98942	Chiropractic manj 5 regions	Q1		5811	Manipulation Therapy	0.2837	
98943	Chiropract manj xtrspnl 1/>	E1					
98960	Self-mgmt educ & train 1 pt	N					
98961	Self-mgmt educ/train 2-4 pt	N					
98962	Self-mgmt educ/train 5-8 pt	N					
98966	Hc pro phone call 5-10 min	A	E1				
98967	Hc pro phone call 11-20 min	A	E1				
98968	Hc pro phone call 21-30 min	A	E1				
98970	Qnhp ol dig assmt&mgmt 5-10	A	E1				
98971	Qnhp ol dig assmt&mgmt 11-20	A	E1				
98972	Qnhp ol dig assmt&mgmt 21+	A	E1				
98975	Rem ther mntr 1st setup&edu	V	E1				
98976	Rem ther mntr dev sply resp	Q1	E1				
98977	Rem ther mntr dv sply mscskl	Q1	E1				
98978	Rem ther mntr dev sply cbt	Q1	E1				
98980	Rem ther mntr 1st 20 min	A	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

98981	Rem ther mntr ea addl 20 min	A	E1				
99000	Specimen handling office-lab	E1					
99001	Specimen handling pt-lab	E1					
99002	Device handling phys/qhp	B					
99024	Postop follow-up visit	B					
99026	In-hospital on call service	E1					
99027	Out-of-hosp on call service	E1					
99050	Medical services after hrs	B					
99051	Med serv eve/wkend/holiday	B					
99053	Med serv 10pm-8am 24 hr fac	B					
99056	Med service out of office	B					
99058	Office emergency care	B					
99060	Out of office emerg med serv	B					
99070	Special supplies phys/qhp	B					
99071	Patient education materials	B					
99072	Addl supl matrl&staf tm phe	B					
99075	Medical testimony	E1					
99078	Group health education	N	E1				
99080	Special reports or forms	B					
99082	Unusual physician travel	B					
99091	Collj & interpj data ea 30 d	N					
99100	Special anesthesia service	B					
99116	Anesthesia with hypothermia	B					
99135	Special anesthesia procedure	B					
99140	Emergency anesthesia	B					
99151	Mod sed same phys/qhp <5 yrs	N					
99152	Mod sed same phys/qhp 5/>yrs	N					
99153	Mod sed same phys/qhp ea	N					
99155	Mod sed oth phys/qhp <5 yrs	N					
99156	Mod sed oth phys/qhp 5/>yrs	N					
99157	Mod sed other phys/qhp ea	N					
99170	Anogenital exam child w imag	T		5411	Level 1 Gynecologic Procedures	2.2561	
99172	Ocular function screen	E1	A				\$16.40
99173	Visual acuity screen	E1	A				\$3.03
99174	Ocular instrumnt screen bil	E1					
99175	Induction of vomiting	N					
99177	Ocular instrumnt screen bil	E1					
99183	Hyperbaric oxygen therapy	B					
99184	Hypothermia ill neonate	C					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

99188	App topical fluoride varnish	E1					
99190	Special pump services	C					
99191	Special pump services	C					
99192	Special pump services	C					
99195	Phlebotomy	Q1		5734	Level 4 Minor Procedures	1.4456	
99199	Unlisted special svc px/rprt	B					
99202	Office o/p new sf 15-29 min	B					
99203	Office o/p new low 30-44 min	B					
99204	Office o/p new mod 45-59 min	B					
99205	Office o/p new hi 60-74 min	B					
99211	Off/op est may x req phy/qhp	B					
99212	Office o/p est sf 10-19 min	B					
99213	Office o/p est low 20-29 min	B					
99214	Office o/p est mod 30-39 min	B					
99215	Office o/p est hi 40-54 min	B					
99221	1st hosp ip/obs sf/low 40	B					
99222	1st hosp ip/obs moderate 55	B					
99223	1st hosp ip/obs high 75	B					
99231	Sbsq hosp ip/obs sf/low 25	B					
99232	Sbsq hosp ip/obs moderate 35	B					
99233	Sbsq hosp ip/obs high 50	B					
99234	Hosp ip/obs sm dt sf/low 45	B					
99235	Hosp ip/obs same date mod 70	B					
99236	Hosp ip/obs same date hi 85	B					
99238	Hosp ip/obs dschrg mgmt 30/<	B					
99239	Hosp ip/obs dschrg mgmt >30	B					
99242	Off/op consltj new/est sf 20	E1					
99243	Off/op consltj new/est low 30	E1					
99244	Off/op consltj new/est mod 40	E1					
99245	Off/op consltj new/est hi 55	E1					
99252	Ip/obs consltj new/est sf 35	E1					
99253	Ip/obs consltj new/est low 45	E1					
99254	Ip/obs consltj new/est mod 60	E1					
99255	Ip/obs consltj new/est hi 80	E1					
99281	Emr dpt vst mayx req phy/qhp	J2		5021	Level 1 Type A ED Visits	0.9875	
99282	Emergency dept visit sf mdm	J2		5022	Level 2 Type A ED Visits	1.7759	
99283	Emergency dept visit low mdm	J2		5023	Level 3 Type A ED Visits	3.1052	
99284	Emergency dept visit mod mdm	J2		5024	Level 4 Type A ED Visits	4.7754	
99285	Emergency dept visit hi mdm	J2		5025	Level 5 Type A ED Visits	6.8757	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

99288	Direct advanced life support	B					
99291	Critical care first hour	J2		5041	Critical Care	9.4496	
99292	Critical care addl 30 min	N					
99304	1st nf care sf/low mdm 25	B					
99305	1st nf care moderate mdm 35	B					
99306	1st nf care high mdm 45	B					
99307	Sbsq nf care sf mdm 10	B					
99308	Sbsq nf care low mdm 15	B					
99309	Sbsq nf care moderate mdm 30	B					
99310	Sbsq nf care high mdm 45	B					
99315	Nf dschrg mgmt 30 min/<	B					
99316	Nf dschrg mgmt >30 min	B					
99341	Home/res vst new sf mdm 15	B					
99342	Home/res vst new low mdm 30	B					
99344	Home/res vst new mod mdm 60	B					
99345	Home/res vst new high mdm 75	B					
99347	Home/res vst est sf mdm 20	B					
99348	Home/res vst est low mdm 30	B					
99349	Home/res vst est mod mdm 40	B					
99350	Home/res vst est high mdm 60	B					
99358	Prolong service w/o contact	N					
99359	Prolong serv w/o contact add	N					
99360	Physician standby services	B					
99366	Team conf w/pat by hc prof	N					
99367	Team conf w/o pat by phys	N	E1				
99368	Team conf w/o pat by hc pro	N	E1				
99374	Home health care supervision	B					
99375	Home health care supervision	E1					
99377	Hospice care supervision	B					
99378	Hospice care supervision	E1					
99379	Nursing fac care supervision	B					
99380	Nursing fac care supervision	B					
99381	Init pm e/m new pat infant	E1					
99382	Init pm e/m new pat 1-4 yrs	E1					
99383	Prev visit new age 5-11	E1					
99384	Prev visit new age 12-17	E1					
99385	Prev visit new age 18-39	E1					
99386	Prev visit new age 40-64	E1					
99387	Init pm e/m new pat 65+ yrs	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

99391	Per pm reeval est pat infant	E1					
99392	Prev visit est age 1-4	E1					
99393	Prev visit est age 5-11	E1					
99394	Prev visit est age 12-17	E1					
99395	Prev visit est age 18-39	E1					
99396	Prev visit est age 40-64	E1					
99397	Per pm reeval est pat 65+ yr	E1					
99401	Preventive counseling indiv	E1					
99402	Preventive counseling indiv	E1					
99403	Preventive counseling indiv	E1					
99404	Preventive counseling indiv	E1					
99406	Behav chng smoking 3-10 min	S		5821	Level 1 Health and Behavior Services	0.3341	
99407	Behav chng smoking > 10 min	S		5821	Level 1 Health and Behavior Services	0.3341	
99408	Audit/dast 15-30 min	E1					
99409	Audit/dast over 30 min	E1					
99411	Preventive counseling group	E1					
99412	Preventive counseling group	E1					
99415	Prolng clin staff svc 1st hr	B	E1				
99416	Prolng clin staff svc ea add	B	E1				
99417	Prolng op e/m each 15 min	E1					
99418	Prolng ip/obs e/m ea 15 min	C					
99421	Ol dig e/m svc 5-10 min	B					
99422	Ol dig e/m svc 11-20 min	B					
99423	Ol dig e/m svc 21+ min	B					
99424	Prin care mgmt phys 1st 30	M	E1				
99425	Prin care mgmt phys ea addl	M	E1				
99426	Prin care mgmt staff 1st 30	S	E1				
99427	Prin care mgmt staff ea addl	N	E1				
99429	Unlisted preventive service	E1					
99437	Chrc care mgmt phys ea addl	M	E1				
99439	Chrc care mgmt staf ea addl	N	E1				
99446	Ntrprof ph1/ntrnet/ehr 5-10	M					
99447	Ntrprof ph1/ntrnet/ehr 11-20	M					
99448	Ntrprof ph1/ntrnet/ehr 21-30	M					
99449	Ntrprof ph1/ntrnet/ehr 31/>	M					
99450	Basic life disability exam	E1					
99451	Ntrprof ph1/ntrnet/ehr 5/>	M					
99452	Ntrprof ph1/ntrnet/ehr rfrl	M					
99453	Rem mntr physiol param setup	V	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

99454	Rem mntr physiol param dev	Q1	E1				
99455	Work related disability exam	B					
99456	Disability examination	B					
99457	Rem physiol mntr 1st 20 min	B					
99458	Rem physiol mntr ea addl 20	B	E1				
99459	Pelvic examination	N					
99460	Init nb em per day hosp	V		5012	Clinic Visits and Related Services	1.4452	
99461	Init nb em per day non-fac	M					
99462	Sbsq nb em per day hosp	C					
99463	Same day nb discharge	V		5012	Clinic Visits and Related Services	1.4452	
99464	Attendance at delivery	N					
99465	Nb resuscitation	S		5781	Resuscitation and Cardioversion	7.3387	
99466	Ped crit care transport	N					
99467	Ped crit care transport addl	N					
99468	Neonate crit care initial	C					
99469	Neonate crit care subsq	C					
99471	Ped critical care initial	C					
99472	Ped critical care subsq	C					
99473	Self-meas bp pt educaj/train	Q1	E1				
99474	Self-meas bp 2 readg bid 30d	B	E1				
99475	Ped crit care age 2-5 init	C					
99476	Ped crit care age 2-5 subsq	C					
99477	Init day hosp neonate care	C					
99478	Ic lbw inf < 1500 gm subsq	C					
99479	Ic lbw inf 1500-2500 g subsq	C					
99480	Ic inf pbw 2501-5000 g subsq	C					
99483	Assmt & care pln pt cog imp	S	E1				
99484	Care mgmt svc bhvl hlth cond	S	E1				
99485	Suprv interfacilty transport	B					
99486	Suprv interfac trnsport addl	B					
99487	Cplx chrnc care 1st 60 min	S	E1				
99489	Cplx chrnc care ea addl 30	N	E1				
99490	Chrnc care mgmt staff 1st 20	S	E1				
99491	Chrnc care mgmt phys 1st 30	M					
99492	1st psyc collab care mgmt	S	E1				
99493	Sbsq psyc collab care mgmt	S	E1				
99494	1st/sbsq psyc collab care	N	E1				
99495	Transj care mgmt mod f2f 14d	V	E1				
99496	Transj care mgmt high f2f 7d	V	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

99497	Advncd care plan 30 min	Q1		5822	Level 2 Health and Behavior Services	1.0374	
99498	Advncd care plan addl 30 min	N					
99499	Unlisted e&m service	B					
99500	Home visit prenatal	E1					
99501	Home visit postnatal	E1					
99502	Home visit nb care	E1					
99503	Home visit resp therapy	E1					
99504	Home visit mech ventilator	E1					
99505	Home visit stoma care	E1					
99506	Home visit im injection	E1					
99507	Home visit cath maintain	E1					
99509	Home visit day life activity	E1					
99510	Home visit sing/m/fam couns	E1					
99511	Home visit fecal/enema mgmt	E1					
99512	Home visit for hemodialysis	E1					
99600	Unlisted home visit svc/px	E1					
99601	Home infusion/visit 2 hrs	E1					
99602	Home infusion each addtl hr	E1					
99605	Mtms by pharm np 15 min	E1					
99606	Mtms by pharm est 15 min	E1					
99607	Mtms by pharm addl 15 min	E1					
A0021	Outside state ambulance serv	E1					
A0080	Noninterest escort in non er	E1					
A0090	Interest escort in non er	E1					
A0100	Nonemergency transport taxi	E1					
A0110	Nonemergency transport bus	E1					
A0120	Noner transport mini-bus	E1					
A0130	Noner transport wheelch van	E1					
A0140	Nonemergency transport air	E1					
A0160	Noner transport case worker	E1					
A0170	Transport parking fees/tolls	E1					
A0180	Noner transport lodgng recip	E1					
A0190	Noner transport meals recip	E1					
A0200	Noner transport lodgng escrt	E1					
A0210	Noner transport meals escort	E1					
A0225	Neonatal emergency transport	E1					
A0380	Basic life support mileage	E1					
A0382	Basic support routine suppl	E1					
A0384	Bls defibrillation supplies	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A0390	Advanced life support mileag	E1					
A0392	Als defibrillation supplies	E1					
A0394	Als iv drug therapy supplies	E1					
A0396	Als esophageal intub suppl	E1					
A0398	Als routine disposble suppl	E1					
A0420	Ambulance waiting 1/2 hr	E1					
A0422	Ambulance 02 life sustaining	E1					
A0424	Extra ambulance attendant	E1					
A0425	Ground mileage	A	E1				
A0426	Als 1	A	E1				
A0427	Als1-emergency	A	E1				
A0428	Bls	A	E1				
A0429	Bls-emergency	A	E1				
A0430	Fixed wing air transport	A	E1				
A0431	Rotary wing air transport	A	E1				
A0432	Pi volunteer ambulance co	A	E1				
A0433	Als 2	A	E1				
A0434	Specialty care transport	A	E1				
A0435	Fixed wing air mileage	A	E1				
A0436	Rotary wing air mileage	A	E1				
A0888	Noncovered ambulance mileage	E1					
A0998	Ambulance response/treatment	E1					
A0999	Unlisted ambulance service	A	E1				
A2001	Innovamatrix ac, per sq cm	N					
A2002	Mirragen adv wnd mat per sq	N					
A2004	Xcellistem, 1 mg	N					
A2005	Microlyte matrix, per sq cm	N					
A2006	Novosorb synpath per sq cm	N					
A2007	Restrata, per sq cm	N					
A2008	Theragenesis, per sq cm	N					
A2009	Symphony, per sq cm	N					
A2010	Apis, per square centimeter	N					
A2011	Supra sdrm, per sq cm	N					
A2012	Suprathel, per sq cm	N					
A2013	Innovamatrix fs, per sq cm	N					
A2014	Omeza collag per 100 mg	N					
A2015	Phoenix wnd mtrx, per sq cm	N					
A2016	Permeaderm b, per sq cm	N					
A2017	Permeaderm glove, each	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A2018	Permeaderm c, per sq cm	N					
A2019	Kerecis marigen shld sq cm	N					
A2020	Ac5 wound system	N					
A2021	Neomatrix per sq cm	N					
A2022	Innovabrn/innovamatx xl sqcm	N					
A2023	Innovamatrix pd, 1 mg	N					
A2024	Resolve matrix per sq cm	N					
A2025	Miro3d per cubic cm	N					
A2026	Restrata minimatrix, 5 mg	N					
A2027	Matriderm per sq cm	N					
A2028	Micromatrix flex per mg	N					
A2029	Mirotract matrix sheet	N					
A2030	Miro3d fibers, per mg	N					
A2031	Mirodry, per sq cm	N					
A2032	Myriad matrix, per sq cm	N					
A2033	Myriad morcells, 4 mg	N					
A2034	Found drs solo, per sq cm	N					
A2035	Corpl p therac p allac p mg	N					
A2036	Cohealyx col dml mx pr sq cm	N	E1				
A2037	G4derm plus, per ml	N	E1				
A2038	Marigen pacto, per sq cm	N	E1				
A2039	Innovamatrix fd, per sq cm	N	E1				
A4100	Skin sub fda clrd as dev nos	N					
A4206	1 cc sterile syringe&needle	N					
A4207	2 cc sterile syringe&needle	N					
A4208	3 cc sterile syringe&needle	N					
A4209	5+ cc sterile syringe&needle	N					
A4210	Nonneedle injection device	E1					
A4211	Supp for self-adm injections	N					
A4212	Non coring needle or stylet	N					
A4213	20+ cc syringe only	N					
A4215	Sterile needle	N					
A4216	Sterile water/saline, 10 ml	N					
A4217	Sterile water/saline, 500 ml	N					
A4218	Sterile saline or water	N					
A4220	Infusion pump refill kit	N					
A4221	Supp non-insulin inf cath/wk	N					
A4222	Infusion supplies with pump	N					
A4223	Infusion supplies w/o pump	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A4224	Supply insulin inf cath/wk	N				
A4225	Sup/ext insulin inf pump syr	N				
A4226	Weekly supply maint cgs pump	E1				
A4230	Infus insulin pump non needl	N				
A4231	Infusion insulin pump needle	N				
A4232	Syringe w/needle insulin 3cc	E1				
A4233	Alkalin batt for glucose mon	E1				
A4234	J-cell batt for glucose mon	E1				
A4235	Lithium batt for glucose mon	E1				
A4236	Silvr oxide batt glucose mon	E1				
A4238	Adju cgm supply allowance	Y				
A4239	Non-adju cgm supply allow	Y				
A4244	Alcohol or peroxide per pint	N				
A4245	Alcohol wipes per box	N				
A4246	Betadine/phisohex solution	N				
A4247	Betadine/iodine swabs/wipes	N				
A4248	Chlorhexidine antisept	N				
A4250	Urine reagent strips/tablets	E1				
A4252	Blood ketone test or strip	E1				
A4253	Blood glucose/reagent strips	N				
A4255	Glucose monitor platforms	N				
A4256	Calibrator solution/chips	N				
A4257	Replace lensshield cartridge	E1				
A4258	Lancet device each	N				
A4259	Lancets per box	N				
A4261	Cervical cap contraceptive	E1				
A4262	Temporary tear duct plug	N				
A4263	Permanent tear duct plug	N				
A4264	Intratubal occlusion device	E1				
A4265	Paraffin	N				
A4266	Diaphragm	E1				
A4267	Male condom	E1				
A4268	Female condom	E1				
A4269	Spermicide	E1				
A4270	Disposable endoscope sheath	N	E1			
A4271	Home lancing/test cartridges	A				\$30.09
A4280	Brst prsths adhsv attchmnt	N				
A4281	Replacement breastpump tube	E1				
A4282	Replacement breastpump adpt	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A4283	Replacement breastpump cap	E1					
A4284	Replcmnt breast pump shield	E1					
A4285	Replcmnt breast pump bottle	E1					
A4286	Replcmnt breastpump lok ring	E1					
A4287	Disp col sto bag breast milk	Y					
A4288	Replacement breastpump valve	Y					
A4290	Sacral nerve stim test lead	N					
A4300	Cath impl vasc access portal	N					
A4301	Implantable access syst perc	N					
A4305	Drug delivery system >=50 ml	N					
A4306	Drug delivery system <=50 ml	N					
A4310	Insert tray w/o bag/cath	N					
A4311	Catheter w/o bag 2-way latex	N					
A4312	Cath w/o bag 2-way silicone	N					
A4313	Catheter w/bag 3-way	N					
A4314	Cath w/drainage 2-way latex	N					
A4315	Cath w/drainage 2-way silcne	N					
A4316	Cath w/drainage 3-way	N					
A4320	Irrigation tray	N					
A4321	Cath therapeutic irrig agent	N					
A4322	Irrigation syringe	N					
A4326	Male external catheter	N					
A4327	Fem urinary collect dev cup	N					
A4328	Fem urinary collect pouch	N					
A4330	Stool collection pouch	N					
A4331	Extension drainage tubing	N					
A4332	Lube sterile packet	N					
A4333	Urinary cath anchor device	N					
A4334	Urinary cath leg strap	N					
A4335	Incontinence supply	N					
A4336	Urethral insert	N					
A4337	Incontinent rectal insert	N	E1				
A4338	Indwelling catheter latex	N					
A4340	Indwelling catheter special	N					
A4341	Iduc valve pat inst repl	N					
A4342	Iduc valve sply repl	N					
A4344	Cath indw foley 2 way silcn	N					
A4346	Cath indw foley 3 way	N					
A4349	Disposable male external cat	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A4351	Straight tip urine catheter	N					
A4352	Coude tip urinary catheter	N					
A4353	Intermittent urinary cath	N					
A4354	Cath insertion tray w/bag	N					
A4355	Bladder irrigation tubing	N					
A4356	Ext ureth clmp or compr dvc	N					
A4357	Bedside drainage bag	N					
A4358	Urinary leg or abdomen bag	N					
A4360	Disposable ext urethral dev	N					
A4361	Ostomy face plate	N					
A4362	Solid skin barrier	N					
A4363	Ostomy clamp, replacement	E1					
A4364	Adhesive, liquid or equal	N					
A4366	Ostomy vent	N					
A4367	Ostomy belt	N					
A4368	Ostomy filter	N					
A4369	Skin barrier liquid per oz	N					
A4371	Skin barrier powder per oz	N					
A4372	Skin barrier solid 4x4 equiv	N					
A4373	Skin barrier with flange	N					
A4375	Drainable plastic pch w fcpl	N					
A4376	Drainable rubber pch w fcplt	N					
A4377	Drainable plstic pch w/o fp	N					
A4378	Drainable rubber pch w/o fp	N					
A4379	Urinary plastic pouch w fcpl	N					
A4380	Urinary rubber pouch w fcplt	N					
A4381	Urinary plastic pouch w/o fp	N					
A4382	Urinary hvy plstc pch w/o fp	N					
A4383	Urinary rubber pouch w/o fp	N					
A4384	Ostomy faceplt/silicone ring	N					
A4385	Ost skn barrier sld ext wear	N					
A4387	Ost clsd pouch w att st barr	N					
A4388	Drainable pch w ex wear barr	N					
A4389	Drainable pch w st wear barr	N					
A4390	Drainable pch ex wear convex	N					
A4391	Urinary pouch w ex wear barr	N					
A4392	Urinary pouch w st wear barr	N					
A4393	Urine pch w ex wear bar conv	N					
A4394	Ostomy pouch liq deodorant	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A4395	Ostomy pouch solid deodorant	N	E1				
A4396	Peristomal hernia supprt blt	N					
A4398	Ostomy irrigation bag	N					
A4399	Ostomy irrig cone/cath w brs	N					
A4400	Ostomy irrigation set	N					
A4402	Lubricant per ounce	N					
A4404	Ostomy ring each	N					
A4405	Nonpectin based ostomy paste	N					
A4406	Pectin based ostomy paste	N					
A4407	Ext wear ost skn barr <=4sq"	N					
A4408	Ext wear ost skn barr >4sq"	N					
A4409	Ost skn barr convex <=4 sq i	N					
A4410	Ost skn barr extnd >4 sq	N					
A4411	Ost skn barr extnd =4sq	N					
A4412	Ost pouch drain high output	N					
A4413	2 pc drainable ost pouch	N					
A4414	Ost sknbar w/o conv<=4 sq in	N					
A4415	Ost skn barr w/o conv >4 sqi	N					
A4416	Ost pch clsd w barrier/filtr	N					
A4417	Ost pch w bar/bltinconv/fltr	N					
A4418	Ost pch clsd w/o bar w filtr	N					
A4419	Ost pch for bar w flange/flt	N					
A4420	Ost pch clsd for bar w lk fl	N					
A4421	Ostomy supply misc	N					
A4422	Ost pouch absorbent material	N					
A4423	Ost pch for bar w lk fl/fltr	N					
A4424	Ost pch drain w bar & filter	N					
A4425	Ost pch drain for barrier fl	N					
A4426	Ost pch drain 2 piece system	N					
A4427	Ost pch drain/barr lk flng/f	N					
A4428	Urine ost pouch w faucet/tap	N					
A4429	Urine ost pouch w bltinconv	N					
A4430	Ost urine pch w b/bltin conv	N					
A4431	Ost pch urine w barrier/tapv	N					
A4432	Os pch urine w bar/fange/tap	N					
A4433	Urine ost pch bar w lock fln	N					
A4434	Ost pch urine w lock flng/ft	N					
A4435	1pc ost pch drain hgh output	N					
A4436	Irr supply sleev reus per mo	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A4437	Irr supply sleeve disp per mo	N					
A4438	Adhesive clip ext ens contr	A					\$2.31
A4450	Non-waterproof tape	N					
A4452	Waterproof tape	N					
A4453	Rec cath man pump enema repl	N					
A4455	Adhesive remover per ounce	N					
A4456	Adhesive remover, wipes	N					
A4457	Enema tube any type repl	E1					
A4458	Reusable enema bag	N					
A4459	Manual pump enema, reusable	N					
A4461	Surgicl dress hold non-reuse	N					
A4463	Surgical dress holder reuse	N					
A4465	Non-elastic extremity binder	N					
A4467	Belt strap sleeve gmnt cover	E1					
A4468	Exsuff belt incl all sup acc	E1					
A4470	Gravlee jet washer	N					
A4480	Vabra aspirator	N					
A4481	Tracheostoma filter	N					
A4483	Moisture exchanger	N					
A4490	Above knee surgical stocking	E1					
A4495	Thigh length surg stocking	E1					
A4500	Below knee surgical stocking	E1					
A4510	Full length surg stocking	E1					
A4520	Incontinence garment anytype	E1					
A4540	Trans elec nerv periph nerv	E1					
A4541	Monthly supp use with e0733	Y					
A4542	Supp ext up limb tremor stim	Y					
A4543	Supply trans elec nerve stim	Y	E1				
A4544	Electro nerve stimulator rls	Y					
A4545	Suppl accessor tibial stim	Y					
A4550	Surgical trays	B					
A4553	Nondisp underpads, all sizes	E1					
A4554	Disposable underpads	E1					
A4555	Ca tx e-stim electr/transduc	E1					
A4556	Electrodes, pair	N					
A4557	Lead wires, pair	N					
A4558	Conductive gel or paste	N	E1				
A4559	Coupling gel or paste	N					
A4560	Nmes disposable	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A4561	Pessary rubber, any type	N					
A4562	Pessary, non rubber,any type	N					
A4563	Vag inser rectal control sys	A					\$1,502.09
A4564	Pessary, disposable any type	A					PCT CHG
A4565	Slings	N					
A4566	Should sling/vest/abrestrain	E1					
A4570	Splint	E1					
A4575	Hyperbaric o2 chamber disps	A	E1				
A4580	Cast supplies (plaster)	E1					
A4590	Special casting material	E1					
A4593	Neuromod sti sys adj rehab	A	E1				
A4594	Neuromod adj rehab mouthpie	E1					
A4595	Tens suppl 2 lead per month	N					
A4596	Ces system monthly supp	N					
A4600	Sleeve, inter limb comp dev	E1					
A4601	Lith ion non prosth recharge	E1					
A4602	Replace lithium battery 1.5v	N					
A4604	Tubing with heating element	N					
A4605	Trach suction cath close sys	N					
A4606	Oxygen probe used w oximeter	N					
A4608	Transtracheal oxygen cath	N					
A4611	Heavy duty battery	E1					
A4612	Battery cables	E1					
A4613	Battery charger	E1					
A4614	Hand-held pefr meter	N					
A4615	Cannula nasal	N					
A4616	Tubing (oxygen) per foot	N					
A4617	Mouth piece	N					
A4618	Breathing circuits	N					
A4619	Face tent	N					
A4620	Variable concentration mask	N					
A4623	Tracheostomy inner cannula	N					
A4624	Tracheal suction tube	N					
A4625	Trach care kit for new trach	N					
A4626	Tracheostomy cleaning brush	N					
A4627	Spacer bag/reservoir	E1					
A4628	Oropharyngeal suction cath	N					
A4629	Tracheostomy care kit	N					
A4630	Repl bat t.e.n.s. own by pt	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A4633	Uvl replacement bulb	E1					
A4634	Replacement bulb th lightbox	N					
A4635	Underarm crutch pad	E1					
A4636	Handgrip for cane etc	E1					
A4637	Repl tip cane/crutch/walker	E1					
A4638	Repl batt pulse gen sys	E1					
A4639	Infrared ht sys replcmnt pad	E1					
A4640	Alternating pressure pad	E1					
A4641	Radiopharm dx agent noc	N					
A4642	In111 satumomab	N					
A4648	Implantable tissue marker	N					
A4649	Surgical supplies	N					
A4650	Implant radiation dosimeter	N					
A4651	Calibrated microcap tube	N					
A4652	Microcapillary tube sealant	N					
A4653	Pd catheter anchor belt	N					
A4657	Syringe w/wo needle	N					
A4660	Sphyg/bp app w cuff and stet	N	E1				
A4663	Dialysis blood pressure cuff	N	E1				
A4670	Automatic bp monitor, dial	E1					
A4671	Disposable cyclor set	B					
A4672	Drainage ext line, dialysis	B					
A4673	Ext line w easy lock connect	B					
A4674	Chem/antisept solution, 8oz	B					
A4680	Activated carbon filter, ea	N					
A4690	Dialyzer, each	N					
A4706	Bicarbonate conc sol per gal	N					
A4707	Bicarbonate conc pow per pac	N					
A4708	Acetate conc sol per gallon	N					
A4709	Acid conc sol per gallon	N					
A4714	Treated water per gallon	N					
A4719	"y set" tubing	N					
A4720	Dialysat sol fld vol > 249cc	N					
A4721	Dialysat sol fld vol > 999cc	N					
A4722	Dialys sol fld vol > 1999cc	N					
A4723	Dialys sol fld vol > 2999cc	N					
A4724	Dialys sol fld vol > 3999cc	N					
A4725	Dialys sol fld vol > 4999cc	N					
A4726	Dialys sol fld vol > 5999cc	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A4728	Dialysate solution, non-dex	B					
A4730	Fistula cannulation set, ea	N					
A4736	Topical anesthetic, per gram	N					
A4737	Inj anesthetic per 10 ml	N					
A4740	Shunt accessory	N					
A4750	Art or venous blood tubing	N					
A4755	Comb art/venous blood tubing	N					
A4760	Dialysate sol test kit, each	N					
A4765	Dialysate conc pow per pack	N					
A4766	Dialysate conc sol add 10 ml	N					
A4770	Blood collection tube/vacuum	N					
A4771	Serum clotting time tube	N					
A4772	Blood glucose test strips	N					
A4773	Occult blood test strips	N					
A4774	Ammonia test strips	N					
A4802	Protamine sulfate per 50 mg	N					
A4860	Disposable catheter tips	N					
A4870	Plumb/elec wk hm hemo equip	N					
A4890	Repair/maint cont hemo equip	N					
A4911	Drain bag/bottle	N					
A4913	Misc dialysis supplies noc	N					
A4918	Venous pressure clamp	N					
A4927	Non-sterile gloves	N					
A4928	Surgical mask	N					
A4929	Tourniquet for dialysis, ea	N					
A4930	Sterile, gloves per pair	N					
A4931	Reusable oral thermometer	N					
A4932	Reusable rectal thermometer	N					
A5051	Pouch clsd w barr attached	N					
A5052	Clsd ostomy pouch w/o barr	N					
A5053	Clsd ostomy pouch faceplate	N					
A5054	Clsd ostomy pouch w/flange	N					
A5055	Stoma cap	N					
A5056	1 pc ost pouch w filter	N					
A5057	1 pc ost pou w built-in conv	N					
A5061	Pouch drainable w barrier at	N					
A5062	Drnble ostomy pouch w/o barr	N					
A5063	Drain ostomy pouch w/flange	N					
A5071	Urinary pouch w/barrier	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A5072	Urinary pouch w/o barrier	N					
A5073	Urinary pouch on barr w/flng	N					
A5081	Stoma plug or seal, any type	N					
A5082	Continent stoma catheter	N					
A5083	Stoma absorptive cover	N					
A5093	Ostomy accessory convex inse	N					
A5102	Bedside drain btl w/wo tube	N					
A5105	Urinary suspensory	N					
A5112	Urinary leg bag	N					
A5113	Latex leg strap	E1					
A5114	Foam/fabric leg strap	E1					
A5120	Skin barrier, wipe or swab	N					
A5121	Solid skin barrier 6x6	N					
A5122	Solid skin barrier 8x8	N					
A5126	Disk/foam pad +or- adhesive	N					
A5131	Appliance cleaner	N					
A5200	Percutaneous catheter anchor	N					
A5500	Diab shoe for density insert	Y					
A5501	Diabetic custom molded shoe	Y					
A5503	Diabetic shoe w/roller/rockr	Y					
A5504	Diabetic shoe with wedge	Y					
A5505	Diab shoe w/metatarsal bar	Y					
A5506	Diabetic shoe w/off set heel	Y					
A5507	Modification diabetic shoe	Y					
A5508	Diabetic deluxe shoe	Y					
A5510	Compression form shoe insert	N					
A5512	Multi den insert direct form	Y					
A5513	Multi den insert custom mold	Y					
A5514	Mult den insert dir carv/cam	Y					
A6000	Wound warming wound cover	E1					
A6010	Collagen based wound filler	N					
A6011	Collagen gel/paste wound fil	N					
A6021	Collagen dressing <=16 sq in	N					
A6022	Collagen drsg>16<=48 sq in	N					
A6023	Collagen dressing >48 sq in	N					
A6024	Collagen dsg wound filler	N					
A6025	Silicone gel sheet, each	N					
A6154	Wound pouch each	N					
A6196	Alginate dressing <=16 sq in	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A6197	Alginate drsg >16 <=48 sq in	N					
A6198	Alginate dressing > 48 sq in	N					
A6199	Alginate drsg wound filler	N					
A6203	Composite drsg <= 16 sq in	N					
A6204	Composite drsg >16<=48 sq in	N					
A6205	Composite drsg > 48 sq in	N					
A6206	Contact layer <= 16 sq in	N					
A6207	Contact layer >16<= 48 sq in	N					
A6208	Contact layer > 48 sq in	N					
A6209	Foam drsg <=16 sq in w/o bdr	N					
A6210	Foam drg >16<=48 sq in w/o b	N					
A6211	Foam drg > 48 sq in w/o brdr	N					
A6212	Foam drg <=16 sq in w/border	N					
A6213	Foam drg >16<=48 sq in w/bdr	N					
A6214	Foam drg > 48 sq in w/border	N					
A6215	Foam dressing wound filler	N					
A6216	Non-sterile gauze<=16 sq in	N					
A6217	Non-sterile gauze>16<=48 sq	N					
A6218	Non-sterile gauze > 48 sq in	N					
A6219	Gauze <= 16 sq in w/border	N					
A6220	Gauze >16 <=48 sq in w/bdr	N					
A6221	Gauze > 48 sq in w/border	N					
A6222	Gauze <=16 in no w/sal w/o b	N					
A6223	Gauze >16<=48 no w/sal w/o b	N					
A6224	Gauze > 48 in no w/sal w/o b	N					
A6228	Gauze <= 16 sq in water/sal	N					
A6229	Gauze >16<=48 sq in watr/sal	N					
A6230	Gauze > 48 sq in water/salne	N					
A6231	Hydrogel dsg<=16 sq in	N					
A6232	Hydrogel dsg>16<=48 sq in	N					
A6233	Hydrogel dressing >48 sq in	N					
A6234	Hydrocolld drg <=16 w/o bdr	N					
A6235	Hydrocolld drg >16<=48 w/o b	N					
A6236	Hydrocolld drg > 48 in w/o b	N					
A6237	Hydrocolld drg <=16 in w/bdr	N					
A6238	Hydrocolld drg >16<=48 w/bdr	N					
A6239	Hydrocolld drg > 48 in w/bdr	N					
A6240	Hydrocolld drg filler paste	N					
A6241	Hydrocolloid drg filler dry	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A6242	Hydrogel drg <=16 in w/o bdr	N					
A6243	Hydrogel drg >16<=48 w/o bdr	N					
A6244	Hydrogel drg >48 in w/o bdr	N					
A6245	Hydrogel drg <= 16 in w/bdr	N					
A6246	Hydrogel drg >16<=48 in w/b	N					
A6247	Hydrogel drg > 48 sq in w/b	N					
A6248	Hydrogel drsg gel filler	N					
A6250	Skin seal protect moisturizr	N					
A6251	Absorpt drg <=16 sq in w/o b	N					
A6252	Absorpt drg >16 <=48 w/o bdr	N					
A6253	Absorpt drg > 48 sq in w/o b	N					
A6254	Absorpt drg <=16 sq in w/bdr	N					
A6255	Absorpt drg >16<=48 in w/bdr	N					
A6256	Absorpt drg > 48 sq in w/bdr	N					
A6257	Transparent film <= 16 sq in	N					
A6258	Transparent film >16<=48 in	N					
A6259	Transparent film > 48 sq in	N					
A6260	Wound cleanser any type/size	N					
A6261	Wound filler gel/paste /oz	N					
A6262	Wound filler dry form / gram	N					
A6266	Impreg gauze no h20/sal/yard	N					
A6402	Sterile gauze <= 16 sq in	N					
A6403	Sterile gauze>16 <= 48 sq in	N					
A6404	Sterile gauze > 48 sq in	N					
A6407	Packing strips, non-impreg	N					
A6410	Sterile eye pad	N					
A6411	Non-sterile eye pad	N					
A6412	Occlusive eye patch	N					
A6413	Adhesive bandage, first-aid	E1					
A6441	Pad band w>=3" <5"/yd	N					
A6442	Conform band n/s w<3"/yd	N					
A6443	Conform band n/s w>=3"<5"/yd	N					
A6444	Conform band n/s w>=5"/yd	N					
A6445	Conform band s w <3"/yd	N					
A6446	Conform band s w>=3" <5"/yd	N					
A6447	Conform band s w >=5"/yd	N					
A6448	Lt compres band <3"/yd	N					
A6449	Lt compres band >=3" <5"/yd	N					
A6450	Lt compres band >=5"/yd	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A6451	Mod compres band w>=3"<5"/yd	N					
A6452	High compres band w>=3"<5"/yd	N					
A6453	Self-adher band w <3"/yd	N					
A6454	Self-adher band w>=3" <5"/yd	N					
A6455	Self-adher band >=5"/yd	N					
A6456	Zinc paste band w >=3"<5"/yd	N					
A6457	Tubular dressing	N					
A6460	Synthetic drsg <= 16 sq in	N					
A6461	Synthetic drsg >16<=48 sq in	N					
A6501	Compres burngarment bodysuit	N					
A6502	Compres burngarment chinstrp	N					
A6503	Compres burngarment facehood	N					
A6504	Cmprsburngarment glove-wrist	N					
A6505	Cmprsburngarment glove-elbow	N					
A6506	Cmprsburngrmnt glove-axilla	N					
A6507	Cmprs burngarment foot-knee	N					
A6508	Cmprs burngarment foot-thigh	N					
A6509	Compres burn garment jacket	N					
A6510	Compres burn garment leotard	N					
A6511	Compres burn garment panty	N					
A6512	Compres burn garment, noc	N					
A6513	Compress burn mask face/neck	B					
A6515	Grad com wrap w str fu le cu	A					PCT CHG
A6516	Grad com wrap w strap foo cu	A					PCT CHG
A6517	Grad com wrap w strap bn cus	A					PCT CHG
A6518	Grad com wrap w strap arm cu	A					PCT CHG
A6519	Grad com garm noc night use	A					PCT CHG
A6520	G com garmnt glove nghttime	A					\$110.82
A6521	G com garmnt glove nght cust	A					\$439.70
A6522	G com garment arm nighttime	A					\$269.26
A6523	G com garment arm nght custm	A					\$638.87
A6524	G com garmnt lwr leg/ft nght	A					\$335.93
A6525	G com garm lwrleg/ft ngt cus	A					\$678.20
A6526	G com garmt full leg/ft nght	A					\$607.36
A6527	G garmt full leg/ft nght cus	A					\$1,116.85
A6528	G com garment bra nighttime	A					\$584.01
A6529	G com garmt bra night custm	A					\$922.83
A6530	Compression stocking bk18-30	A					\$34.24
A6531	Compression stocking bk30-40	A					\$54.41

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A6532	Compression stocking bk40-50	A					\$76.66
A6533	Gc stocking thighlnth 18-30	A					\$48.08
A6534	Gc stocking thighlnth 30-40	A					\$54.90
A6535	Gc stocking thighlnth 40-50	A					\$63.21
A6536	Gc stocking full lngth 18-30	A					\$64.81
A6537	Gc stocking full lngth 30-40	A					\$76.83
A6538	Gc stocking full lngth 40-50	A					\$89.96
A6539	Gc stocking waistlnth 18-30	A					\$85.76
A6540	Gc stocking waistlnth 30-40	A					\$102.25
A6541	Gc stocking waistlnth 40-50	A					\$121.12
A6544	Gc stocking garter belt	E1					
A6545	Grad comp non-elastic bk	A					\$107.13
A6549	G compression stocking	A					PCT CHG
A6550	Neg pres wound ther drsg set	N					
A6552	Grad com stocking bk 30-40	A					\$50.81
A6553	G com stcking bk 30-40 custm	A					\$198.39
A6554	Grad com stocking bk 40+	A					\$69.86
A6555	G com stcking bk 40+ custm	A					\$198.39
A6556	G com stcking thgh18-30 cust	A					\$271.88
A6557	G com stcking thgh30-40 cust	A					\$271.88
A6558	G com stcking thgh 40+ cust	A					\$280.58
A6559	G stckng full/chap18-30 cust	A					PCT CHG
A6560	G stckng full/chap30-40 cust	A					PCT CHG
A6561	G stocking full/chap 40+ cust	A					PCT CHG
A6562	G com stckng waist18-30 cust	A					\$889.81
A6563	G com stckng waist30-40 cust	A					\$889.81
A6564	G com stckng waist 40+ cust	A					\$958.52
A6565	Grad comp gauntlet custom	A					\$153.76
A6566	Grad com garment neck/head	A					\$223.25
A6567	G com garment neck/head cust	A					\$701.44
A6568	G com garment torso/shldr	A					\$145.70
A6569	G com garmnt torso/shdr cust	A					\$829.67
A6570	Grad com garment genital	A					\$99.27
A6571	G com garment genital custm	A					\$596.65
A6572	Grad com garment toe caps	A					\$92.12
A6573	Grad com garmnt toe cap cust	A					\$218.58
A6574	Custom gradient sleev/glov	A					\$278.67
A6575	Gradient comp sleev/glov	A					\$90.31
A6576	Custom grad com sleeve med	A					\$171.03

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A6577	Custom grad cm sleeve heavy	A					\$141.55
A6578	Gradient comp sleeve	A					\$69.71
A6579	Custom grad com glove med	A					\$274.52
A6580	Custom grad com glove heavy	A					\$272.50
A6581	Gradient comp glove	A					\$63.96
A6582	Gradient comp gauntlet	A					\$42.66
A6583	Grad com wrap w straps bk	A					\$140.33
A6584	Grad com wrap w straps	A					PCT CHG
A6585	Grad com wrap w straps ak	A					\$166.16
A6586	Grad com wrap w straps leg	A					\$489.51
A6587	Grad com wrap w straps foot	A					\$64.13
A6588	Grad com wrap w straps arm	A					\$213.71
A6589	Grad com wrap w straps bra	A					\$84.37
A6590	Urinary cath disp suc pump	N					
A6591	Urinary cath suc pump	N					
A6593	Grad com accessory gmt_wrap	A					PCT CHG
A6594	G comp bandge liner lwr extr	A					\$30.72
A6595	G comp bandge liner upr extr	A					\$30.21
A6596	G comp bandge conform gauze	A					\$0.16
A6597	G comp bandage long stretch	A					\$1.36
A6598	G comp bandage med stretch	A					\$0.66
A6599	G comp bandage short stretch	A					\$1.49
A6600	G com bandge hgh dn foam sht	A					\$2.69
A6601	G com bandge hgh dn foam pad	A					\$3.02
A6602	G com bandge hgh dn foamroll	A					\$4.41
A6603	G com bandge low dn foamchnl	A					\$2.07
A6604	G com bandge low dn foam flt	A					\$1.21
A6605	G com bandage padded foam	A					\$1.38
A6606	G com bandage padded textile	A					\$4.10
A6607	G com bandage tub protct lyr	A					\$1.10
A6608	G com bandage tub protct pad	A					\$4.56
A6609	G compression bandaging	A					PCT CHG
A6610	G com stcking bk 18-30 custm	A					\$198.39
A6611	Grad com wrap w strap ak cus	A					PCT CHG
A7000	Disposable canister for pump	Y					
A7001	Nondisposable pump canister	Y					
A7002	Tubing used w suction pump	Y					
A7003	Nebulizer administration set	Y					
A7004	Disposable nebulizer sml vol	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A7005	Nondisposable nebulizer set	Y					
A7006	Filtered nebulizer admin set	Y					
A7007	Lg vol nebulizer disposable	Y					
A7008	Disposable nebulizer prefill	Y					
A7009	Nebulizer reservoir bottle	Y					
A7010	Disposable corrugated tubing	Y					
A7012	Nebulizer water collec devic	Y					
A7013	Disposable compressor filter	Y					
A7014	Compressor nondispos filter	Y					
A7015	Aerosol mask used w nebulize	Y					
A7016	Nebulizer dome & mouthpiece	Y					
A7017	Nebulizer not used w oxygen	Y					
A7018	Water distilled w/nebulizer	Y					
A7020	Interface, cough stim device	Y					
A7021	Suppl and access lung expan	Y					
A7023	Mech allergen parti barrier	E1					
A7025	Replace chest compress vest	N					
A7026	Replace chst cmprss sys hose	Y					
A7027	Combination oral/nasal mask	Y					
A7028	Repl oral cushion combo mask	Y					
A7029	Repl nasal pillow comb mask	Y					
A7030	Cpap full face mask	Y					
A7031	Replacement facemask interfa	Y					
A7032	Replacement nasal cushion	Y					
A7033	Replacement nasal pillows	Y					
A7034	Nasal application device	Y					
A7035	Pos airway press headgear	Y					
A7036	Pos airway press chinstrap	Y					
A7037	Pos airway pressure tubing	Y					
A7038	Pos airway pressure filter	Y					
A7039	Filter, non disposable w pap	Y					
A7040	One way chest drain valve	N					
A7041	Water seal drain container	N					
A7044	Pap oral interface	Y					
A7045	Repl exhalation port for pap	Y					
A7046	Repl water chamber, pap dev	Y					
A7047	Resp suction oral interface	N					
A7048	Vacuum drain bottle/tube kit	N					
A7049	Epap nasal valve	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A7501	Tracheostoma valve w diaphra	N					
A7502	Replacement diaphragm/fplate	N					
A7503	Hmes filter holder or cap	N					
A7504	Tracheostoma hmes filter	N					
A7505	Hmes or trach valve housing	N					
A7506	Hmes/trachvalve adhesivedisk	N					
A7507	Integrated filter & holder	N					
A7508	Housing & integrated adhesiv	N					
A7509	Heat & moisture exchange sys	N					
A7520	Trach/laryn tube non-cuffed	N					
A7521	Trach/laryn tube cuffed	N					
A7522	Trach/laryn tube stainless	N					
A7523	Tracheostomy shower protect	N					
A7524	Tracheostoma stent/stud/bttn	N					
A7525	Tracheostomy mask	N					
A7526	Tracheostomy tube collar	N					
A7527	Trach/laryn tube plug/stop	N					
A8000	Soft protect helmet prefab	Y					
A8001	Hard protect helmet prefab	Y					
A8002	Soft protect helmet custom	Y					
A8003	Hard protect helmet custom	Y					
A8004	Repl soft interface, helmet	Y					
A9150	Misc/exper non-prescript dru	B					
A9152	Single vitamin nos	E1					
A9153	Multi-vitamin nos	E1					
A9154	Artificial saliva, 1 ml	B					
A9156	Oral mucoadhesive per 1 ml	N					
A9180	Lice treatment, topical	E1					
A9268	Programmer orally ingest cap	E1					
A9269	Programable ingest capsule	E1					
A9270	Non-covered item or service	E1					
A9272	Disp wound suct, drsg/access	A					PCT CHG
A9273	Hot/cold bottle/cap/col/wrap	E1					
A9274	Ext amb insulin delivery sys	E1					
A9275	Disp home glucose monitor	E1					
A9276	Disposable sensor, cgm sys	E1					
A9277	External transmitter, cgm	E1					
A9278	External receiver, cgm sys	E1					
A9279	Monitoring feature/devicenoc	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A9280	Alert device, noc	E1					
A9281	Reaching/grabbing device	E1					
A9282	Wig any type	E1					
A9283	Foot press off load supp dev	E1					
A9284	Non-electronic spirometer	N					
A9285	Inversion eversion cor devic	A					PCT CHG
A9286	Any hygienic item, device	E1					
A9291	Pres dig cog behav thera fda	E1					
A9292	Pres dig visual therapy fda	E1					
A9293	Fertility cycl tracking soft	E1					
A9300	Exercise equipment	E1					
A9500	Tc99m sestamibi	N					
A9501	Technetium tc-99m teboroxime	N					
A9502	Tc99m tetrofosmin	N					
A9503	Tc99m medronate	N					
A9504	Tc99m apcptide	N					
A9505	Tl201 thallium	N					
A9506	Tc-99m graphite crucible	G		0760	Tc-99m graphite crucible	3.6851	
A9507	In111 capromab	N					
A9508	I131 iodobenguante, dx	N					
A9509	Iodine i-123 sod iodide mil	N					
A9510	Tc99m disofenin	N					
A9512	Tc99m pertechnetate	N					
A9513	Lutetium lu 177 dotatat ther	K		9067	Lutetium lu 177 dotatat ther	3.5549	
A9515	Choline c-11	K	E1				
A9516	Iodine i-123 sod iodide mic	N					
A9517	I131 iodide cap, rx	K		1064	I131 iodide cap, rx	0.2594	
A9520	Tc99 tilmanocept diag 0.5mci	N					
A9521	Tc99m exametazime	K		0766	Tc99m exametazime	8.998	
A9524	I131 serum albumin, dx	N					
A9526	Nitrogen n-13 ammonia	N					
A9527	Iodine i-125 sodium iodide	U		2632	Iodine I-125 sodium iodide	2.3391	
A9528	Iodine i-131 iodide cap, dx	N					
A9529	I131 iodide sol, dx	N					
A9530	I131 iodide sol, rx	K		1150	I131 iodide sol, rx	0.2342	
A9531	I131 max 100uci	N					
A9532	I125 serum albumin, dx	N					
A9536	Tc99m depreotide	N					
A9537	Tc99m mebrotfenin	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A9538	Tc99m pyrophosphate	N					
A9539	Tc99m pentetate	N					
A9540	Tc99m maa	N					
A9541	Tc99m sulfur colloid	N					
A9542	In111 ibritumomab, dx	K		0769	In111 ibritumomab, dx	8.9495	
A9543	Y90 ibritumomab, rx	K		1643	Y90 ibritumomab, rx	637.268	
A9546	Co57/58	N					
A9547	In111 oxyquinoline	K		0770	In111 oxyquinoline	8.6649	
A9548	In111 pentetate	K		0771	In111 pentetate	8.0217	
A9550	Tc99m gluceptate	N					
A9551	Tc99m succimer	N					
A9552	F18 fdg	N					
A9553	Cr51 chromate	N					
A9554	I125 iothalamate, dx	N					
A9555	Rb82 rubidium	N					
A9556	Ga67 gallium	N					
A9557	Tc99m bicsate	K		0774	Tc99m bicsate	7.6686	
A9558	Xe133 xenon 10mci	N					
A9559	Co57 cyano	N					
A9560	Tc99m labeled rbc	N					
A9561	Tc99m oxidronate	N					
A9562	Tc99m mertiatide	N					
A9563	P32 na phosphate	K		1675	P32 na phosphate	2.0088	
A9564	P32 chromic phosphate	E1					
A9566	Tc99m fanolesomab	N					
A9567	Technetium tc-99m aerosol	N					
A9568	Technetium tc99m arcitumomab	K		0775	Technetium tc99m arcitumomab	9.0784	
A9569	Technetium tc-99m auto wbc	K		0776	Technetium tc-99m auto wbc	11.6668	
A9570	Indium in-111 auto wbc	K		0777	Indium in-111 auto wbc	11.5667	
A9571	Indium in-111 auto platelet	N					
A9572	Indium in-111 pentetreotide	K		0779	Indium in-111 pentetreotide	21.4717	
A9573	Inj, gadopiclesol, 1 ml	N					
A9575	Inj gadoterate meglumi 0.1ml	N					
A9576	Inj prohance multipack	N					
A9577	Inj multihance	N					
A9578	Inj multihance multipack	N					
A9579	Gad-base mr contrast nos,1ml	N					
A9580	Sodium fluoride f-18	N					
A9581	Gadoxetate disodium inj	N	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

A9582	Iodine i-123 iobenguane	K	E1				
A9583	Gadofosveset trisodium inj	N	E1				
A9584	Iodine i-123 ioflupane	K		0781	Iodine i-123 ioflupane	15.5662	
A9585	Gadobutrol injection	N					
A9586	Florbetapir f18	K		1664	Florbetapir f18	24.6119	
A9587	Gallium ga-68	K		9056	Gallium ga-68	0.573	
A9588	Fluciclovine f-18	K		9052	Fluciclovine f-18	3.0102	
A9589	Insti hexaminolevulinate hcl	N					
A9590	Iodine i-131 iobenguane 1mci	N					
A9591	Fluoroestradiol f 18	K		9370	Fluoroestradiol F 18	5.5924	
A9592	Copper cu 64 dotatate diag	K		9383	Copper cu 64 dotatate diag	6.6738	
A9593	Gallium ga-68 psma-11 ucsf	K		9409	Gallium ga-68 psma-11 ucsf	5.9988	
A9594	Gallium ga-68 psma-11, ucla	K		9410	Gallium ga-68 psma-11, ucla	4.1738	
A9595	Piflu f-18, dia 1 millicurie	K		9430	Piflu f-18, dia 1 millicurie	3.7282	
A9596	Gallium illuccix 1 millicure	K		9443	Gallium illuccix 1 millicure	5.7369	
A9597	Pet, dx, for tumor id, noc	N					
A9598	Pet dx for non-tumor id, noc	N					
A9600	Sr89 strontium	K		0701	Sr89 strontium	46.4997	
A9601	Flortaucipir inj 1 millicuri	G		0709	Flortaucipir inj 1 millicuri	41.6064	
A9602	Fluorodopa f-18 diag per mci	K		9053	Fluorodopa f-18 diag per mci	9.7998	
A9603	Inj, pafolacianine, 0.1 mg	N					
A9604	Sm 153 lexidronam	K		1295	Sm 153 lexidronam	48.3902	
A9606	Radium ra223 dichloride ther	K		1745	Radium ra223 dichloride ther	1.9314	
A9607	Lutetium lu 177 vipivotide	K		9054	Lutetium lu 177 vipivotide	2.8691	
A9608	Flotufolastat f18 diag 1 mci	G		9254	Flotufolastat f18 diag 1 mci	7.5275	
A9609	F18 fdg, 15 millicuries	N					
A9610	Xe129 xenon, diagnostic	N					
A9611	Flurpiridaz f18, diag, 1 mci	G		2065	Flurpiridaz f18, diag, 1 mci	5.9438	
A9612	Inj, fluorescein, 1 mg	N					
A9615	Inj, pegulicianine, 1 mg	G		0772	Inj, pegulicianine, 1 mg	0.4206	
A9616	Gallium gozellix 1 millicuri	G		0876	Gallium gozellix 1 millicuri	13.1357	
A9697	Inj, magtrace per study dose	G		0814	Inj, magtrace per study dose	14.0632	
A9698	Non-rad contrast materialnoc	N					
A9699	Radiopharm rx agent noc	N					
A9700	Echocardiography contrast	N					
A9800	Gallium locametz 1 millicuri	K		9055	Gallium locametz 1 millicuri	4.2729	
A9900	Supply/accessory/service	Y					
A9901	Delivery/set up/dispensing	A	E1				
A9999	Dme supply or accessory, nos	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

B4034	Enter feed supkit syr by day	Y					
B4035	Enteral feed supp pump per d	Y					
B4036	Enteral feed sup kit grav by	Y					
B4081	Enteral ng tubing w/ stylet	Y					
B4082	Enteral ng tubing w/o stylet	Y					
B4083	Enteral stomach tube levine	Y					
B4087	Gastro/jejuno tube, std	Y					
B4088	Gastro/jejuno tube, low-pro	Y					
B4100	Food thickener oral	E1					
B4102	Ef adult fluids and electro	Y					
B4103	Ef ped fluid and electrolyte	Y					
B4104	Additive for enteral formula	E1					
B4105	Enzyme cartridge enteral nut	Y					
B4148	Enteral feed elastomer daily	Y					
B4149	Ef blenderized foods	Y					
B4150	Ef complet w/intact nutrient	Y					
B4152	Ef calorie dense>=1.5kcal	Y					
B4153	Ef hydrolyzed/amino acids	Y					
B4154	Ef spec metabolic noninherit	Y					
B4155	Ef incomplete/modular	Y					
B4157	Ef special metabolic inherit	Y					
B4158	Ef ped complete intact nut	Y					
B4159	Ef ped complete soy based	Y					
B4160	Ef ped caloric dense>=0.7kc	Y					
B4161	Ef ped hydrolyzed/amino acid	Y					
B4162	Ef ped specmetabolic inherit	Y					
B4164	Parenteral 50% dextrose solu	Y					
B4168	Parenteral sol amino acid 3.	Y					
B4172	Parenteral sol amino acid 5.	Y					
B4176	Parenteral sol amino acid 7-	Y					
B4178	Parenteral sol amino acid >	Y					
B4180	Parenteral sol carb > 50%	Y					
B4185	Pn soln nos 10 grams lipids	B					
B4187	Omegaven, 10 grams lipids	B					
B4189	Parenteral sol amino acid &	Y					
B4193	Parenteral sol 52-73 gm prot	Y					
B4197	Parenteral sol 74-100 gm pro	Y					
B4199	Parenteral sol > 100gm prote	Y					
B4216	Parenteral nutrition additiv	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

B4220	Parenteral supply kit premix	Y					
B4222	Parenteral supply kit homemi	Y					
B4224	Parenteral administration ki	Y					
B5000	Parenteral sol renal-amirosoy	Y					
B5100	Parenteral solution hepatic	Y					
B5200	Parenteral sol hepatic fream	Y					
B9002	Enter nutr inf pump any type	Y					
B9004	Parenteral infus pump portab	Y					
B9006	Parenteral infus pump statio	Y					
B9998	Enteral supp not otherwise c	Y					
B9999	Parenteral supp not othrws c	Y					
C1052	Hemostatic agent, gi, topic	N					
C1062	Intravertebral fx aug impl	N					
C1600	Cath, bladed, vasc prep	H		2041	Cath, bladed, vasc prep	0	
C1601	Endo, single, pulmonary	H		2042	Endo, single, pulmonary	0	
C1602	Orth/matrix/bn fill drug-elut	H		2043	Orth/matrix/bn fill drug-elut	0	
C1603	Ret dev, laser, ivc filter	H		2044	Ret dev, laser, ivc filter	0	
C1604	Grft, trnsmlr/trnsvens byps	H		2045	Grft, trnsmlr/trnsvens byps	0	
C1605	Pmkr, dual, leadless	H		2046	Pmkr, dual, leadless	0	
C1606	Adapter, us to endoscope	H		2047	Adapter, us to endoscope	0	
C1713	Anchor/screw bn/bn,tis/bn	N					
C1714	Cath, trans atherectomy, dir	N					
C1715	Brachytherapy needle	N					
C1716	Brachytx, non-str, gold-198	U		2645	Brachytx, non-str, Gold-198	9.7380	
C1717	Brachytx, non-str,hdr ir-192	U		2646	Brachytx, non-str, HDR Ir-192	3.8398	
C1719	Brachytx, ns, non-hdrir-192	U		2647	Brachytx, NS, Non-HDRIr-192	6.3307	
C1721	Aicd, dual chamber	N					
C1722	Aicd, single chamber	N					
C1724	Cath, trans atherec,rotation	N					
C1725	Cath, translumin non-laser	N					
C1726	Cath, bal dil, non-vascular	N					
C1727	Cath, bal tis dis, non-vas	N					
C1728	Cath, brachytx seed adm	N					
C1729	Cath, drainage	N					
C1730	Cath, ep, 19 or few elect	N					
C1731	Cath, ep, 20 or more elec	N					
C1732	Cath, ep, diag/abl, 3d/vect	N					
C1733	Cath, ep, othr than cool-tip	N					
C1734	Orth/devic/drug bn/bn,tis/bn	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

C1735	Cath renal denerv radiofreq	H		2051	Cath renal denerv radiofreq	0	
C1736	Cath renal denerv ultrasnd	H		2052	Cath renal denerv ultrasnd	0	
C1737	Si&pelvis fusn&fixn dev	H		2053	Si&pelvis fusn&fixn dev	0	
C1738	Power endo us-guid bx dev	H		2054	Power endo us-guid bx dev	0	
C1739	Tissue marker, detectable	H		2055	Tissue marker, detectable	0	
C1740	Lt vent pacing syst, sequen	H		2074	Lt vent pacing syst, sequen	0	
C1741	Anchor/screw bone absorb	H		2077	Anchor/screw bone absorb	0	
C1742	Pressure sens syst, cont im	H		2078	Pressure sens syst, cont im	0	
C1747	Endo, single, urinary tract	H		2040	Endo, single, urinary tract	0	
C1748	Endoscope, single, ugi	N					
C1749	Endo, colon, retro imaging	N					
C1750	Cath, hemodialysis,long-term	N					
C1751	Cath, inf, per/cent/midline	N					
C1752	Cath,hemodialysis,short-term	N					
C1753	Cath, intravas ultrasound	N					
C1754	Catheter, intradiscal	N					
C1755	Catheter, intraspinal	N					
C1756	Cath, pacing, transesoph	N					
C1757	Cath, thrombectomy/embolect	N					
C1758	Catheter, ureteral	N					
C1759	Cath, intra echocardiography	N					
C1760	Closure dev, vasc	N					
C1761	Cath, trans intra litho/coro	N					
C1762	Conn tiss, human(inc fascia)	N					
C1763	Conn tiss, non-human	N					
C1764	Event recorder, cardiac	N					
C1765	Adhesion barrier	N					
C1766	Intro/sheath,strble,non-peel	N					
C1767	Generator, neuro non-recharg	N					
C1768	Graft, vascular	N					
C1769	Guide wire	N					
C1770	Imaging coil, mr, insertable	N					
C1771	Rep dev, urinary, w/sling	N					
C1772	Infusion pump, programmable	N					
C1773	Ret dev, insertable	N					
C1776	Joint device (implantable)	N					
C1777	Lead, aicd, endo single coil	N					
C1778	Lead, neurostimulator	N					
C1779	Lead, pmkr, transvenous vdd	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

C1780	Lens, intraocular (new tech)	N					
C1781	Mesh (implantable)	N					
C1782	Morcellator	N					
C1783	Ocular imp, aqueous drain de	N					
C1784	Ocular dev, intraop, det ret	N					
C1785	Pmkr, dual, rate-resp	N					
C1786	Pmkr, single, rate-resp	N					
C1787	Patient progr, neurostim	N					
C1788	Port, indwelling, imp	N					
C1789	Prosthesis, breast, imp	N					
C1813	Prosthesis, penile, inflatab	N					
C1814	Retinal tamp, silicone oil	N					
C1815	Pros, urinary sph, imp	N					
C1816	Receiver/transmitter, neuro	N					
C1817	Septal defect imp sys	N					
C1818	Integrated keratoprosthesis	N					
C1819	Tissue localization-excision	N					
C1820	Generator neuro rechg bat sy	N					
C1821	Interspinous implant	N					
C1822	Gen, neuro, hf, rechg bat	N					
C1823	Gen, neuro, trans sen/stim	N					
C1824	Generator, ccm, implant	N					
C1825	Gen, neuro, carot sinus baro	N					
C1826	Gen, neuro, clo loop, rechg	H		2038	Gen, neuro, clo loop, rechg	0	
C1827	Gen, neuro, imp led, ex cntr	H		2039	Gen, neuro, imp led, ex cntr	0	
C1830	Power bone marrow bx needle	N					
C1831	Personalized interbody cage	N					
C1832	Auto cell process sys	N					
C1833	Cardiac monitor sys	N					
C1839	Iris prosthesis	N					
C1840	Telescopic intraocular lens	N					
C1874	Stent, coated/cov w/del sys	N					
C1875	Stent, coated/cov w/o del sy	N					
C1876	Stent, non-coa/non-cov w/del	N					
C1877	Stent, non-coat/cov w/o del	N					
C1878	Matrl for vocal cord	N					
C1880	Vena cava filter	N					
C1881	Dialysis access system	N					
C1882	Aicd, other than sing/dual	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

C1883	Adapt/ext, pacing/neuro lead	N					
C1884	Embolization protect syst	N					
C1885	Cath, translumin angio laser	N					
C1886	Catheter, ablation	N					
C1887	Catheter, guiding	N					
C1888	Endovas non-cardiac abl cath	N					
C1889	Implant/insert device, noc	N					
C1890	No device w/dev-intensive px	E1					
C1891	Infusion pump,non-prog, perm	N					
C1892	Intro/sheath,fixed,peel-away	N					
C1893	Intro/sheath, fixed,non-peel	N					
C1894	Intro/sheath, non-laser	N					
C1895	Lead, aicd, endo dual coil	N					
C1896	Lead, aicd, non sing/dual	N					
C1897	Lead, neurostim test kit	N					
C1898	Lead, pmkr, other than trans	N					
C1899	Lead, pmkr/aicd combination	N					
C1900	Lead, coronary venous	N					
C1982	Cath, pressure,valve-occlu	N					
C2596	Probe, robotic, water-jet	N					
C2613	Lung bx plug w/del sys	N					
C2614	Probe, perc lumb disc	N					
C2615	Sealant, pulmonary, liquid	N					
C2616	Brachytx, non-str,yttrium-90	U		2616	Brachytx, non-str,Yttrium-90	196.0895	
C2617	Stent, non-cor, tem w/o del	N					
C2618	Probe/needle, cryo	N					
C2619	Pmkr, dual, non rate-resp	N					
C2620	Pmkr, single, non rate-resp	N					
C2621	Pmkr, other than sing/dual	N					
C2622	Prosthesis, penile, non-inf	N					
C2623	Cath, translumin, drug-coat	N					
C2624	Wireless pressure sensor	N					
C2625	Stent, non-cor, tem w/del sy	N					
C2626	Infusion pump, non-prog,temp	N					
C2627	Cath, suprapubic/cystoscopic	N					
C2628	Catheter, occlusion	N					
C2629	Intro/sheath, laser	N					
C2630	Cath, ep, cool-tip	N					
C2631	Rep dev, urinary, w/o sling	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

C2634	Brachytx, non-str, ha, i-125	U		2634	Brachytx, non-str, HA, I-125	1.8262	
C2635	Brachytx, non-str, ha, p-103	U		2635	Brachytx, non-str, HA, P-103	0.7781	
C2636	Brachy linear, non-str,p-103	U		2636	Brachy linear, non-str,P-103	0.5934	
C2637	Brachy,non-str,ytterbium-169	B					
C2638	Brachytx, stranded, i-125	U		2638	Brachytx, stranded, I-125	0.4154	
C2639	Brachytx, non-stranded,i-125	U		2639	Brachytx, non-stranded,I-125	0.3938	
C2640	Brachytx, stranded, p-103	U		2640	Brachytx, stranded, P-103	0.7816	
C2641	Brachytx, non-stranded,p-103	U		2641	Brachytx, non-stranded,P-103	0.8946	
C2642	Brachytx, stranded, c-131	U		2642	Brachytx, stranded, C-131	1.2096	
C2643	Brachytx, non-stranded,c-131	U		2643	Brachytx, non-stranded,C-131	1.0829	
C2644	Brachytx cesium-131 chloride	E2	E1				
C2645	Brachytx planar, p-103	U		2648	Brachytx planar, p-103	0.0526	
C2698	Brachytx, stranded, nos	U		2698	Brachytx, stranded, NOS	0.4154	
C2699	Brachytx, non-stranded, nos	U		2699	Brachytx, non-stranded, NOS	0.3938	
C5271	Low cost skin substitute app	T		5053	Level 3 Skin Procedures	6.8648	
C5272	Low cost skin substitute app	N					
C5273	Low cost skin substitute app	T		5054	Level 4 Skin Procedures	20.5142	
C5274	Low cost skin substitute app	N					
C5275	Low cost skin substitute app	T		5053	Level 3 Skin Procedures	6.8648	
C5276	Low cost skin substitute app	N					
C5277	Low cost skin substitute app	T		5053	Level 3 Skin Procedures	6.8648	
C5278	Low cost skin substitute app	N					
C7500	Deb bone 20 cm2 w/drug dev	E1					
C7501	Perc bx breast lesions stero	E1					
C7502	Perc bx breast lesions mr	E1					
C7503	Open exc cerv node(s) w/ id	E1					
C7504	Perq cvt&ls inj vert bodies	E1					
C7505	Perq ls&cvt inj vert bodies	E1					
C7506	Fusion of finger joints	E1					
C7507	Perq thor&lumb vert aug	E1					
C7508	Perq lumb&thor vert aug	E1					
C7509	Dx bronch w/ navigation	E1					
C7510	Bronch/lavag w/ navigation	E1					
C7511	Bronch/bpsy(s) w/ navigation	E1					
C7512	Bronch/bpsy(s) w/ ebus	E1					
C7513	Cath/angio dialcir w/aplasty	E1					
C7514	Cath/angio dial cir w/stents	E1					
C7515	Cath/angio dial cir w/embol	E1					
C7516	Cor angio w/ ivus or oct	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

C7517	Cor angio w/ilic/fem angio	E1					
C7518	Cor/gft angio w/ ivus or oct	E1					
C7519	Cor/gft angio w/ flow resrv	E1					
C7520	Cor/gft angio w/ilic/fem ang	E1					
C7521	R hrt angio w/ ivus or oct	E1					
C7522	R hrt angio w/flow resrv	E1					
C7523	L hrt angio w/ ivus or oct	E1					
C7524	L hrt angio w/flow resrv	E1					
C7525	L hrt gft ang w/ ivus or oct	E1					
C7526	L hrt gft ang w/flow resrv	E1					
C7527	R&L hrt angio w/ ivus or oct	E1					
C7528	R&L hrt angio w/flow resrv	E1					
C7529	R&L hrt gft ang w/flow resrv	E1					
C7530	Cath/aplasty dial cir w/stnt	E1					
C7531	Angio fem/pop w/ us	E1					
C7532	Angio w/ us non-coronary	E1					
C7533	Ptca w/ plcmt brachytx dev	E1					
C7534	Fem/pop revasc w/arthr & us	E1					
C7535	Fem/pop revasc w/stent & us	E1					
C7537	Insrt atril pm w/l vent lead	E1					
C7538	Insrt vent pm w/l vent lead	E1					
C7539	Insrt a & v pm w/l vent lead	E1					
C7540	Rmv&rplc pm dul w/l vnt lead	E1					
C7541	Ercp w/ pancreatoscopy	E1					
C7542	Ercp w/bx & pancreatoscopy	E1					
C7543	Ercp w/otomy, pancreatoscopy	E1					
C7544	Ercp rmv calc pancreatoscopy	E1					
C7545	Exch bil cath w/ rmv calculi	E1					
C7546	Rep neph/urt cath w/dil stric	E1					
C7547	Cnvt neph cath w/ dil stric	E1					
C7548	Exch neph cath w/ dil stric	E1					
C7549	Chge urtr stent w/ dil stric	E1					
C7550	Cysto w/ bx(s) w/ blue light	E1					
C7551	Exc neuroma w/ implnt nv end	E1					
C7552	R hrt art/grft ang hrt flow	E1					
C7553	R&L hrt art/vent ang drg ad	E1					
C7554	Cystureth blu li cyst fl img	E1					
C7555	Rmvl thyrd w/autotran parath	E1					
C7556	Bronch lavage w/ebus	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

C7557	Cor angio/vent w/ffr	E1					
C7560	Ercp remove forgn body&endo	E1					
C7562	R&l hrt angio w/ffr & 3d map	E1					
C7563	Trluml ballo angiop all art	E1					
C7564	Vein mech throm w/intrvas us	E1					
C7565	Rpr aa hrn < 3 rdc w/ rmvl	E1					
C7900	Hopd mntl hlt, 15-29 min	S	E1				
C7901	Hopd mntl hlt, 30-60 min	S	E1				
C7902	Hopd mntl hlt, ea addl	N	E1				
C7903	Hopd mntl hlt, grp	S		5821	Level 1 Health and Behavior Services	0.3341	
C8000	Suprt dev, a-v fistula, imp	H		2049	Suprt dev, a-v fistula, imp	0	
C8001	3d anat seg imaging preop	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
C8002	Prep skin cell susp, automtd	S		1532	New Technology - Level 32 (\$7001-\$7500)	81.3119	
C8003	Imp extar knee shck absrb	J1		5116	Level 6 Musculoskeletal Procedures	206.2381	
C8004	Sim ang w/prs cath rad emb	J1		5193	Level 3 Endovascular Procedures	127.1806	
C8005	Pef bronch ablt 3d nav ebus	S		1576	New Technology - Level 39 (\$15,001-\$20,000)	196.2622	
C8006	Inst pleu-perit shnt w pump	J1		5342	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures	69.9767	
C8900	Mra w/cont, abd	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8901	Mra w/o cont, abd	Q3		5523	Level 3 Imaging without Contrast	2.7108	
C8902	Mra w/o fol w/cont, abd	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8903	Mri w/cont, breast, uni	Q3		5571	Level 1 Imaging with Contrast	1.9964	
C8905	Mri w/o fol w/cont, brst, un	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8906	Mri w/cont, breast, bi	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8908	Mri w/o fol w/cont, breast,	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8909	Mra w/cont, chest	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8910	Mra w/o cont, chest	Q3		5523	Level 3 Imaging without Contrast	2.7108	
C8911	Mra w/o fol w/cont, chest	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8912	Mra w/cont, lwr ext	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8913	Mra w/o cont, lwr ext	Q3		5523	Level 3 Imaging without Contrast	2.7108	
C8914	Mra w/o fol w/cont, lwr ext	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8918	Mra w/cont, pelvis	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8919	Mra w/o cont, pelvis	Q3		5523	Level 3 Imaging without Contrast	2.7108	
C8920	Mra w/o fol w/cont, pelvis	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8921	Tte w or w/o fol w/cont, com	S		5573	Level 3 Imaging with Contrast	8.8602	
C8922	Tte w or w/o fol w/cont, f/u	S		5573	Level 3 Imaging with Contrast	8.8602	
C8923	2d tte w or w/o fol w/con,co	S		5573	Level 3 Imaging with Contrast	8.8602	
C8924	2d tte w or w/o fol w/con,fu	S		5572	Level 2 Imaging with Contrast	4.0051	
C8925	2d tee w or w/o fol w/con,in	S		5573	Level 3 Imaging with Contrast	8.8602	
C8926	Tee w or w/o fol w/cont,cong	S		5573	Level 3 Imaging with Contrast	8.8602	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

C8927	Tee w or w/o fol w/cont, mon	S		5573	Level 3 Imaging with Contrast	8.8602	
C8928	Tte w or w/o fol w/con,stres	S		5573	Level 3 Imaging with Contrast	8.8602	
C8929	Tte w or wo fol wcon,doppler	S		5573	Level 3 Imaging with Contrast	8.8602	
C8930	Tte w or w/o contr, cont ecg	S		5573	Level 3 Imaging with Contrast	8.8602	
C8931	Mra, w/dye, spinal canal	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8932	Mra, w/o dye, spinal canal	Q3		5523	Level 3 Imaging without Contrast	2.7108	
C8933	Mra, w/o&w/dye, spinal canal	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8934	Mra, w/dye, upper extremity	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8935	Mra, w/o dye, upper extr	Q3		5523	Level 3 Imaging without Contrast	2.7108	
C8936	Mra, w/o&w/dye, upper extr	Q3		5572	Level 2 Imaging with Contrast	4.0051	
C8937	Cad breast mri	N					
C8957	Prolonged iv inf, req pump	S		5694	Level 4 Drug Administration	3.7198	
C9046	Cocaine hcl nasal (goprelto)	N					
C9047	Injection, caplacizumab-yhdp	N					
C9067	Gallium ga-68 dotatoc	K		9323	Gallium ga-68 dotatoc	0.0454	
C9089	Bupivacaine implant, 1 mg	K1		0762	Bupivacaine implant, 1 mg	0.0099	
C9101	Inj, oliceridine 0.1 mg	N					
C9143	Cocaine hcl nasal (numbrino)	N					
C9144	Inj, bupivacaine (posimir)	G		9106	Inj, bupivacaine (posimir)	0.0057	
C9145	Inj, aponvie, 1 mg	G		9107	Inj, aponvie, 1 mg	0.0214	
C9250	Artiss fibrin sealant	K		1848	Artiss fibrin sealant	1.5913	
C9254	Injection, lacosamide	N					
C9257	Bevacizumab injection	K		1281	Bevacizumab injection	0.0205	
C9285	Patch, lidocaine/tetracaine	N					
C9293	Injection, glucarpidase	E2	E1				
C9305	Inj, nipocalimab-aahu, 3 mg	G		0893	Inj, nipocalimab-aahu, 3 mg	0.3604	
C9306	Telisotuzumab vedotin-tllv	G		0894	Telisotuzumab vedotin-tllv	1.6148	
C9352	Neuragen nerve guide, per cm	N					
C9353	Neurawrap nerve protector,cm	N					
C9354	Veritas collagen matrix, cm2	N					
C9355	Neuromatrix nerve cuff, cm	N					
C9356	Tenoglide tendon prot, cm2	N					
C9358	Surgimend, fetal	N					
C9359	Implnt,bon void filler-putty	N					
C9360	Surgimend, neonatal	N					
C9361	Neuromend nerve wrap	N					
C9362	Implnt,bon void filler-strip	N					
C9363	Integra meshed bil wound mat	N					
C9364	Porcine implant, permacol	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

C9399	Unclassified drugs or biolog	A					PCT CHG
C9460	Injection, cangrelor	K		9460	Injection, cangrelor	0.2241	
C9462	Injection, delafloxacin	E2	E1				
C9482	Sotalol hydrochloride iv	K		9482	Sotalol hydrochloride IV	0.2809	
C9488	Conivaptan hcl	N					
C9507	Covid-19 convalescent plasma	R		9540	Covid-19 convalescent plasma	4.7732	
C9600	Perc drug-el cor stent sing	J1		5193	Level 3 Endovascular Procedures	127.1806	
C9601	Perc drug-el cor stent bran	N					
C9602	Perc d-e cor stent ather s	J1		5194	Level 4 Endovascular Procedures	201.3785	
C9603	Perc d-e cor stent ather br	N					
C9604	Perc d-e cor revasc t cabg s	J1		5193	Level 3 Endovascular Procedures	127.1806	
C9605	Perc d-e cor revasc t cabg b	N					
C9606	Perc d-e cor revasc w ami s	C					
C9607	Perc d-e cor revasc chro sin	J1		5194	Level 4 Endovascular Procedures	201.3785	
C9608	Perc d-e cor revasc chro add	N					
C9610	Cath coronary drug-delivery	H		2050	Cath coronary drug-delivery	0	
C9725	Place endorectal app	T		5311	Level 1 Lower GI Procedures	10.2245	
C9726	Rxt breast appl place/remov	N					
C9727	Insert palate implants	J1		5163	Level 3 ENT Procedures	16.6121	
C9728	Place device/marker, non pro	S		5613	Level 3 Therapeutic Radiation Treatment Preparation	15.3446	
C9733	Non-ophthalmic fva	Q2		5572	Level 2 Imaging with Contrast	4.0051	
C9734	U/s trtmt, not leiomyomata	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
C9738	Blue light cysto imag agent	N					
C9739	Cystoscopy prostatic imp 1-3	J1		5375	Level 5 Urology and Related Services	57.0111	
C9740	Cysto impl 4 or more	J1		5376	Level 6 Urology and Related Services	103.7036	
C9751	Microwave bronch, 3d, ebus	T		1562	New Technology - Level 25 (\$3501-\$4000)	42.0606	
C9756	Fluorescence lymph map w/icg	N					
C9757	Spine/lumbar disk surgery	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
C9758	Blind interatrial shunt ide	T		1590	New Technology - Level 39 (\$15,001-\$20,000)	196.2622	
C9759	Transcath intraop microinf	N					
C9760	Non-blind interatrial shunt	T		1592	New Technology - Level 41 (\$25,001-\$30,000)	308.4088	
C9761	Cysto, litho, vacuum kidney	J1		5376	Level 6 Urology and Related Services	103.7036	
C9762	Cardiac mri seg dys strain	Q3		5524	Level 4 Imaging without Contrast	6.1490	
C9763	Cardiac mri seg dys stress	Q3		5524	Level 4 Imaging without Contrast	6.1490	
C9764	Revasc intravasc lithotripsy	J1		5193	Level 3 Endovascular Procedures	127.1806	
C9765	Revasc intra lithotrip-stent	J1		5194	Level 4 Endovascular Procedures	201.3785	
C9766	Revasc intra lithotrip-ather	J1		5194	Level 4 Endovascular Procedures	201.3785	
C9767	Revasc lithotrip-stent-ather	J1		5194	Level 4 Endovascular Procedures	201.3785	
C9768	Endo us-guide hep porto grad	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

C9772	Revasc lithotrip tibi/perone	J1		5193	Level 3 Endovascular Procedures	127.1806	
C9773	Revasc lithotr-stent tib/per	J1		5194	Level 4 Endovascular Procedures	201.3785	
C9774	Revasc lithotr-ather tib/per	J1		5194	Level 4 Endovascular Procedures	201.3785	
C9775	Revasc lith-sten-ath tib/per	J1		5194	Level 4 Endovascular Procedures	201.3785	
C9776	Fluo bile duct imaging w/icg	N					
C9777	Esophag muc integ w/eso egd	J1		5303	Level 3 Upper GI Procedures	42.6665	
C9778	Colpopexy, min/inv, ex-perit	J1		5415	Level 5 Gynecologic Procedures	55.3606	
C9779	Esd endoscopy or colonoscopy	J1		5303	Level 3 Upper GI Procedures	42.6665	
C9780	Insert cv cath inf & sup app	S		1534	New Technology - Level 34 (\$8001-\$8500)	92.5266	
C9781	Arthro/shoul surg; w/spacer	J1		5115	Level 5 Musculoskeletal Procedures	144.2970	
C9782	Blind myocar trpl bon marrow	T	E1				
C9783	Blind cor sinus reducer impl	J1	E1				
C9784	Endo sleeve gastro w/tube	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
C9785	Endo outlet restrict w/tube	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
C9789	Instill pharm renal pelvis	T		1559	New Technology - Level 22 (\$2001-\$2500)	25.2386	
C9791	Mri hyperpolarized xenon129	T		1551	New Technology - Level 14 (\$1201- \$1300)	14.0239	
C9792	Blind/nonblind trans atrial	S		1537	New Technology - Level 37 (\$9501-\$10000)	109.3485	
C9793	Pre-plan 3d model w/ccta	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
C9796	Rpr intst excl anrect fist	J1		5313	Level 3 Lower GI Procedures	30.7550	
C9797	Vasc emb/occ w/prs cath	J1		5194	Level 4 Endovascular Procedures	201.3785	
C9804	Pump elastomc non-opioid dev	H1	E1				
C9806	Pump perist non-opioid dev	H1	E1				
C9807	Nerve stim non-opioid dev	H1	E1				
C9808	Cryo probe non-opioid dev	H1	E1				
C9809	Cryo needle non-opioid dev	H1	E1				
C9898	Inpnt stay radiolabeled item	N					
C9899	Inpt implant pros dev,no cov	A					PCT CHG
C9901	Endo defect closure GI tract	J1		5362	Level 2 Laparoscopy and Related Services	116.7583	
D0120	Periodic oral evaluation	Q1		5012	Clinic Visits and Related Services	1.4452	
D0140	Limit oral eval problm focus	Q1		5012	Clinic Visits and Related Services	1.4452	
D0145	Oral evaluation, pt < 3yrs	B					
D0150	Comprehensve oral evaluation	Q1		5012	Clinic Visits and Related Services	1.4452	
D0160	Extensv oral eval prob focus	Q1		5012	Clinic Visits and Related Services	1.4452	
D0170	Re-eval,est pt,problem focus	Q1		5012	Clinic Visits and Related Services	1.4452	
D0171	Re-eval post-op visit	Q1		5012	Clinic Visits and Related Services	1.4452	
D0180	Comp periodontal evaluation	Q1		5012	Clinic Visits and Related Services	1.4452	
D0190	Screening of a patient	B					
D0191	Assessment of a patient	Q1		5012	Clinic Visits and Related Services	1.4452	
D0210	Intraor comprehensive series	Q1		5523	Level 3 Imaging without Contrast	2.7108	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D0220	Intraoral periapical first	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0230	Intraoral periapical ea add	N					
D0240	Intraoral occlusal film	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0250	Extraoral 2d project image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0251	Extraoral posterior image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0270	Dental bitewing single image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0272	Dental bitewings two images	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0273	Bitewings - three images	Q1		5523	Level 3 Imaging without Contrast	2.7108	
D0274	Bitewings four images	Q1		5523	Level 3 Imaging without Contrast	2.7108	
D0277	Vert bitewings 7 to 8 images	Q1		5523	Level 3 Imaging without Contrast	2.7108	
D0310	Dental saligraphy	Q1		5523	Level 3 Imaging without Contrast	2.7108	
D0320	Dental tmj arthrogram incl i	Q1		5523	Level 3 Imaging without Contrast	2.7108	
D0321	Other tmj images by report	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0322	Dental tomographic survey	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0330	Panoramic image	Q1		5523	Level 3 Imaging without Contrast	2.7108	
D0340	2d cephalometric image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0350	Oral/facial photo images	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0364	Cone beam ct capt & interp	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0365	Cone beam ct interpret man	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0366	Cone beam ct interpret max	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0367	Cone beam ct interp both jaw	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0368	Cone beam ct interpret tmj	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0369	Max mri capture & interpret	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0370	Max ultrasound capt & interp	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0371	Sialoendoscopy capt & interp	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0372	Tomo comp series images	B					
D0373	Tomo bitewing image	B					
D0374	Tomo periapical image	B					
D0380	Cone beam ct capture limited	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0381	Cone beam ct capt mandible	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0382	Cone beam ct capt maxilla	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0383	Cone beam ct both jaws	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0384	Cone beam ct capture tmj	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0385	Max mri image capture	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0386	Max ultrasound image capture	Q1		5522	Level 2 Imaging without Contrast	1.1926	
D0387	Comp image capture only	B					
D0388	Bitewing image capture only	B					
D0389	Periopic image capture only	B					
D0391	Interprete diagnostic image	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D0393	Trtmnt simulation 3d image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0394	Digital sub 2 or more images	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0395	Fusion 2 or more 3d images	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0396	3d print of 3d surface scan	B					
D0411	Hba1c in office testing	B					
D0412	Blood glucose level test	B					
D0414	Lab process microbial spec	B					
D0415	Collection of microorganisms	B					
D0416	Viral culture	B					
D0417	Collect & prep saliva sample	B					
D0418	Analysis of saliva sample	B					
D0419	Assess of salivary flow	B					
D0422	Collect & prep genetic samp	B					
D0423	Genetic test spec analysis	B					
D0425	Caries susceptibility test	B					
D0431	Diag tst detect mucos abnorm	B					
D0460	Pulp vitality test	T		5871	Dental Procedures	18.6458	
D0470	Diagnostic casts	B					
D0472	Gross exam, prep & report	B					
D0473	Micro exam, prep & report	B					
D0474	Micro w exam of surg margins	B					
D0475	Decalcification procedure	B					
D0476	Spec stains for microorganis	B					
D0477	Spec stains not for microorg	B					
D0478	Immunohistochemical stains	B					
D0479	Tissue in-situ hybridization	B					
D0480	Cytopath smear prep & report	B					
D0481	Electron microscopy	B					
D0482	Direct immunofluorescence	B					
D0483	Indirect immunofluorescence	B					
D0484	Consult slides prep elsewhere	B					
D0485	Consult inc prep of slides	B					
D0486	Access of transep cytol samp	B					
D0502	Other oral pathology procedu	B					
D0600	Non-ionizing diag proc	T	E1				
D0601	Caries risk assess low risk	B					
D0602	Caries risk assess mod risk	B					
D0603	Caries risk assess high risk	B					
D0604	Antigen test pub hlth pathog	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D0605	Antibody test pub hlth path	B					
D0606	Molecular test pub hlth path	B					
D0701	Pano radio image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0702	2d cephal radio image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0703	2d oral/facial photo image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0705	Extra oral post radio image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0706	Intraoral occlus radio image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0707	Intraoral periap radio image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0708	Intraoral bite radio image	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0709	Intraoral comp image capture	Q1		5521	Level 1 Imaging without Contrast	0.9874	
D0801	3d dental scan direct	B					
D0802	3d dental scan indirect	B					
D0803	3d facial scan direct	B					
D0804	3d facial scan indirect	B					
D0999	Unspecified diagnostic proce	B					
D1110	Dental prophylaxis adult	Q1		5012	Clinic Visits and Related Services	1.4452	
D1120	Dental prophylaxis child	B					
D1206	Topical fluoride varnish	B					
D1208	Topical app fluorid ex vrnsh	B					
D1301	Immunization counseling	B					
D1310	Nutri counsel-control caries	B					
D1320	Tobacco counseling	B					
D1321	Couns for high risk sub use	B					
D1330	Oral hygiene instruction	B					
D1351	Dental sealant per tooth	B					
D1352	Prev resin rest, perm tooth	B	A				PCT CHG
D1353	Sealant repair per tooth	B					
D1354	Int caries med app per tooth	N					
D1355	Caries med app per tooth	B					
D1510	Space maintainer fxd unilat	T		5871	Dental Procedures	18.6458	
D1516	Fixed bilat space maint, max	T		5871	Dental Procedures	18.6458	
D1517	Fixed bilat space maint, man	T		5871	Dental Procedures	18.6458	
D1520	Remove unilat space maintain	T		5871	Dental Procedures	18.6458	
D1526	Remove bilat space main, max	T		5871	Dental Procedures	18.6458	
D1527	Remove bilat space main, man	T		5871	Dental Procedures	18.6458	
D1551	Recement space maint - max	T		5871	Dental Procedures	18.6458	
D1552	Recement space maint - man	T		5871	Dental Procedures	18.6458	
D1553	Recement unilat space maint	T		5871	Dental Procedures	18.6458	
D1556	Rem fixed unilat space maint	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D1557	Remove fixed bilat maint max	B					
D1558	Remove fixed bilat man	B					
D1575	Dist space maint, fixed unil	T		5871	Dental Procedures	18.6458	
D1701	Pfizer vacc admin 1st dose	E1					
D1702	Pfizer vacc admin 2nd dose	E1					
D1703	Moderna vacc admin 1st dose	E1					
D1704	Moderna vacc admin 2nd dose	E1					
D1705	Astrazeneca vacc adm 1st dos	E1					
D1706	Astrazeneca vacc adm 2nd dos	E1					
D1707	Janssen vaccine admin	E1					
D1708	Pfizer vacc admin 3rd dose	E1					
D1709	Pfizer vaccine admin booster	E1					
D1710	Moderna vacc admin 3rd dose	E1					
D1711	Moderna vacc admin booster	E1					
D1712	Janssen vacc admin booster	E1					
D1713	Pfizer vacc adm ped 1st dose	E1					
D1714	Pfizer vacc adm ped 2nd dose	E1					
D1781	Vac admin human pap dose 1	E1					
D1782	Vac admin human pap dose 2	E1					
D1783	Vac admin human pap dose 3	E1					
D1999	Unspecified preventive proc	B					
D2140	Amalgam one surface permanen	T		5871	Dental Procedures	18.6458	
D2150	Amalgam two surfaces permane	T		5871	Dental Procedures	18.6458	
D2160	Amalgam three surfaces perma	T		5871	Dental Procedures	18.6458	
D2161	Amalgam 4 or > surfaces perm	T		5871	Dental Procedures	18.6458	
D2330	Resin one surface-anterior	T		5871	Dental Procedures	18.6458	
D2331	Resin two surfaces-anterior	T		5871	Dental Procedures	18.6458	
D2332	Resin three surfaces-anterio	T		5871	Dental Procedures	18.6458	
D2335	Resin 4/> surf or w incis an	T		5871	Dental Procedures	18.6458	
D2390	Ant resin-based cmpst crown	T		5871	Dental Procedures	18.6458	
D2391	Post 1 srfc resinbased cmpst	T		5871	Dental Procedures	18.6458	
D2392	Post 2 srfc resinbased cmpst	T		5871	Dental Procedures	18.6458	
D2393	Post 3 srfc resinbased cmpst	T		5871	Dental Procedures	18.6458	
D2394	Post >=4srfc resinbase cmpst	T		5871	Dental Procedures	18.6458	
D2410	Dental gold foil one surface	T		5871	Dental Procedures	18.6458	
D2420	Dental gold foil two surface	T		5871	Dental Procedures	18.6458	
D2430	Dental gold foil three surfa	T		5871	Dental Procedures	18.6458	
D2510	Dental inlay metalic 1 surf	T		5871	Dental Procedures	18.6458	
D2520	Dental inlay metallic 2 surf	T		5871	Dental Procedures	18.6458	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D2530	Dental inlay metl 3/more sur	T		5871	Dental Procedures	18.6458	
D2542	Dental onlay metallic 2 surf	T		5871	Dental Procedures	18.6458	
D2543	Dental onlay metallic 3 surf	T		5871	Dental Procedures	18.6458	
D2544	Dental onlay metl 4/more sur	T		5871	Dental Procedures	18.6458	
D2610	Inlay porcelain/ceramic 1 su	T		5871	Dental Procedures	18.6458	
D2620	Inlay porcelain/ceramic 2 su	T		5871	Dental Procedures	18.6458	
D2630	Dental onlay porc 3/more sur	T		5871	Dental Procedures	18.6458	
D2642	Dental onlay porcelin 2 surf	T		5871	Dental Procedures	18.6458	
D2643	Dental onlay porcelin 3 surf	T		5871	Dental Procedures	18.6458	
D2644	Dental onlay porc 4/more sur	T		5871	Dental Procedures	18.6458	
D2650	Inlay composite/resin one su	T		5871	Dental Procedures	18.6458	
D2651	Inlay composite/resin two su	T		5871	Dental Procedures	18.6458	
D2652	Dental inlay resin 3/mre sur	T		5871	Dental Procedures	18.6458	
D2662	Dental onlay resin 2 surface	T		5871	Dental Procedures	18.6458	
D2663	Dental onlay resin 3 surface	T		5871	Dental Procedures	18.6458	
D2664	Dental onlay resin 4/mre sur	T		5871	Dental Procedures	18.6458	
D2710	Crown resin-based indirect	T		5871	Dental Procedures	18.6458	
D2712	Crown 3/4 resin-based compos	T		5871	Dental Procedures	18.6458	
D2720	Crown resin w/ high noble me	T		5871	Dental Procedures	18.6458	
D2721	Crown resin w/ base metal	T		5871	Dental Procedures	18.6458	
D2722	Crown resin w/ noble metal	T		5871	Dental Procedures	18.6458	
D2740	Crown porcelain/ceramic	T		5871	Dental Procedures	18.6458	
D2750	Crown porcelain w/ h noble m	T		5871	Dental Procedures	18.6458	
D2751	Crown porcelain fused base m	T		5871	Dental Procedures	18.6458	
D2752	Crown porcelain w/ noble met	T		5871	Dental Procedures	18.6458	
D2753	Crown porc fused to titanium	T		5871	Dental Procedures	18.6458	
D2780	Crown 3/4 cast hi noble met	T		5871	Dental Procedures	18.6458	
D2781	Crown 3/4 cast base metal	T		5871	Dental Procedures	18.6458	
D2782	Crown 3/4 cast noble metal	T		5871	Dental Procedures	18.6458	
D2783	Crown 3/4 porcelain/ceramic	T		5871	Dental Procedures	18.6458	
D2790	Crown full cast high noble m	T		5871	Dental Procedures	18.6458	
D2791	Crown full cast base metal	T		5871	Dental Procedures	18.6458	
D2792	Crown full cast noble metal	T		5871	Dental Procedures	18.6458	
D2794	Crown-titanium	T		5871	Dental Procedures	18.6458	
D2799	Interim crown	T		5871	Dental Procedures	18.6458	
D2910	Recement inlay onlay or part	T		5871	Dental Procedures	18.6458	
D2915	Recement cast or prefab post	T		5871	Dental Procedures	18.6458	
D2920	Re-cement or re-bond crown	T		5871	Dental Procedures	18.6458	
D2921	Reattach tooth fragment	T		5871	Dental Procedures	18.6458	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D2928	Prefab porc/cer crown perm	T		5871	Dental Procedures	18.6458	
D2929	Prefab porc/ceram crown pri	T		5871	Dental Procedures	18.6458	
D2930	Prefab stnlss steel crwn pri	T		5871	Dental Procedures	18.6458	
D2931	Prefab stnlss steel crown pe	T		5871	Dental Procedures	18.6458	
D2932	Prefabricated resin crown	T		5871	Dental Procedures	18.6458	
D2933	Prefab stainless steel crown	T		5871	Dental Procedures	18.6458	
D2934	Prefab steel crown primary	T		5871	Dental Procedures	18.6458	
D2940	Protective restoration	T		5871	Dental Procedures	18.6458	
D2949	Restorative foundation	T		5871	Dental Procedures	18.6458	
D2950	Core build-up incl any pins	T		5871	Dental Procedures	18.6458	
D2951	Tooth pin retention	T		5871	Dental Procedures	18.6458	
D2952	Post and core cast + crown	T		5871	Dental Procedures	18.6458	
D2953	Each addtnl cast post	N					
D2954	Prefab post/core + crown	T		5871	Dental Procedures	18.6458	
D2955	Post removal	N					
D2956	Indirect rest remov	B					
D2957	Each addtnl prefab post	T		5871	Dental Procedures	18.6458	
D2960	Labial veneer resin direct	T		5871	Dental Procedures	18.6458	
D2961	Labial veneer resin indirect	T		5871	Dental Procedures	18.6458	
D2962	Labial veneer porc indirect	T		5871	Dental Procedures	18.6458	
D2971	Add proc construct new crown	T		5871	Dental Procedures	18.6458	
D2975	Coping	T		5871	Dental Procedures	18.6458	
D2976	Band stabilization per tooth	B					
D2980	Crown repair	T		5871	Dental Procedures	18.6458	
D2981	Inlay repair	T		5871	Dental Procedures	18.6458	
D2982	Onlay repair	T		5871	Dental Procedures	18.6458	
D2983	Veneer repair	T		5871	Dental Procedures	18.6458	
D2989	Excavate tooth non-restorabl	B					
D2990	Resin infiltration of lesion	T		5871	Dental Procedures	18.6458	
D2991	App of hydroxyapatite	B					
D2999	Dental unspec restorative pr	T		5871	Dental Procedures	18.6458	
D3110	Pulp cap direct	Q1		5871	Dental Procedures	18.6458	
D3120	Pulp cap indirect	Q1		5871	Dental Procedures	18.6458	
D3220	Therapeutic pulpotomy	T		5871	Dental Procedures	18.6458	
D3221	Gross pulpal debridement	T		5871	Dental Procedures	18.6458	
D3222	Part pulp for apexogenesis	T		5871	Dental Procedures	18.6458	
D3230	Pulpal therapy anterior prim	T		5871	Dental Procedures	18.6458	
D3240	Pulpal therapy posterior pri	T		5871	Dental Procedures	18.6458	
D3310	End thxpy, anterior tooth	T		5871	Dental Procedures	18.6458	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D3320	End thxpy, premolar tooth	T		5871	Dental Procedures	18.6458	
D3330	End thxpy, molar tooth	T		5871	Dental Procedures	18.6458	
D3331	Non-surg tx root canal obs	T		5871	Dental Procedures	18.6458	
D3332	Incomplete endodontic tx	T		5871	Dental Procedures	18.6458	
D3333	Internal root repair	T		5871	Dental Procedures	18.6458	
D3346	Retreat root canal anterior	T		5871	Dental Procedures	18.6458	
D3347	Retreat root canal premolar	T		5871	Dental Procedures	18.6458	
D3348	Retreat root canal molar	T		5871	Dental Procedures	18.6458	
D3351	Apexification/recalc initial	T		5871	Dental Procedures	18.6458	
D3352	Apexification/recalc interim	T		5871	Dental Procedures	18.6458	
D3353	Apexification/recalc final	T		5871	Dental Procedures	18.6458	
D3355	Pulpal regeneration initial	T		5871	Dental Procedures	18.6458	
D3356	Pulpal regeneration interim	T		5871	Dental Procedures	18.6458	
D3357	Pulpal regeneration complete	T		5871	Dental Procedures	18.6458	
D3410	Apicoectomy - anterior	T		5871	Dental Procedures	18.6458	
D3421	Root surgery premolar	T		5871	Dental Procedures	18.6458	
D3425	Root surgery molar	T		5871	Dental Procedures	18.6458	
D3426	Root surgery ea add root	N					
D3428	Bone graft peri per tooth	T		5871	Dental Procedures	18.6458	
D3429	Bone graft peri each addl	N					
D3430	Retrograde filling	T		5871	Dental Procedures	18.6458	
D3431	Biological materials	T		5871	Dental Procedures	18.6458	
D3432	Guided tissue regeneration	T		5871	Dental Procedures	18.6458	
D3450	Root amputation	T		5871	Dental Procedures	18.6458	
D3460	Endodontic endosseous implan	T		5871	Dental Procedures	18.6458	
D3470	Intentional replantation	T		5871	Dental Procedures	18.6458	
D3471	Surg rep root res anterior	T		5871	Dental Procedures	18.6458	
D3472	Surg rep root res premolar	T		5871	Dental Procedures	18.6458	
D3473	Surg rep root res molar	T		5871	Dental Procedures	18.6458	
D3501	Surg exp root surf anterior	T		5871	Dental Procedures	18.6458	
D3502	Surg exp root surf premolar	T		5871	Dental Procedures	18.6458	
D3503	Surg exp root surf molar	T		5871	Dental Procedures	18.6458	
D3910	Isolation- tooth w rubb dam	T		5871	Dental Procedures	18.6458	
D3911	Intraorifice barrier	T		5871	Dental Procedures	18.6458	
D3920	Tooth splitting	T		5871	Dental Procedures	18.6458	
D3921	Decor or submerg erupt tooth	T		5871	Dental Procedures	18.6458	
D3950	Canal prep/fitting of dowel	T		5871	Dental Procedures	18.6458	
D3999	Endodontic procedure	T		5871	Dental Procedures	18.6458	
D4210	Gingivectomy/plasty 4 or mor	J1		5164	Level 4 ENT Procedures	36.3699	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D4211	Gingivectomy/plasty 1 to 3	J1		5164	Level 4 ENT Procedures	36.3699	
D4212	Gingivectomy/plasty rest	J1		5164	Level 4 ENT Procedures	36.3699	
D4230	Ana crown exp 4 or> per quad	J1		5164	Level 4 ENT Procedures	36.3699	
D4231	Ana crown exp 1-3 per quad	J1		5163	Level 3 ENT Procedures	16.6121	
D4240	Gingival flap proc w/ planin	J1		5164	Level 4 ENT Procedures	36.3699	
D4241	Gngvl flap w rootplan 1-3 th	J1		5163	Level 3 ENT Procedures	16.6121	
D4245	Apically positioned flap	J1		5163	Level 3 ENT Procedures	16.6121	
D4249	Crown lengthen hard tissue	T		5871	Dental Procedures	18.6458	
D4260	Osseous surgery 4 or more	J1		5165	Level 5 ENT Procedures	66.3421	
D4261	Osseous surg 1 to 3 teeth	J1		5164	Level 4 ENT Procedures	36.3699	
D4263	Bone replce graft first site	T		5871	Dental Procedures	18.6458	
D4264	Bone replce graft each add	N					
D4265	Bio mtrls to aid soft/os reg	T		5871	Dental Procedures	18.6458	
D4266	Guided tiss regen resorbable	J1		5163	Level 3 ENT Procedures	16.6121	
D4267	Guided tiss regen nonresorb	J1		5163	Level 3 ENT Procedures	16.6121	
D4268	Surgical revision procedure	T		5871	Dental Procedures	18.6458	
D4270	Pedicle soft tissue graft pr	J1		5163	Level 3 ENT Procedures	16.6121	
D4273	Auto tissue graft 1st tooth	J1		5163	Level 3 ENT Procedures	16.6121	
D4274	Mesial/distal wedge proc	T		5871	Dental Procedures	18.6458	
D4275	Non-auto graft 1st tooth	J1		5163	Level 3 ENT Procedures	16.6121	
D4276	Con tissue w pedicle graft	J1		5163	Level 3 ENT Procedures	16.6121	
D4277	Soft tissue graft firsttooth	J1		5163	Level 3 ENT Procedures	16.6121	
D4278	Soft tissue graft addl tooth	N					
D4283	Auto tissue graft addl tooth	N					
D4285	Non-auto graft addl tooth	N					
D4286	Remove non-resorb barrier	B					
D4322	Splint intra-coronal	T		5871	Dental Procedures	18.6458	
D4323	Splint extra-coronal	T		5871	Dental Procedures	18.6458	
D4341	Periodontal scaling & root	T		5871	Dental Procedures	18.6458	
D4342	Periodontal scaling 1-3teeth	T		5871	Dental Procedures	18.6458	
D4346	Scaling gingiv inflammation	T		5871	Dental Procedures	18.6458	
D4355	Full mouth debridement	T		5871	Dental Procedures	18.6458	
D4381	Localized delivery antimicro	T		5871	Dental Procedures	18.6458	
D4910	Periodontal maint procedures	T		5871	Dental Procedures	18.6458	
D4920	Unscheduled dressing change	Q1		5871	Dental Procedures	18.6458	
D4921	Gingival irrigation per quad	Q1		5012	Clinic Visits and Related Services	1.4452	
D4999	Unspecified periodontal proc	T		5161	Level 1 ENT Procedures	2.6043	
D5110	Dentures complete maxillary	B					
D5120	Dentures complete mandible	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D5130	Dentures immediat maxillary	B					
D5140	Dentures immediat mandible	B					
D5211	Dentures maxill part resin	B					
D5212	Dentures mand part resin	B					
D5213	Dentures maxill part metal	B					
D5214	Dentures mandibl part metal	B					
D5221	Immed max part denture resin	B					
D5222	Immed man part denture resin	B					
D5223	Immed max part dent metal	B					
D5224	Immed mand part dent metal	B					
D5225	Maxillary part denture flex	B					
D5226	Mandibular part denture flex	B					
D5227	Immed max part denture	B					
D5228	Immed mand part denture	B					
D5282	Remove unil part denture,max	B					
D5283	Remove unil part denture,man	B					
D5284	Rem unilat dent flex base	B					
D5286	Rem unilat dent 1 pc resin	B					
D5410	Dentures adjust cmplt maxil	B					
D5411	Dentures adjust cmplt mand	B					
D5421	Dentures adjust part maxill	B					
D5422	Dentures adjust part mandbl	B					
D5511	Rep broke comp dent base man	B					
D5512	Rep broke comp dent base max	B					
D5520	Replace denture teeth complt	B					
D5611	Rep resin part dent base man	B					
D5612	Rep resin part dent base max	B					
D5621	Rep cast part frame man	B					
D5622	Rep cast part frame max	B					
D5630	Rep partial denture clasp	B					
D5640	Replace part denture teeth	B					
D5650	Add tooth to partial denture	B					
D5660	Add clasp to partial denture	B					
D5670	Replc tth&acrlc on mtl frmwk	B					
D5671	Replc tth&acrlc mandibular	B					
D5710	Dentures rebase cmplt maxil	B					
D5711	Dentures rebase cmplt mand	B					
D5720	Dentures rebase part maxill	B					
D5721	Dentures rebase part mandbl	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D5725	Rebase hybrid prosthesis	B					
D5730	Denture reln cmplt max dir	B					
D5731	Denture reln cmplt mand dir	B					
D5740	Denture reln part max dir	B					
D5741	Denture reln part mand dir	B					
D5750	Denture reln cmplt max indir	B					
D5751	Denture reln cmplt mand ind	B					
D5760	Denture reln part max indir	B					
D5761	Denture reln part mand indir	B					
D5765	Liner compl/partial rem dent	B					
D5810	Denture interm cmplt maxill	B					
D5811	Denture interm cmplt mandbl	B					
D5820	Denture interm part maxill	B					
D5821	Denture interm part mandbl	B					
D5850	Denture tiss conditn maxill	B					
D5851	Denture tiss conditin mandbl	B					
D5862	Precision attachment	B					
D5863	Overdenture complete max	B					
D5864	Overdenture partial max	B					
D5865	Overdenture complete mandib	B					
D5866	Overdenture partial mandib	B					
D5867	Replacement of precision att	B					
D5875	Prosthesis modification	B					
D5876	Add metal sub to acrylc dent	B					
D5899	Removable prosthodontic proc	B					
D5911	Facial moulage sectional	T		5871	Dental Procedures	18.6458	
D5912	Facial moulage complete	T		5871	Dental Procedures	18.6458	
D5913	Nasal prosthesis	B					
D5914	Auricular prosthesis	B					
D5915	Orbital prosthesis	B					
D5916	Ocular prosthesis	B					
D5919	Facial prosthesis	B					
D5922	Nasal septal prosthesis	B					
D5923	Ocular prosthesis interim	B					
D5924	Cranial prosthesis	B					
D5925	Facial augmentation implant	B					
D5926	Replacement nasal prosthesis	B					
D5927	Auricular replacement	B					
D5928	Orbital replacement	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D5929	Facial replacement	B					
D5931	Surgical obturator	B					
D5932	Postsurgical obturator	B					
D5933	Refitting of obturator	B					
D5934	Mandibular flange prosthesis	B					
D5935	Mandibular denture prosth	B					
D5936	Temp obturator prosthesis	B					
D5937	Trismus appliance	B					
D5951	Feeding aid	B					
D5952	Pediatric speech aid	B					
D5953	Adult speech aid	B					
D5954	Superimposed prosthesis	B					
D5955	Palatal lift prosthesis	B					
D5958	Intraoral con def inter plt	B					
D5959	Intraoral con def mod palat	B					
D5960	Modify speech aid prosthesis	B					
D5982	Surgical stent	B					
D5983	Radiation applicator	T		5871	Dental Procedures	18.6458	
D5984	Radiation shield	T		5871	Dental Procedures	18.6458	
D5985	Radiation cone locator	T		5871	Dental Procedures	18.6458	
D5986	Fluoride applicator	B					
D5987	Commissure splint	T		5871	Dental Procedures	18.6458	
D5988	Surgical splint	T		5871	Dental Procedures	18.6458	
D5991	Vesiculobullous disease carr	B					
D5992	Adjust max prost appliance	B	A				PCT CHG
D5993	Main/clean max prosthesis	B	A				PCT CHG
D5995	Peri medicament w/seal, max	B					
D5996	Peri medicament w/seal, mand	B					
D5999	Maxillofacial prosthesis	B					
D6010	Odontics endosteal implant	B					
D6011	Second stage implant surgery	B					
D6012	Endosteal implant	B					
D6013	Surgical place mini implant	B					
D6040	Odontics eposteal implant	B					
D6050	Odontics transosteal implnt	B					
D6051	Interim implant abutment	B					
D6055	Implant connecting bar	B					
D6056	Prefabricated abutment	B					
D6057	Custom abutment	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D6058	Abutment supported crown	B					
D6059	Abutment supported mtl crown	B					
D6060	Abutment supported mtl crown	B					
D6061	Abutment supported mtl crown	B					
D6062	Abutment supported mtl crown	B					
D6063	Abutment supported mtl crown	B					
D6064	Abutment supported mtl crown	B					
D6065	Implant supported crown	B					
D6066	Implant supported mtl crown	B					
D6067	Implant supported mtl crown	B					
D6068	Abutment supported retainer	B					
D6069	Abutment supported retainer	B					
D6070	Abutment supported retainer	B					
D6071	Abutment supported retainer	B					
D6072	Abutment supported retainer	B					
D6073	Abutment supported retainer	B					
D6074	Abutment supported retainer	B					
D6075	Implant supported retainer	B					
D6076	Implant supported retainer	B					
D6077	Implant supported retainer	B					
D6080	Implant maintenance	B					
D6081	Scale & debride, single imp	B					
D6082	Imp crown porc to base alloy	B					
D6083	Imp crown porc to noble allo	B					
D6084	Imp crown porc to titanium	B					
D6085	Interim implant crown	B					
D6086	Imp crown base alloys	B					
D6087	Implant crown noble alloys	B					
D6088	Imp crown titanium alloys	B					
D6089	Access/retorq implant screw	B					
D6090	Repair implant	B					
D6091	Repl semi/precision attach	B					
D6092	Recement supp crown	B					
D6093	Recement supp part denture	B					
D6094	Abut support crown titanium	B					
D6096	Remove broken imp ret screw	B					
D6097	Abut crown porc to titanium	B					
D6098	Imp retain porc to base allo	B					
D6099	Imp retainer for fpd	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D6100	Surg removal of implant body	B					
D6101	Debridement of a periimplant	B					
D6102	Debridement & contouring	B					
D6103	Bone graft repair perimplant	B					
D6104	Bone graft time of implant	B					
D6105	Remove implant body	B					
D6106	Tissue regen resorbable	B					
D6107	Tissue regen non-resorbable	B					
D6110	Implnt/abut remov dent max	B					
D6111	Implnt/abut remov dent mand	B					
D6112	Imp/abut rem dent part max	B					
D6113	Imp/abut rem dent part mand	B					
D6114	Implnt/abut fixed dent max	B					
D6115	Implnt/abut fixed dent mand	B					
D6116	Imp/abut fixed dent part max	B					
D6117	Imp/abut fixed dent part man	B					
D6118	Imp/abut int fixed dent man	B					
D6119	Int/abut int fixed dent max	B					
D6120	Imp retain porc to titanium	B					
D6121	Retain metal fpd base alloys	B					
D6122	Retain metal fpd noble alloy	B					
D6123	Retain metal fpd titanium	B					
D6180	Implnt maint proced	B					
D6190	Radio/surgical implant index	B					
D6191	Semi precision abutment	B					
D6192	Semi precision attachment	B					
D6193	Replace implnt screw	B					
D6194	Abut support retainer titani	B					
D6195	Abut retain porc to titanium	B					
D6197	Replace material prosthesis	B					
D6198	Remove interim implant	B					
D6199	Implant procedure	B					
D6205	Pontic-indirect resin based	B					
D6210	Prosthodont high noble metal	B					
D6211	Bridge base metal cast	B					
D6212	Bridge noble metal cast	B					
D6214	Pontic titanium	B					
D6240	Bridge porcelain high noble	B					
D6241	Bridge porcelain base metal	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D6242	Bridge porcelain nobel metal	B					
D6243	Pontic porcelain to titanium	B					
D6245	Bridge porcelain/ceramic	B					
D6250	Bridge resin w/high noble	B					
D6251	Bridge resin base metal	B					
D6252	Bridge resin w/noble metal	B					
D6253	Interim pontic	B					
D6545	Dental retainr cast metl	B					
D6548	Porcelain/ceramic retainer	B					
D6549	Resin retainer	B					
D6600	Porcelain/ceramic inlay 2srf	B					
D6601	Porc/ceram inlay >= 3 surfac	B					
D6602	Cst hgh nble mtl inlay 2 srf	B					
D6603	Cst hgh nble mtl inlay >=3sr	B					
D6604	Cst bse mtl inlay 2 surfaces	B					
D6605	Cst bse mtl inlay >= 3 surfa	B					
D6606	Cast noble metal inlay 2 sur	B					
D6607	Cst noble mtl inlay >=3 surf	B					
D6608	Onlay porc/crmc 2 surfaces	B					
D6609	Onlay porc/crmc >=3 surfaces	B					
D6610	Onlay cst hgh nbl mtl 2 srfc	B					
D6611	Onlay cst hgh nbl mtl >=3srf	B					
D6612	Onlay cst base mtl 2 surface	B					
D6613	Onlay cst base mtl >=3 surfa	B					
D6614	Onlay cst nbl mtl 2 surfaces	B					
D6615	Onlay cst nbl mtl >=3 surfac	B					
D6624	Inlay titanium	B					
D6634	Onlay titanium	B					
D6710	Crown-indirect resin based	B					
D6720	Retain crown resin w hi nble	B					
D6721	Crown resin w/base metal	B					
D6722	Crown resin w/noble metal	B					
D6740	Crown porcelain/ceramic	B					
D6750	Crown porcelain high noble	B					
D6751	Crown porcelain base metal	B					
D6752	Crown porcelain noble metal	B					
D6753	Retain crown porc to titaniu	B					
D6780	Crown 3/4 high noble metal	B					
D6781	Crown 3/4 cast based metal	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D6782	Crown 3/4 cast noble metal	B					
D6783	Crown 3/4 porcelain/ceramic	B					
D6784	Retainer crown 3/4 titanium	B					
D6790	Crown full high noble metal	B					
D6791	Crown full base metal cast	B					
D6792	Crown full noble metal cast	B					
D6793	Interim retainer crown	B					
D6794	Crown titanium	B					
D6920	Dental connector bar	T		5871	Dental Procedures	18.6458	
D6930	Recement/bond part denture	B					
D6940	Stress breaker	B					
D6950	Precision attachment	B					
D6980	Fixed partial repair	B					
D6985	Pediatric partial denture fx	B					
D6999	Fixed prosthodontic proc	B					
D7111	Extraction coronal remnants	T		5871	Dental Procedures	18.6458	
D7140	Extraction erupted tooth/exr	T		5871	Dental Procedures	18.6458	
D7210	Rem imp tooth w mucoper flap	J1		5163	Level 3 ENT Procedures	16.6121	
D7220	Impact tooth remov soft tiss	T		5871	Dental Procedures	18.6458	
D7230	Impact tooth remov part bony	T		5871	Dental Procedures	18.6458	
D7240	Impact tooth remov comp bony	T		5871	Dental Procedures	18.6458	
D7241	Impact tooth rem bony w/comp	T		5871	Dental Procedures	18.6458	
D7250	Tooth root removal	T		5871	Dental Procedures	18.6458	
D7251	Coronectomy	J1	A				PCT CHG
D7252	Part extract for implant	B					
D7259	Nerve dissection	B					
D7260	Oral antral fistula closure	T		5871	Dental Procedures	18.6458	
D7261	Primary closure sinus perf	T		5871	Dental Procedures	18.6458	
D7270	Tooth reimplantation	T		5871	Dental Procedures	18.6458	
D7272	Tooth transplantation	T		5871	Dental Procedures	18.6458	
D7280	Exposure of unerupted tooth	T		5871	Dental Procedures	18.6458	
D7282	Mobilize erupted/malpos toot	B					
D7283	Place device impacted tooth	B					
D7284	Exc biopsy of saliv glands	B					
D7285	Biopsy of oral tissue hard	B					
D7286	Biopsy of oral tissue soft	B					
D7287	Exfoliative cytolog collect	B					
D7288	Brush biopsy	B					
D7290	Repositioning of teeth	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D7291	Transseptal fiberotomy	T		5871	Dental Procedures	18.6458	
D7292	Screw retained plate	B					
D7293	Temp anchorage dev w flap	B					
D7294	Temp anchorage dev w/o flap	B					
D7295	Bone harvest,auto graft proc	B	A				PCT CHG
D7296	Corticotomy, 1-3 teeth	B					
D7297	Corticotomy, 4 or more teeth	B					
D7298	Remove screw retained plate	B					
D7299	Rem anchorage device w/flap	B					
D7300	Rem anchorage dev w/o flap	B					
D7310	Alveoplasty w/ extraction	J1		5163	Level 3 ENT Procedures	16.6121	
D7311	Alveoloplasty w/extract 1-3	J1		5163	Level 3 ENT Procedures	16.6121	
D7320	Alveoplasty w/o extraction	J1		5163	Level 3 ENT Procedures	16.6121	
D7321	Alveoloplasty not w/extracts	J1		5163	Level 3 ENT Procedures	16.6121	
D7340	Vestibuloplasty ridge extens	J1		5165	Level 5 ENT Procedures	66.3421	
D7350	Vestibuloplasty exten graft	J1		5165	Level 5 ENT Procedures	66.3421	
D7410	Rad exc lesion up to 1.25 cm	J1		5163	Level 3 ENT Procedures	16.6121	
D7411	Excision benign lesion>1.25c	J1		5163	Level 3 ENT Procedures	16.6121	
D7412	Excision benign lesion compl	J1		5163	Level 3 ENT Procedures	16.6121	
D7413	Excision malig lesion<=1.25c	J1		5163	Level 3 ENT Procedures	16.6121	
D7414	Excision malig lesion>1.25cm	J1		5163	Level 3 ENT Procedures	16.6121	
D7415	Excision malig les complicat	J1		5163	Level 3 ENT Procedures	16.6121	
D7440	Malig tumor exc to 1.25 cm	J1		5164	Level 4 ENT Procedures	36.3699	
D7441	Malig tumor > 1.25 cm	J1		5164	Level 4 ENT Procedures	36.3699	
D7450	Rem odontogen cyst to 1.25cm	J1		5164	Level 4 ENT Procedures	36.3699	
D7451	Rem odontogen cyst > 1.25 cm	J1		5164	Level 4 ENT Procedures	36.3699	
D7460	Rem nonodonto cyst to 1.25cm	T		5871	Dental Procedures	18.6458	
D7461	Rem nonodonto cyst > 1.25 cm	T		5871	Dental Procedures	18.6458	
D7465	Lesion destruction	B					
D7471	Rem exostosis any site	J1		5164	Level 4 ENT Procedures	36.3699	
D7472	Removal of torus palatinus	T		5871	Dental Procedures	18.6458	
D7473	Remove torus mandibularis	T		5871	Dental Procedures	18.6458	
D7485	Surg reduct osseoustuberosit	J1		5165	Level 5 ENT Procedures	66.3421	
D7490	Maxilla or mandible resectio	B					
D7509	Marsupialization odon cyst	B					
D7510	I&d abscc intraoral soft tiss	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
D7511	Incision/drain abscess intra	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
D7520	I&d abscess extraoral	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	
D7521	Incision/drain abscess extra	T		5071	Level 1 Excision/ Biopsy/ Incision and Drainage	7.8905	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D7530	Removal fb skin/areolar tiss	T		5871	Dental Procedures	18.6458	
D7540	Removal of fb reaction	T		5871	Dental Procedures	18.6458	
D7550	Removal of sloughed off bone	T		5871	Dental Procedures	18.6458	
D7560	Maxillary sinusotomy	B					
D7610	Maxilla open reduct simple	B					
D7620	Clsd reduct simpl maxilla fx	B					
D7630	Open red simpl mandible fx	B					
D7640	Clsd red simpl mandible fx	B					
D7650	Open red simp malar/zygom fx	B					
D7660	Clsd red simp malar/zygom fx	B					
D7670	Closed rductn splint alveolus	J1		5164	Level 4 ENT Procedures	36.3699	
D7671	Alveolus open reduction	J1		5165	Level 5 ENT Procedures	66.3421	
D7680	Reduct simple facial bone fx	B					
D7710	Maxilla open reduct compound	B					
D7720	Clsd reduct compd maxilla fx	B					
D7730	Open reduct compd mandble fx	B					
D7740	Clsd reduct compd mandble fx	B					
D7750	Open red comp malar/zygma fx	B					
D7760	Clsd red comp malar/zygma fx	B					
D7770	Open reduc compd alveolus fx	J1		5165	Level 5 ENT Procedures	66.3421	
D7771	Alveolus clsd reduc stblz te	J1		5164	Level 4 ENT Procedures	36.3699	
D7780	Reduct compnd facial bone fx	B					
D7810	Tmj open reduct-dislocation	B					
D7820	Closed tmp manipulation	B					
D7830	Tmj manipulation under anest	B					
D7840	Removal of tmj condyle	B					
D7850	Tmj meniscectomy	B					
D7852	Tmj repair of joint disc	B					
D7854	Tmj excisn of joint membrane	B					
D7856	Tmj cutting of a muscle	B					
D7858	Tmj reconstruction	B					
D7860	Tmj cutting into joint	B					
D7865	Tmj reshaping components	B					
D7870	Tmj aspiration joint fluid	B					
D7871	Lysis + lavage w catheters	B					
D7872	Tmj diagnostic arthroscopy	B					
D7873	Tmj arthroscopy lysis adhesn	B					
D7874	Tmj arthroscopy disc reposit	J1		5113	Level 3 Musculoskeletal Procedures	36.3872	
D7875	Tmj arthroscopy synovectomy	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D7876	Tmj arthroscopy discectomy	B					
D7877	Tmj arthroscopy debridement	B					
D7880	Occlusal orthotic appliance	B					
D7881	Occ orthotic device adjust	B					
D7899	Tmj unspecified therapy	B					
D7910	Dent sutur recent wnd to 5cm	B					
D7911	Dental suture wound to 5 cm	B					
D7912	Suture complicate wnd > 5 cm	B					
D7920	Dental skin graft	B					
D7921	Collect & appl blood product	B					
D7922	Place intra-socket bio dress	T		5871	Dental Procedures	18.6458	
D7939	Indexing for osteotomy	B					
D7940	Reshaping bone orthognathic	T		5871	Dental Procedures	18.6458	
D7941	Bone cutting ramus closed	B					
D7943	Cutting ramus open w/graft	B					
D7944	Bone cutting segmented	B					
D7945	Bone cutting body mandible	B					
D7946	Reconstruction maxilla total	B					
D7947	Reconstruct maxilla segment	B					
D7948	Reconstruct midface no graft	B					
D7949	Reconstruct midface w/graft	B					
D7950	Mandible graft	J1		5165	Level 5 ENT Procedures	66.3421	
D7951	Sinus aug w bone or bone sub	B					
D7952	Sinus augmentation vertical	B					
D7953	Bone replacement graft	B					
D7955	Repair maxillofacial defects	B					
D7956	Tiss regen edent resorb	B					
D7957	Tiss regen edent nonresorb	B					
D7961	Buccal/labial frenectomy	B					
D7962	Lingual frenectomy	B					
D7963	Frenuloplasty	B					
D7970	Excision hyperplastic tissue	B					
D7971	Excision pericoronal gingiva	B					
D7972	Surg redct fibrous tuberosit	B					
D7979	Non-surgical sialolithotomy	B					
D7980	Surgical sialolithotomy	B					
D7981	Excision of salivary gland	B					
D7982	Sialodochoplasty	B					
D7983	Closure of salivary fistula	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D7990	Emergency tracheotomy	B					
D7991	Dental coronoidectomy	B					
D7993	Surg place craniofacial impl	B					
D7994	Surg place zygomatic impl	B					
D7995	Synthetic graft facial bones	B					
D7996	Implant mandible for augment	B					
D7997	Appliance removal	B					
D7998	Intraoral place of fix dev	B					
D7999	Oral surgery procedure	B					
D8010	Limited dental tx primary	B					
D8020	Limited dental tx transition	B					
D8030	Limited dental tx adolescent	B					
D8040	Limited dental tx adult	B					
D8070	Compre dental tx transition	B					
D8080	Compre dental tx adolescent	B					
D8090	Compre dental tx adult	B					
D8091	Compre ortho treat w surg	B					
D8210	Orthodontic rem appliance tx	B					
D8220	Fixed appliance therapy habt	B					
D8660	Preorthodontic tx visit	B					
D8670	Periodic orthodontc tx visit	B					
D8671	Periodic orth treat w surg	B					
D8680	Orthodontic retention	B					
D8681	Removable retainer adjust	B					
D8695	Remove fixed ortho appliance	B					
D8696	Rep of ortho appliance max	B					
D8697	Rep of ortho appliance man	B					
D8698	Recement fixed retainer max	B					
D8699	Recement fixed retainer man	B					
D8701	Repair fixed retainer max	B					
D8702	Repair of fixed retainer man	B					
D8703	Replace broken retainer max	B					
D8704	Replace broken retainer man	B					
D8999	Orthodontic procedure	B					
D9110	Palliative tx dental pain	N					
D9120	Fix partial denture section	B					
D9130	Temporomandibular joint dysf	B					
D9210	Dent anesthesia w/o surgery	B					
D9211	Regional block anesthesia	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D9212	Trigeminal block anesthesia	B					
D9215	Local anesthesia	B					
D9219	Eval mod/deep sed/gen anest	B					
D9222	Deep anest, 1st 15 min	B					
D9223	General anesth ea addl 15 mi	B					
D9230	Analgesia	N					
D9239	Iv mod sedation, 1st 15 min	B					
D9243	Iv sedation ea addl 15m	B					
D9248	Sedation (non-iv)	N					
D9310	Dental consultation	B					
D9311	Consult w/med hlth care prof	B					
D9410	Dental house call	B					
D9420	Hospital/asc call	B					
D9430	Office visit during hours	B					
D9440	Office visit after hours	B					
D9450	Case presentation tx plan	B					
D9610	Dent therapeutic drug inject	B					
D9612	Thera par drugs 2 or > admin	B					
D9613	Infiltration thera drug	B					
D9630	Drugs/meds disp for home use	B					
D9910	Dent appl desensitizing med	B					
D9911	Appl desensitizing resin	B					
D9912	Pre-visit patient screening	B					
D9913	Admin of neuromod	B					
D9914	Admin of dermal fill	B					
D9920	Behavior management	B					
D9930	Treatment of complications	T	E1				
D9932	Clean & inspect rem dent max	B					
D9933	Clean & inspect rem dent man	B					
D9934	Clean rem part denture max	B					
D9935	Clean rem part denture mand	B					
D9938	Fab removable appliance	B					
D9939	Placemnt removable appliance	B					
D9941	Fabrication athletic guard	B					
D9942	Repair/reline occlusal guard	B					
D9943	Occlusal guard adjustment	B					
D9944	Occ guard, hard, full arch	T		5871	Dental Procedures	18.6458	
D9945	Occ guard, soft, full arch	T		5871	Dental Procedures	18.6458	
D9946	Occ guard, hard, part arch	T	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

D9947	Sleep apnea appliance	E1					
D9948	Adjust sleep apnea appliance	E1					
D9949	Repair sleep apnea appliance	E1					
D9950	Occlusion analysis	T		5871	Dental Procedures	18.6458	
D9951	Limited occlusal adjustment	T		5871	Dental Procedures	18.6458	
D9952	Complete occlusal adjustment	T		5871	Dental Procedures	18.6458	
D9953	Reline sleep apnea appliance	E1					
D9954	Fab/del oral appliance thxpy	E1					
D9955	Oral app thxpy titration vis	B					
D9956	Admin home sleep apnea test	B					
D9957	Screening sleep disorders	B					
D9959	Unspec sleep ap proc	B					
D9961	Dup/copy patient's records	B					
D9970	Enamel microabrasion	B					
D9971	Odontoplasty per tooth	B					
D9972	Extrnl bleaching per arch	B					
D9973	Extrnl bleaching per tooth	B					
D9974	Intrnl bleaching per tooth	B					
D9975	External bleaching home app	B					
D9985	Sales tax	B					
D9986	Missed appointment	B					
D9987	Cancelled appointment	B					
D9990	Trans or sign language svcs	B					
D9991	Case mgmt, appt barriers	B					
D9992	Case mgmt, care coordination	B					
D9993	Case mgmt, interviewing	B					
D9994	Case mgmt, pt education	B					
D9995	Teledentistry real-time	B					
D9996	Teledentistry dent review	B					
D9997	Dent case mgmt special needs	B					
D9999	Adjunctive procedure	B					
E0100	Cane adjust/fixed with tip	Y					
E0105	Cane adjust/fixed quad/3 pro	Y					
E0110	Crutch forearm pair	Y					
E0111	Crutch forearm each	Y					
E0112	Crutch underarm pair wood	Y					
E0113	Crutch underarm each wood	Y					
E0114	Crutch underarm pair no wood	Y					
E0116	Crutch underarm each no wood	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E0117	Underarm springassist crutch	Y					
E0118	Crutch substitute	E1					
E0130	Walker rigid adjust/fixed ht	Y					
E0135	Walker folding adjust/fixed	Y					
E0140	Walker w trunk support	Y					
E0141	Rigid wheeled walker adj/fix	Y					
E0143	Walker folding wheeled w/o s	Y					
E0144	Enclosed walker w rear seat	Y					
E0147	Walker variable wheel resist	Y					
E0148	Heavyduty walker no wheels	Y					
E0149	Heavy duty wheeled walker	Y					
E0150	Combo walker-transport chair	E1					
E0152	Walker, battery power wheels	E1					
E0153	Forearm crutch platform atta	Y					
E0154	Walker platform attachment	Y					
E0155	Walker wheel attachment,pair	Y					
E0156	Walker seat attachment	Y					
E0157	Walker crutch attachment	Y					
E0158	Walker leg extenders set of4	Y					
E0159	Brake for wheeled walker	Y					
E0160	Sitz type bath or equipment	Y					
E0161	Sitz bath/equipment w/faucet	Y					
E0162	Sitz bath chair	Y					
E0163	Commode chair with fixed arm	Y					
E0165	Commode chair with detacharm	Y					
E0167	Commode chair pail or pan	Y					
E0168	Heavyduty/wide commode chair	Y					
E0170	Commode chair electric	Y					
E0171	Commode chair non-electric	Y					
E0172	Seat lift mechanism toilet	E1					
E0175	Commode chair foot rest	Y					
E0181	Press pad alternating w/ pum	Y					
E0182	Replace pump, alt press pad	Y					
E0183	Press underlay alter w/pump	Y					
E0184	Dry pressure mattress	Y					
E0185	Gel pressure mattress pad	Y					
E0186	Air pressure mattress	Y					
E0187	Water pressure mattress	Y					
E0188	Synthetic sheepskin pad	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E0189	Lambswool sheepskin pad	Y					
E0190	Positioning cushion	E1					
E0191	Protector heel or elbow	Y					
E0193	Powered air flotation bed	Y					
E0194	Air fluidized bed	Y					
E0196	Gel pressure mattress	Y					
E0197	Air pressure pad for mattres	Y					
E0198	Water pressure pad for matr	Y					
E0199	Dry pressure pad for mattres	Y					
E0200	Heat lamp without stand	Y					
E0201	Penile contractur devic manu	A	E1				
E0202	Phototherapy light w/ photom	Y					
E0203	Therapeutic lightbox tabletp	E1					
E0205	Heat lamp with stand	Y					
E0210	Electric heat pad standard	Y					
E0215	Electric heat pad moist	Y					
E0217	Water circ heat pad w pump	Y					
E0218	Fluid circ cold pad w pump	Y					
E0221	Infrared heating pad system	Y					
E0225	Hydrocollator unit	Y					
E0231	Wound warming device	E1					
E0232	Warming card for nwt	E1					
E0235	Paraffin bath unit portable	Y					
E0236	Pump for water circulating p	Y					
E0239	Hydrocollator unit portable	Y					
E0240	Bath/shower chair	E1					
E0241	Bath tub wall rail	E1					
E0242	Bath tub rail floor	E1					
E0243	Toilet rail	E1					
E0244	Toilet seat raised	E1					
E0245	Tub stool or bench	E1					
E0246	Transfer tub rail attachment	E1					
E0247	Trans bench w/wo comm open	E1					
E0248	Hdtrans bench w/wo comm open	E1					
E0249	Pad water circulating heat u	Y					
E0250	Hosp bed fixed ht w/ mattres	Y					
E0251	Hosp bed fixd ht w/o mattres	Y					
E0255	Hospital bed var ht w/ matr	Y					
E0256	Hospital bed var ht w/o matt	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E0260	Hosp bed semi-electr w/ matt	Y					
E0261	Hosp bed semi-electr w/o mat	Y					
E0265	Hosp bed total electr w/ mat	Y					
E0266	Hosp bed total elec w/o matt	Y					
E0270	Hospital bed institutional t	E1					
E0271	Mattress innerspring	Y					
E0272	Mattress foam rubber	Y					
E0273	Bed board	E1					
E0274	Over-bed table	E1					
E0275	Bed pan standard	Y					
E0276	Bed pan fracture	Y					
E0277	Powered pres-redu air mattr	Y					
E0280	Bed cradle	Y					
E0290	Hosp bed fx ht w/o rails w/m	Y					
E0291	Hosp bed fx ht w/o rail w/o	Y					
E0292	Hosp bed var ht no sr w/matt	Y					
E0293	Hosp bed var ht no sr no mat	Y					
E0294	Hosp bed semi-elect w/ mattr	Y					
E0295	Hosp bed semi-elect w/o matt	Y					
E0296	Hosp bed total elect w/ matt	Y					
E0297	Hosp bed total elect w/o mat	Y					
E0300	Enclosed ped crib hosp grade	Y					
E0301	Hd hosp bed, 350-600 lbs	Y					
E0302	Ex hd hosp bed > 600 lbs	Y					
E0303	Hosp bed hvy dty xtra wide	Y					
E0304	Hosp bed xtra hvy dty x wide	Y					
E0305	Rails bed side half length	Y					
E0310	Rails bed side full length	Y					
E0315	Bed accessory brd/tbl/supprt	E1					
E0316	Bed safety enclosure	Y					
E0325	Urinal male jug-type	Y					
E0326	Urinal female jug-type	Y					
E0328	Ped hospital bed, manual	Y					
E0329	Ped hospital bed semi/elect	Y					
E0350	Control unit bowel system	E1					
E0352	Disposable pack w/bowel syst	E1					
E0370	Air elevator for heel	E1					
E0371	Nonpower mattress overlay	Y					
E0372	Powered air mattress overlay	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E0373	Nonpowered pressure mattress	Y					
E0424	Stationary compressed gas O2	Y					
E0425	Gas system stationary compre	E1					
E0430	Oxygen system gas portable	E1					
E0431	Portable gaseous O2	Y					
E0433	Portable liquid oxygen sys	Y					
E0434	Portable liquid O2	Y					
E0435	Oxygen system liquid portabl	E1					
E0439	Stationary liquid O2	Y					
E0440	Oxygen system liquid station	E1					
E0441	Stationary o2 contents, gas	Y					
E0442	Stationary o2 contents, liq	Y					
E0443	Portable O2 contents, gas	Y					
E0444	Portable O2 contents, liquid	Y					
E0445	Oximeter non-invasive	N					
E0446	Topical ox deliver sys, nos	A	E1				
E0447	Port o2 cont, liq over 4 lpm	Y					
E0455	Oxygen tent excl croup/ped t	Y					
E0457	Chest shell	E1					
E0459	Chest wrap	E1					
E0462	Rocking bed w/ or w/o side r	Y					
E0465	Home vent invasive interface	Y					
E0466	Home vent non-invasive inter	Y					
E0467	Home vent multi-function	Y					
E0468	Home vent dual fnct incl all	Y					
E0469	Lung expans high oscil neb	Y					
E0470	Rad w/o backup non-inv intrfc	Y					
E0471	Rad w/backup non inv intrfc	Y					
E0472	Rad w backup invasive intrfc	Y					
E0480	Percussor elect/pneum home m	Y					
E0481	Intrpulmnry percuss vent sys	E1					
E0482	Cough stimulating device	Y					
E0483	Hi freq chest wall oscil sys	Y					
E0484	Non-elec oscillatory pep dvc	Y					
E0485	Oral device/appliance prefab	Y					
E0486	Oral device/appliance cusfab	Y					
E0487	Electronic spirometer	N					
E0490	Control unit nm hw remote	E1					
E0491	Oral dv nm mouthpc hw remote	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E0492	Control unit nm stim w phone	E1					
E0493	Oral dv/app neuromus mouthpi	E1					
E0500	Ippb all types	Y					
E0530	Electronic posa treatment	Y					
E0550	Humidif extens suppl w ippb	Y					
E0555	Humidifier for use w/ regula	Y					
E0560	Humidifier supplemental w/ i	Y					
E0561	Humidifier nonheated w pap	Y					
E0562	Humidifier heated used w pap	Y					
E0565	Compressor air power source	Y					
E0570	Nebulizer with compression	Y					
E0572	Aerosol compressor adjust pr	Y					
E0574	Ultrasonic generator w svneb	Y					
E0575	Nebulizer ultrasonic	Y					
E0580	Nebulizer for use w/ regulat	Y					
E0585	Nebulizer w/ compressor & he	Y					
E0600	Suction pump portab hom modl	Y					
E0601	Cont airway pressure device	Y					
E0602	Manual breast pump	Y					
E0603	Electric breast pump	N					
E0604	Hosp grade elec breast pump	A					\$66.80
E0605	Vaporizer room type	Y					
E0606	Drainage board postural	Y					
E0607	Blood glucose monitor home	Y					
E0610	Pacemaker monitr audible/vis	Y					
E0615	Pacemaker monitr digital/vis	Y					
E0616	Cardiac event recorder	N					
E0617	Automatic ext defibrillator	Y					
E0618	Apnea monitor	Y					
E0619	Apnea monitor w recorder	Y					
E0620	Cap bld skin piercing laser	Y					
E0621	Patient lift sling or seat	Y					
E0625	Patient lift bathroom or toi	E1					
E0627	Seat lift mech, electric any	Y					
E0629	Seat lift mech, non-electric	Y					
E0630	Patient lift hydraulic	Y					
E0635	Patient lift electric	Y					
E0636	Pt support & positioning sys	Y					
E0637	Combination sit to stand sys	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E0638	Standing frame sys	E1					
E0639	Moveable patient lift system	E1					
E0640	Fixed patient lift system	E1					
E0641	Multi-position stdn fram sys	E1					
E0642	Dynamic standing frame	E1					
E0650	Pneuma compresor non-segment	Y					
E0651	Pneum compressor segmental	Y					
E0652	Pneum compres w/cal pressure	Y					
E0655	Pneumatic appliance half arm	Y					
E0656	Segmental pneumatic trunk	Y					
E0657	Segmental pneumatic chest	Y					
E0658	Seg pneum comp 2 arm chest	Y					
E0659	Seg pneum comp head neck che	Y					
E0660	Pneumatic appliance full leg	Y					
E0665	Pneumatic appliance full arm	Y					
E0666	Pneumatic appliance half leg	Y					
E0667	Seg pneumatic appl full leg	Y					
E0668	Seg pneumatic appl full arm	Y					
E0669	Seg pneumatic appli half leg	Y					
E0670	Seg pneum int legs/trunk	Y					
E0671	Pressure pneum appl full leg	Y					
E0672	Pressure pneum appl full arm	Y					
E0673	Pressure pneum appl half leg	Y					
E0675	Pneumatic compression device	Y					
E0676	Inter limb compress dev nos	Y					
E0677	Non pneum seq comp trunk	Y					
E0678	Non pneum seq comp full leg	Y					
E0679	Non pneum seq comp half leg	Y					
E0680	Non pneum comp control cal	Y					
E0681	Non pneu comp control w/o ca	Y					
E0682	Non pneum compress full arm	Y					
E0683	Non pneu peristaltic comp pmp	Y					
E0691	Uvl pnl 2 sq ft or less	Y					
E0692	Uvl sys panel 4 ft	Y					
E0693	Uvl sys panel 6 ft	Y					
E0694	Uvl md cabinet sys 6 ft	Y					
E0700	Safety equipment	E1					
E0705	Transfer device	B					
E0710	Restraints any type	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E0711	Ue enclosure restr rom	E1					
E0715	Intravag pelvic floor kegel	E1	A				PCT CHG
E0716	Supp and acces intravag pelv	E1	A				PCT CHG
E0720	Tens two lead	Y					
E0721	Trans elec stim auricular	Y					
E0730	Tens four lead	Y					
E0731	Conductive garment for tens/	Y					
E0732	Ces system	Y					
E0733	Trans elec nerv for trigemin	Y					
E0734	Ext up limb tremor stim wris	Y					
E0735	Non-invasive vagus nerv stim	Y					
E0736	Transcut tibial nerv stimula	A					462.24
E0737	Transcut tibial stim by app	E1					
E0738	Upper extremity rehab	A	E1				
E0739	Rehab sys active assist rt	A	E1				
E0740	Non-implant pelv flr e-stim	Y					
E0743	Ext low ext nerve stimu rls	Y					
E0744	Neuromuscular stim for scoli	Y					
E0745	Neuromuscular stim for shock	Y					
E0746	Electromyograph biofeedback	N	E1				
E0747	Elec osteogen stim not spine	Y					
E0748	Elec osteogen stim spinal	Y					
E0749	Elec osteogen stim implanted	N	E1				
E0755	Electronic salivary reflex s	E1					
E0760	Osteogen ultrasound stimltor	Y					
E0761	Nontherm electromgntc device	E1					
E0762	Trans elec jt stim dev sys	B					
E0764	Functional neuromuscularstim	Y					
E0765	Nerve stimulator for tx n&v	E1	A				\$105.79
E0766	Elec stim cancer treatment	Y					
E0767	Intrabuc am rf emf cancer tx	Y					
E0769	Electric wound treatment dev	B					
E0770	Functional electric stim nos	Y					
E0776	Iv pole	Y					
E0779	Amb infusion pump mechanical	Y					
E0780	Mech amb infusion pump <8hrs	Y					
E0781	External ambulatory infus pu	Y					
E0782	Non-programable infusion pump	N					
E0783	Programmable infusion pump	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E0784	Ext amb infusn pump insulin	Y					
E0785	Replacement impl pump cathet	N					
E0786	Implantable pump replacement	N					
E0787	Cgs dose adj insulin inf pmp	E1					
E0791	Parenteral infusion pump sta	Y					
E0830	Ambulatory traction device	N					
E0840	Tract frame attach headboard	Y					
E0849	Cervical pneum trac equip	Y					
E0850	Traction stand free standing	Y					
E0855	Cervical traction equipment	Y					
E0856	Cervic collar w air bladders	Y					
E0860	Tract equip cervical tract	Y					
E0870	Tract frame attach footboard	Y					
E0880	Trac stand free stand extrem	Y					
E0890	Traction frame attach pelvic	Y					
E0900	Trac stand free stand pelvic	Y					
E0910	Trapeze bar attached to bed	Y					
E0911	Hd trapeze bar attach to bed	Y					
E0912	Hd trapeze bar free standing	Y					
E0920	Fracture frame attached to b	Y					
E0930	Fracture frame free standing	Y					
E0935	Cont pas motion exercise dev	Y					
E0936	Cpm device, other than knee	E1					
E0940	Trapeze bar free standing	Y					
E0941	Gravity assisted traction de	Y					
E0942	Cervical head harness/halter	Y					
E0944	Pelvic belt/harness/boot	Y					
E0945	Belt/harness extremity	Y					
E0946	Fracture frame dual w cross	Y					
E0947	Fracture frame attachmnts pe	Y					
E0948	Fracture frame attachmnts ce	Y					
E0950	Tray	Y					
E0951	Loop heel	Y					
E0952	Toe loop/holder, each	Y					
E0953	W/c lateral thigh/knee sup	Y					
E0954	Foot box, any type each foot	Y					
E0955	Cushioned headrest	Y					
E0956	W/c lateral trunk/hip suppor	Y					
E0957	W/c medial thigh support	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E0958	Whlchr att- conv 1 arm drive	Y					
E0959	Amputee adapter	B					
E0960	W/c shoulder harness/straps	Y					
E0961	Wheelchair brake extension	B					
E0966	Wheelchair head rest extensi	B					
E0967	Man wc rim/projection rep ea	Y					
E0968	Wheelchair commode seat	Y					
E0969	Wheelchair narrowing device	Y					
E0970	Wheelchair no. 2 footplates	E1					
E0971	Wheelchair anti-tipping devi	B					
E0973	W/ch access det adj armrest	B					
E0974	W/ch access anti-rollback	B					
E0978	W/c acc,saf belt pelv strap	B					
E0980	Wheelchair safety vest	Y					
E0981	Seat upholstery, replacement	Y					
E0982	Back upholstery, replacement	Y					
E0983	Add pwr joystick	Y					
E0984	Add pwr tiller	Y					
E0985	W/c seat lift mechanism	Y					
E0986	Man w/c push-rim powr system	Y					
E0988	Lever-activated wheel drive	Y					
E0990	Wheelchair elevating leg res	B					
E0992	Wheelchair solid seat insert	B					
E0994	Wheelchair arm rest	Y					
E0995	Wc calf rest, pad replacemnt	B					
E1002	Pwr seat tilt	Y					
E1003	Pwr seat recline	Y					
E1004	Pwr seat recline mech	Y					
E1005	Pwr seat recline pwr	Y					
E1006	Pwr seat combo w/o shear	Y					
E1007	Pwr seat combo w/shear	Y					
E1008	Pwr seat combo pwr shear	Y					
E1009	Add mech leg elevation	Y					
E1010	Add pwr leg elevation	Y					
E1011	Ped wc modify width adjustm	Y					
E1012	Ctr mount pwr elev leg rest	Y					
E1014	Reclining back add ped w/c	Y					
E1015	Shock absorber for man w/c	Y					
E1016	Shock absorber for power w/c	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E1017	Hd shck absrbr for hd man wc	Y					
E1018	Hd shck absrber for hd powwc	Y					
E1020	Residual limb support system	Y					
E1022	Wheelchr transport secur	Y					
E1023	Wheelchr transit securement	Y					
E1028	W/c manual swingaway	Y					
E1029	W/c vent tray fixed	Y					
E1030	W/c vent tray gimbaled	Y					
E1031	Rollabout chair with casters	Y					
E1032	Wheelchair joystick drive	Y					
E1033	Wheelchair hardware headrest	Y					
E1034	Wheelchair trunk hip support	Y					
E1035	Patient transfer system <300	Y					
E1036	Patient transfer system >300	Y					
E1037	Transport chair, ped size	Y					
E1038	Transport chair pt wt<=300lb	Y					
E1039	Transport chair pt wt >300lb	Y					
E1050	Whelchr fxd full length arms	Y					
E1060	Wheelchair detachable arms	Y					
E1070	Wheelchair detachable foot r	Y					
E1083	Hemi-wheelchair fixed arms	Y					
E1084	Hemi-wheelchair detachable a	Y					
E1085	Hemi-wheelchair fixed arms	E1					
E1086	Hemi-wheelchair detachable a	E1					
E1087	Wheelchair lightwt fixed arm	Y					
E1088	Wheelchair lightweight det a	Y					
E1089	Wheelchair lightwt fixed arm	E1					
E1090	Wheelchair lightweight det a	E1					
E1092	Wheelchair wide w/ leg rests	Y					
E1093	Wheelchair wide w/ foot rest	Y					
E1100	Whchr s-recl fxd arm leg res	Y					
E1110	Wheelchair semi-recl detach	Y					
E1130	Whlchr stand fxd arm ft rest	E1					
E1140	Wheelchair standard detach a	E1					
E1150	Wheelchair standard w/ leg r	Y					
E1160	Wheelchair fixed arms	Y					
E1161	Manual adult wc w tiltinspac	Y					
E1170	Whlchr ampu fxd arm leg rest	Y					
E1171	Wheelchair amputee w/o leg r	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E1172	Wheelchair amputee detach ar	Y					
E1180	Wheelchair amputee w/ foot r	Y					
E1190	Wheelchair amputee w/ leg re	Y					
E1195	Wheelchair amputee heavy dut	Y					
E1200	Wheelchair amputee fixed arm	Y					
E1220	Whlchr special size/constrc	Y					
E1221	Wheelchair spec size w foot	Y					
E1222	Wheelchair spec size w/ leg	Y					
E1223	Wheelchair spec size w foot	Y					
E1224	Wheelchair spec size w/ leg	Y					
E1225	Manual semi-reclining back	Y					
E1226	Manual fully reclining back	B					
E1227	Wheelchair spec sz spec ht a	Y					
E1228	Wheelchair spec sz spec ht b	Y					
E1229	Pediatric wheelchair nos	Y					
E1230	Power operated vehicle	Y					
E1231	Rigid ped w/c tilt-in-space	Y					
E1232	Folding ped wc tilt-in-space	Y					
E1233	Rig ped wc tltnspc w/o seat	Y					
E1234	Fld ped wc tltnspc w/o seat	Y					
E1235	Rigid ped wc adjustable	Y					
E1236	Folding ped wc adjustable	Y					
E1237	Rgd ped wc adjstabl w/o seat	Y					
E1238	Fld ped wc adjstabl w/o seat	Y					
E1239	Ped power wheelchair nos	Y					
E1240	Whchr litwt det arm leg rest	Y					
E1250	Wheelchair lightwt fixed arm	E1					
E1260	Wheelchair lightwt foot rest	E1					
E1270	Wheelchair lightweight leg r	Y					
E1280	Whchr h-duty det arm leg res	Y					
E1285	Wheelchair heavy duty fixed	E1					
E1290	Wheelchair hvy duty detach a	E1					
E1295	Wheelchair heavy duty fixed	Y					
E1296	Wheelchair special seat heig	Y					
E1297	Wheelchair special seat dept	Y					
E1298	Wheelchair spec seat depth/w	Y					
E1300	Whirlpool portable	E1					
E1301	Whirlpool tub walkin portabl	E1					
E1310	Whirlpool non-portable	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E1352	O2 flow reg pos inspir press	Y					
E1353	Oxygen supplies regulator	Y					
E1354	Wheeled cart, port cyl/conc	Y					
E1355	Oxygen supplies stand/rack	Y					
E1356	Batt pack/cart, port conc	Y					
E1357	Battery charger, port conc	Y					
E1358	Dc power adapter, port conc	Y					
E1372	Oxy suppl heater for nebuliz	Y					
E1390	Oxygen concentrator	Y					
E1391	Oxygen concentrator, dual	Y					
E1392	Portable oxygen concentrator	Y					
E1399	Durable medical equipment mi	Y					
E1405	O2/water vapor enrich w/heat	Y					
E1406	O2/water vapor enrich w/o he	Y					
E1500	Centrifuge	A					PCT CHG
E1510	Kidney dialysate delivry sys	A					PCT CHG
E1520	Heparin infusion pump	A					PCT CHG
E1530	Replacement air bubble detec	A					PCT CHG
E1540	Replacement pressure alarm	A					PCT CHG
E1550	Bath conductivity meter	A					PCT CHG
E1560	Replace blood leak detector	A					PCT CHG
E1570	Adjustable chair for esrd pt	A					PCT CHG
E1575	Transducer protect/fld bar	A	E1				
E1580	Unipuncture control system	A					PCT CHG
E1590	Hemodialysis machine	A					PCT CHG
E1592	Auto interm peritoneal dialy	A					PCT CHG
E1594	Cycler dialysis machine	A					PCT CHG
E1600	Deli/install chrg hemo equip	A					PCT CHG
E1610	Reverse osmosis h2o puri sys	A					PCT CHG
E1615	Deionizer h2o puri system	A					PCT CHG
E1620	Replacement blood pump	A					PCT CHG
E1625	Water softening system	A					PCT CHG
E1629	Tablo for dialysis service	A					PCT CHG
E1630	Reciprocating peritoneal dia	A					PCT CHG
E1632	Wearable artificial kidney	A					PCT CHG
E1634	Peritoneal dialysis clamp	B					
E1635	Compact travel hemodialyzer	A					PCT CHG
E1636	Sorbent cartridges per 10	A					PCT CHG
E1637	Hemostats for dialysis, each	A					PCT CHG

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E1639	Scale, each	A	E1				
E1699	Dialysis equipment noc	A					PCT CHG
E1700	Jaw motion rehab system	Y					
E1701	Repl cushions for jaw motion	Y					
E1702	Repl measr scales jaw motion	Y					
E1800	Adjust elbow ext/flex device	Y					
E1801	Sps elbow device	Y					
E1802	Adjst forearm pro/sup device	Y					
E1803	Adjust elbow extension dev	Y					
E1804	Adjust elbow flexion dev	Y					
E1805	Adjust wrist ext/flex device	Y					
E1806	Sps wrist device	Y					
E1807	Adjust wrist extension dev	Y					
E1808	Adjust wrist flexion device	Y					
E1810	Adjust knee ext/flex device	Y					
E1811	Sps knee device	Y					
E1812	Knee ext/flex w act res ctrl	Y					
E1813	Adjust knee extension device	Y					
E1814	Adjust knee flexion device	Y					
E1815	Adjust ankle ext/flex device	Y					
E1816	Sps ankle device	Y					
E1818	Sps forearm device	Y					
E1820	Soft interface material	Y					
E1821	Replacement interface spsd	Y					
E1822	Adjust ankle extension dev	Y					
E1823	Adjust ankle flexion device	Y					
E1825	Adjust finger ext/flex devc	Y					
E1826	Adjust finger extension dev	Y					
E1827	Adjust finger flexion device	Y					
E1828	Adjust toe extension device	Y					
E1829	Adjust toe flexion device	Y					
E1830	Adjust toe ext/flex device	Y					
E1831	Static str toe dev ext/flex	Y					
E1832	Sps finger device	Y					
E1840	Adj shoulder ext/flex device	Y					
E1841	Static str shldr dev rom adj	Y					
E1902	Aac non-electronic board	Y					
E1905	Vr cbt therapy	A	E1				
E2000	Gastric suction pump hme mdl	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E2001	Suct pum ext urine mgmt sys	Y					
E2100	Bld glucose monitor w voice	Y					
E2101	Bld glucose monitor w lance	Y					
E2102	Adju cgm receiver/monitor	Y					
E2103	Non-adju cgm receiver/mon	Y					
E2104	Glucose monitor w cartridge	A					48.1100
E2120	Pulse gen sys tx endolymph fl	Y					
E2201	Man w/ch acc seat w>=20"<24"	Y					
E2202	Seat width 24-27 in	Y					
E2203	Frame depth less than 22 in	Y					
E2204	Frame depth 22 to 25 in	Y					
E2205	Manual wc accessory, handrim	Y					
E2206	Man wc whl lock comp repl ea	Y					
E2207	Crutch and cane holder	Y					
E2208	Cylinder tank carrier	Y					
E2209	Arm trough each	Y					
E2210	Wheelchair bearings	Y					
E2211	Pneumatic propulsion tire	Y					
E2212	Pneumatic prop tire tube	Y					
E2213	Pneumatic prop tire insert	Y					
E2214	Pneumatic caster tire each	Y					
E2215	Pneumatic caster tire tube	Y					
E2216	Foam filled propulsion tire	Y					
E2217	Foam filled caster tire each	Y					
E2218	Foam propulsion tire each	Y					
E2219	Foam caster tire any size ea	Y					
E2220	Solid propuls tire, repl, ea	Y					
E2221	Solid caster tire repl, each	Y					
E2222	Solid caster integ whl, repl	Y					
E2224	Propulsion whl excl tire rep	Y					
E2225	Caster wheel excludes tire	Y					
E2226	Caster fork replacement only	Y					
E2227	Gear reduction drive wheel	Y					
E2228	Mwc acc, wheelchair brake	Y					
E2230	Manual standing system	Y					
E2231	Solid seat support base	Y					
E2291	Planar back for ped size wc	Y					
E2292	Planar seat for ped size wc	Y					
E2293	Contour back for ped size wc	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E2294	Contour seat for ped size wc	Y					
E2295	Ped dynamic seating frame	Y					
E2298	Pwr seat elev sys for crt	Y					
E2301	Pwr standing	Y					
E2310	Electro connect btw control	Y					
E2311	Electro connect btw 2 sys	Y					
E2312	Mini-prop remote joystick	Y					
E2313	Pwc harness, expand control	Y					
E2321	Hand interface joystick	Y					
E2322	Mult mech switches	Y					
E2323	Special joystick handle	Y					
E2324	Chin cup interface	Y					
E2325	Sip and puff interface	Y					
E2326	Breath tube kit	Y					
E2327	Head control interface mech	Y					
E2328	Head/extremity control inter	Y					
E2329	Head control nonproportional	Y					
E2330	Head control proximity switc	Y					
E2331	Attendant control	Y					
E2340	W/c width 20-23 in seat frame	Y					
E2341	W/c width 24-27 in seat frame	Y					
E2342	W/c dpth 20-21 in seat frame	Y					
E2343	W/c dpth 22-25 in seat frame	Y					
E2351	Electronic sgd interface	Y					
E2358	Gr 34 nonsealed leadacid	Y					
E2359	Gr34 sealed leadacid battery	Y					
E2360	22nf nonsealed leadacid	Y					
E2361	22nf sealed leadacid battery	Y					
E2362	Gr24 nonsealed leadacid	Y					
E2363	Gr24 sealed leadacid battery	Y					
E2364	U1nonsealed leadacid battery	Y					
E2365	U1 sealed leadacid battery	Y					
E2366	Battery charger, single mode	Y					
E2367	Battery charger, dual mode	Y					
E2368	Pwr wc drivewheel motor repl	Y					
E2369	Pwr wc drivewheel gear repl	Y					
E2370	Pwr wc dr wh motor/gear comb	Y					
E2371	Gr27 sealed leadacid battery	Y					
E2372	Gr27 non-sealed leadacid	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E2373	Hand/chin ctrl spec joystick	Y					
E2374	Hand/chin ctrl std joystick	Y					
E2375	Non-expandable controller	Y					
E2376	Expandable controller, repl	Y					
E2377	Expandable controller, initl	Y					
E2378	Pw actuator replacement	Y					
E2381	Pneum drive wheel tire	Y					
E2382	Tube, pneum wheel drive tire	Y					
E2383	Insert, pneum wheel drive	Y					
E2384	Pneumatic caster tire	Y					
E2385	Tube, pneumatic caster tire	Y					
E2386	Foam filled drive wheel tire	Y					
E2387	Foam filled caster tire	Y					
E2388	Foam drive wheel tire	Y					
E2389	Foam caster tire	Y					
E2390	Solid drive wheel tire	Y					
E2391	Solid caster tire	Y					
E2392	Solid caster tire, integrate	Y					
E2394	Drive wheel excludes tire	Y					
E2395	Caster wheel excludes tire	Y					
E2396	Caster fork	Y					
E2397	Pwc acc, lith-based battery	Y					
E2398	Wc dynamic pos back hardware	Y					
E2402	Neg press wound therapy pump	Y					
E2500	Sgd digitized pre-rec <=8min	Y					
E2502	Sgd prerec msg >8min <=20min	Y					
E2504	Sgd prerec msg>20min <=40min	Y					
E2506	Sgd prerec msg > 40 min	Y					
E2508	Sgd spelling phys contact	Y					
E2510	Sgd w multi methods msg/accs	Y					
E2511	Sgd sftwre prgrm for pc/pda	Y					
E2512	Sgd accessory, mounting sys	Y					
E2513	Sgd accessory, emg sensor	Y					
E2599	Sgd accessory noc	Y					
E2601	Gen w/c cushion wdth < 22 in	Y					
E2602	Gen w/c cushion wdth >=22 in	Y					
E2603	Skin protect wc cus wd <22in	Y					
E2604	Skin protect wc cus wd>=22in	Y					
E2605	Position wc cush wdth <22 in	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

E2606	Position wc cush wdth>=22 in	Y					
E2607	Skin pro/pos wc cus wd <22in	Y					
E2608	Skin pro/pos wc cus wd>=22in	Y					
E2609	Custom fabricate w/c cushion	Y					
E2610	Powered w/c cushion	B					
E2611	Gen use back cush wdth <22in	Y					
E2612	Gen use back cush wdth>=22in	Y					
E2613	Position back cush wd <22in	Y					
E2614	Position back cush wd>=22in	Y					
E2615	Pos back post/lat wdth <22in	Y					
E2616	Pos back post/lat wdth>=22in	Y					
E2617	Custom fab w/c back cushion	Y					
E2619	Replace cover w/c seat cush	Y					
E2620	Wc planar back cush wd <22in	Y					
E2621	Wc planar back cush wd>=22in	Y					
E2622	Adj skin pro w/c cus wd<22in	Y					
E2623	Adj skin pro wc cus wd>=22in	Y					
E2624	Adj skin pro/pos cus<22in	Y					
E2625	Adj skin pro/pos wc cus>=22	Y					
E2626	Seo mobile arm sup att to wc	Y					
E2627	Arm supp att to wc rancho ty	Y					
E2628	Mobile arm supports reclinin	Y					
E2629	Friction dampening arm supp	Y					
E2630	Monosuspension arm/hand supp	Y					
E2631	Elevat proximal arm support	Y					
E2632	Offset/lat rocker arm w/ela	Y					
E2633	Mobile arm support supinator	Y					
E3000	Speech volume modulation sys	Y					
E3200	Gait mod systm rhym auditory	Y	E1				
E8000	Posterior gait trainer	E1					
E8001	Upright gait trainer	E1					
E8002	Anterior gait trainer	E1					
G0008	Admin influenza virus vac	S	E1				
G0009	Admin pneumococcal vaccine	S	E1				
G0010	Admin hepatitis b vaccine	S	E1				
G0011	Hiv prep counsel, md 15-30m	M					
G0012	Injection of hiv prep drug	S		5692	Level 2 Drug Administration	0.7982	
G0013	Hiv prep counsel, clin staff	S		5821	Level 1 Health and Behavior Services	0.3341	
G0017	Crisis psychotherapy 60m	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G0018	Crisis psychotherapy add 30m	M					
G0019	Comm hlth intg svs sdoh 60mn	S	E1				
G0022	Comm hlth intg svs add 30 m	N	E1				
G0023	Pin service 60m per month	S	E1				
G0024	Pin srv add 30 min pr m	N	E1				
G0027	Semen analysis	Q4	E1				
G0029	No tob scr/cess int	M					
G0030	Pt scr tob & cess int	M					
G0031	Pall serv during meas	M					
G0032	2+ antipsy schiz	M					
G0033	2+ benzo seiz	M					
G0034	Pall serv during meas	M					
G0035	Pt ed pos 23	M					
G0036	Pt/ptn decln assess	M					
G0037	Pt not able to participate	M					
G0038	Clin pt no ref	M					
G0039	Pt no ref, rn spec	M					
G0040	Pt phys/occ therapy	M					
G0041	Pt/ptn decln referral	M					
G0042	Ref to therapy	M					
G0043	Pt mech pros ht valv	M					
G0044	Pt mitral stenosis	M					
G0045	Mrs 90 days post stk	M					
G0046	No mrs 90 days post stk	M					
G0047	Ped blunt hd traum	M					
G0048	Pall serv during meas	M					
G0049	Main hemo in-cntr	M					
G0050	Pt w/ lmted life expec	M					
G0051	Pt hospice mnth	M					
G0052	Pt peri dialysis dur mo	M					
G0053	Adv rheum pt care mvp	M					
G0054	Strk cr prev pos outcme mvp	M					
G0055	Adv care heart dx mvp	M					
G0057	Best pct pt safety em mvp	M					
G0058	Imprv care le jnt repr mvp	M					
G0059	Pt sfty pos exp w aneth mvp	M					
G0060	Allergy/immunology ss	M					
G0061	Anesthesiology ss	M					
G0062	Audiology ss	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G0063	Cardiology ss	M					
G0064	Cert nurse midwife ss	M					
G0065	Chiropractic ss	M					
G0066	Clinical social work ss	M					
G0067	Dentistry ss	M					
G0068	Adm iv infusion drug in home	A	E1				
G0069	Adm sq infusion drug in home	A	E1				
G0070	Adm of chemo drug in home	A	E1				
G0071	Comm svcs by rhc/fqhc 5 min	A	E1				
G0076	Care manag h vst new pt 20 m	B					
G0077	Care manag h vst new pt 30 m	B					
G0078	Care manag h vst new pt 45 m	B					
G0079	Care manag h vst new pt 60 m	B					
G0080	Care manag h vst new pt 75 m	B					
G0081	Care man h v ext pt 20 mi	B					
G0082	Care man h v ext pt 30 m	B					
G0083	Care man h v ext pt 45 m	B					
G0084	Care man h v ext pt 60 m	B					
G0085	Care man h v ext pt 75 m	B					
G0086	Care man home care plan 30 m	B					
G0087	Care man home care plan 60 m	B					
G0088	Adm iv drug 1st home visit	A	E1				
G0089	Adm subq drug 1st home visit	A	E1				
G0090	Adm iv chemo 1st home visit	A	E1				
G0101	Ca screen;pelvic/breast exam	S		5822	Level 2 Health and Behavior Services	1.0374	
G0102	Prostate ca screening; dre	N					
G0103	Psa screening	A					\$19.31
G0104	Ca screen;flexi sigmoidscope	T		5311	Level 1 Lower GI Procedures	10.2245	
G0105	Colorectal scrn; hi risk ind	T		5311	Level 1 Lower GI Procedures	10.2245	
G0108	Diab manage trn per indiv	A					\$48.70
G0109	Diab manage trn ind/group	A					\$15.00
G0117	Glaucoma scrn hgh risk direc	S		5731	Level 1 Minor Procedures	0.2747	
G0118	Glaucoma scrn hgh risk direc	S		5732	Level 2 Minor Procedures	0.4402	
G0121	Colon ca scrn not hi rsk ind	T		5311	Level 1 Lower GI Procedures	10.2245	
G0123	Screen cerv/vag thin layer	A	E1				
G0124	Screen c/v thin layer by md	B					
G0127	Trim nail(s)	Q1	E1				
G0128	Corf skilled nursing service	B					
G0129	Php/iop ot service	P					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G0130	Single energy x-ray study	S		5522	Level 2 Imaging without Contrast	1.1926	
G0136	Adm of soc dtr assess 5-15 m	S	E1				
G0137	Inten outpt svcs,min 9 pr 7 d	A	E1				
G0138	Iv cipaglucoisidase alfa-atga	S	E1				
G0140	Nav srv peer sup 60 min pr m	S	E1				
G0141	Scr c/v cyto,autosys and md	B					
G0143	Scr c/v cyto,thinlayer,rescr	A	E1				
G0144	Scr c/v cyto,thinlayer,rescr	A	E1				
G0145	Scr c/v cyto,thinlayer,rescr	A	E1				
G0146	Nav srv peer sup add 30 pr m	N	E1				
G0147	Scr c/v cyto, automated sys	A					\$18.19
G0148	Scr c/v cyto, autosys, rescr	A					\$31.94
G0151	Hhcv-serv of pt,ea 15 min	B					
G0152	Hhcv-serv of ot,ea 15 min	B					
G0153	Hhcv-svs of s/l path,ea 15mn	B					
G0155	Hhcv-svs of csw,ea 15 min	B					
G0156	Hhcv-svs of aide,ea 15 min	B					
G0157	Hhc pt assistant ea 15	B					
G0158	Hhc ot assistant ea 15	B					
G0159	Hhc pt maint ea 15 min	B					
G0160	Hhc occup therapy ea 15	B					
G0161	Hhc slp ea 15 min	B					
G0162	Hhc rn e&m plan svcs, 15 min	B					
G0166	Extrnl counterpulse, per tx	Q1		5734	Level 4 Minor Procedures	1.4456	
G0168	Wound closure by adhesive	B					
G0175	Opps service,sched team conf	V		5024	Level 4 Type A ED Visits	4.7754	
G0176	Opps/php/iop; activity thrpy	P					
G0177	Opps/php; train & educ serv	N					
G0179	Md recertification hha pt	M					
G0180	Md certification hha patient	M					
G0181	Home health care supervision	M					
G0182	Hospice care supervision	M					
G0183	Software meas of cardiac vol	S	E1				
G0186	Dstry eye lesn,fdr vssl tech	T		5481	Laser Eye Procedures	6.1524	
G0219	Pet img wholbod melano nonco	E1					
G0235	Pet not otherwise specified	S	E1				
G0237	Therapeutic procd strg endur	S		5731	Level 1 Minor Procedures	0.2747	
G0238	Oth resp proc, indiv	S		5731	Level 1 Minor Procedures	0.2747	
G0239	Oth resp proc, group	S		5732	Level 2 Minor Procedures	0.4402	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G0245	Initial foot exam pt lops	V	E1				
G0246	Followup eval of foot pt lop	V	E1				
G0247	Routine footcare pt w lops	Q1	E1				
G0248	Demonstrate use home inr mon	V	E1				
G0249	Provide inr test mater/equip	V	E1				
G0250	Md inr test revie inter mgmt	M					
G0252	Pet imaging initial dx	E1					
G0255	Current percep threshold tst	E1					
G0257	Unsched dialysis esrd pt hos	S		5401	Dialysis	7.8471	
G0259	Inject for sacroiliac joint	N					
G0260	Inj for sacroiliac jt anesth	T		5442	Level 2 Nerve Injections	7.7664	
G0268	Removal of impacted wax md	N	E1				
G0269	Occlusive device in vein art	N					
G0270	Mnt subs tx for change dx	A	E1				
G0271	Group mnt 2 or more 30 mins	A	E1				
G0276	Pild/placebo control clin tr	J1	E1				
G0277	Hbot, full body chamber, 30m	S		5061	Hyperbaric Oxygen	1.5465	
G0278	Iliac art angio,cardiac cath	N					
G0279	Tomosynthesis, mammo	A					\$42.10
G0281	Elec stim unattend for press	A	E1				
G0282	Elect stim wound care not pd	E1					
G0283	Elec stim other than wound	A	E1				
G0288	Recon, cta for surg plan	N					
G0289	Arthro, loose body + chondro	N	E1				
G0293	Non-cov surg proc,clin trial	Q1		5732	Level 2 Minor Procedures	0.4402	
G0294	Non-cov proc, clinical trial	Q1		5732	Level 2 Minor Procedures	0.4402	
G0295	Electromagnetic therapy onc	E1					
G0296	Visit to determ ldct elig	S	E1				
G0299	Hhs/hospice of rn ea 15 min	B					
G0300	Hhs/hospice of lpn ea 15 min	B					
G0302	Pre-op service lhrs complete	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
G0303	Pre-op service lhrs 10-15dos	S		5722	Level 2 Diagnostic Tests and Related Services	3.4922	
G0304	Pre-op service lhrs 1-9 dos	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
G0305	Post op service lhrs min 6	S		5723	Level 3 Diagnostic Tests and Related Services	5.9505	
G0306	Cbc/diffwbc w/o platelet	Q4					\$7.77
G0307	Cbc without platelet	Q4					\$6.47
G0310	Immunize counsel 5-15 min	E1					
G0311	Immunize counsel 16-30 mins	E1					
G0312	Immunize couns < 21yr 5-15 m	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G0313	Immunize couns < 21yr 6-30 m	E1					
G0314	Counsel immune <21 16-30 m	E1					
G0315	Counsel immune <21 5-15 m	E1					
G0316	Prolong inpt eval add15 m	N					
G0317	Prolong nursin fac eval 15m	B					
G0318	Prolong home eval add 15m	B					
G0320	Two-way audio and video hhs	A	E1				
G0321	Audio-only hhs	A	E1				
G0322	Home h physio data collec tr	A	E1				
G0323	Care manage beh svs 20mins	S	E1				
G0327	Colon ca scrn;bld-bsd biomrk	A	E1				
G0328	Fecal blood scrn immunoassay	A	E1				
G0329	Electromagntic tx for ulcers	A	E1				
G0330	Facility svs dental rehab	J1	A				\$1,249.95
G0333	Dispense fee initial 30 day	M					
G0337	Hospice evaluation preelecti	B					
G0339	Robot lin-radsurg com, first	B					
G0340	Robt lin-radsurg fractx 2-5	B					
G0341	Percutaneous islet celltrans	C					
G0342	Laparoscopy islet cell trans	C					
G0343	Laparotomy islet cell transp	C					
G0372	Md service required for pmd	M					
G0378	Hospital observation per hr	N					
G0379	Direct refer hospital observ	J2		5025	Level 5 Type A ED Visits	6.8757	
G0380	Lev 1 hosp type b ed visit	J2	E1				
G0381	Lev 2 hosp type b ed visit	J2	E1				
G0382	Lev 3 hosp type b ed visit	J2	E1				
G0383	Lev 4 hosp type b ed visit	J2	E1				
G0384	Lev 5 hosp type b ed visit	J2	E1				
G0390	Trauma respons w/hosp criti	S	E1				
G0396	Alcohol/subs interv 15-30mn	S	E1				
G0397	Alcohol/subs interv >30 min	S	E1				
G0398	Home sleep test/type 2 porta	S	E1				
G0399	Home sleep test/type 3 porta	S		5721	Level 1 Diagnostic Tests and Related Services	1.7546	
G0400	Home sleep test/type 4 porta	S	E1				
G0402	Initial preventive exam	V	E1				
G0403	Ekg for initial prevent exam	M					
G0404	Ekg tracing for initial prev	S		5731	Level 1 Minor Procedures	0.2747	
G0405	Ekg interpret & report preve	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G0406	Inpt/tele follow up 15	B					
G0407	Inpt/tele follow up 25	B					
G0408	Inpt/tele follow up 35	B					
G0409	Corf related serv 15 mins ea	B					
G0410	Grp psych php/iop 45-50	P					
G0411	Interactive grp psyc php/iop	P					
G0412	Open tx iliac spine uni/bil	C					
G0413	Pelvic ring fracture uni/bil	J1		5114	Level 4 Musculoskeletal Procedures	80.1145	
G0414	Pelvic ring fx treat int fix	C					
G0415	Open tx post pelvic fxcture	C					
G0416	Prostate biopsy, any mthd	Q2		5673	Level 3 Pathology	4.0341	
G0420	Ed svc ckd ind per session	A	E1				
G0421	Ed svc ckd grp per session	A	E1				
G0422	Intens cardiac rehab w/exerc	S	E1				
G0423	Intens cardiac rehab no exer	S	E1				
G0425	Inpt/ed teleconsult30	B					
G0426	Inpt/ed teleconsult50	B					
G0427	Inpt/ed teleconsult70	B					
G0428	Collagen meniscus implant	E1					
G0429	Dermal filler injection(s)	T		5054	Level 4 Skin Procedures	20.5142	
G0432	Eia hiv-1/hiv-2 screen	A	E1				
G0433	Elisa hiv-1/hiv-2 screen	A	E1				
G0435	Oral hiv-1/hiv-2 screen	A	E1				
G0438	Ppps, initial visit	A	E1				
G0439	Ppps, subseq visit	A	E1				
G0442	Annual alcohol screen 15 min	S	E1				
G0443	Brief alcohol misuse counsel	S	E1				
G0444	Depression screen annual	S	E1				
G0445	High inten beh couns std 30m	S		5822	Level 2 Health and Behavior Services	1.0374	
G0446	Intens behave ther cardio dx	S	E1				
G0447	Behavior counsel obesity 15m	S	E1				
G0448	Place perm pacing cardiovert	B					
G0451	Devlopment test interpt&rep	Q3	E1				
G0452	Molecular pathology interpr	B					
G0453	Cont intraop neuro monitor	N	E1				
G0454	Md document visit by npp	B					
G0455	Fecal microbiota prep instil	T	E1				
G0458	Ldr prostate brachy comp rat	B					
G0459	Telehealth inpt pharm mgmt	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G0460	Autolog prp not diab ulcer	T		5054	Level 4 Skin Procedures	20.5142	
G0463	Hospital outpt clinic visit	J2		5012	Clinic Visits and Related Services	1.4452	
G0465	Autolog prp diab wound ulcer	T		5054	Level 4 Skin Procedures	20.5142	
G0466	Fqhc visit new patient	A	E1				
G0467	Fqhc visit, estab pt	A	E1				
G0468	Fqhc visit, ippe or awv	A	E1				
G0469	Fqhc visit, mh new pt	A	E1				
G0470	Fqhc visit, mh estab pt	A	E1				
G0471	Ven blood coll snf/hha	A					\$11.09
G0472	Hep c screen high risk/other	A	E1				
G0473	Group behave couns 2-10	S	E1				
G0475	Hiv combination assay	A					\$24.08
G0476	Hpv combo assay ca screen	A					\$35.09
G0480	Drug test def 1-7 classes	Q4					\$114.43
G0481	Drug test def 8-14 classes	Q4					\$156.59
G0482	Drug test def 15-21 classes	Q4					\$198.74
G0483	Drug test def 22+ classes	Q4					\$246.92
G0490	Home visit rn, lpn by rhc/fq	A	E1				
G0491	Dialysis acu kidney no esrd	B					
G0492	Md/oth eval acut kid no esrd	B					
G0493	Rn care ea 15 min hh/hospice	B					
G0494	Lpn care ea 15min hh/hospice	B					
G0495	Rn care train/edu in hh	B					
G0496	Lpn care train/edu in hh	B					
G0498	Chemo extend iv infus w/pump	S		5694	Level 4 Drug Administration	3.7198	
G0499	Hepb screen high risk indiv	A	E1				
G0500	Mod sedat endo service >5yrs	N					
G0501	Resource-inten svc during ov	N					
G0506	Comp asses care plan ccm svc	N					
G0508	Crit care telehea consult 60	B					
G0509	Crit care telehea consult 50	B					
G0511	Ccm/bhi by rhc/fqhc 20min mo	A	E1				
G0512	Cocm by rhc/fqhc 60 min mo	A	E1				
G0513	Prolong prev svcs, first 30m	N	E1				
G0514	Prolong prev svcs, addl 30m	N	E1				
G0516	Insert drug del implant, >=4	Q1	E1				
G0517	Remove drug implant	Q1	E1				
G0518	Remove w insert drug implant	Q1	E1				
G0519	New pt-cg dyad dem low cmplx	M	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G0520	New pt-cg dyad dem mod cmplx	M	E1				
G0521	New pt-cg dyad dem hig cmplx	M	E1				
G0522	Mgt nw pt dementia low cmplx	M	E1				
G0523	Mgt nw pt dem mod-high cmplx	M	E1				
G0524	Est pt-cg dyad dem low cmplx	M	E1				
G0525	Est pt-cg dyad dem mod cmplx	M	E1				
G0526	Est pt-cg dyad dem hig cmplx	M	E1				
G0527	Mgt est pt dmentia low cmplx	M	E1				
G0528	Mgt est pt dem mod-hi cmplx	M	E1				
G0529	In home respite care, 4 hr u	M	E1				
G0530	Adult daycare center, 8 hr u	M	E1				
G0531	Fclty-based respite, 24 hr u	M	E1				
G0532	Take home supp nasal spray	A					PCT CHG
G0533	Buprenorphone inj weekly	A					PCT CHG
G0534	Coordinated care/or referral	A					PCT CHG
G0535	Pt navigat svcs direct/ref	A					PCT CHG
G0536	Peer recover support svcs	A					PCT CHG
G0537	Risk ascvdtst once pr 12 mo	S		5821	Level 1 Health and Behavior Services	0.3341	
G0538	Ascvdrsk mng clin stf pr mo	S		5822	Level 2 Health and Behavior Services	1.0374	
G0539	Initial care training 30 m	A					PCT CHG
G0540	Train for caregiver add 15	A					PCT CHG
G0541	No pt prsnt train initial 30	A					PCT CHG
G0542	No pt prsnt train add 15	A					PCT CHG
G0543	Group train w/o patient	A					PCT CHG
G0544	Post d/c phone follow up	S		5822	Level 2 Health and Behavior Services	1.0374	
G0545	Inherent visit to inpt	B					
G0546	Phone/internet ehr assess	M					
G0547	Phone/internet svcs 11-20 m	M					
G0548	Phone/inter svcs 21-30 m	M					
G0549	Phone/inter for treat>31m	M					
G0550	Phone/inter for dx/treat >5m	M					
G0551	Phn/intr svcs fr dx treat 30m	M					
G0552	Supply of digital device	V		5012	Clinic Visits and Related Services	1.4452	
G0553	Monthly tx for dmht 20mins	V		5012	Clinic Visits and Related Services	1.4452	
G0554	Add 20 m of monthly tx	N					
G0555	Replacment pt electronic sys	S		5724	Level 4 Diagnostic Tests and Related Services	11.4097	
G0556	Adv prim care mgmt lvl 1	S		5821	Level 1 Health and Behavior Services	0.3341	
G0557	Adv prim care mgmt lvl 2	S		5821	Level 1 Health and Behavior Services	0.3341	
G0558	Adv prim care mgmt lvl 3	S		5822	Level 2 Health and Behavior Services	1.0374	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G0559	Unrelat prac follow up visit	B					
G0560	Safety plan interven	A					PCT CHG
G0561	Temp tube delivery, unil	N					
G0562	Complex simulation w/pet-ct	S		1521	New Technology - Level 21 (\$1901-\$2000)	21.8742	
G0563	Sbrt w/positron emission del	S		1525	New Technology - Level 25 (\$3501-\$4000)	42.0606	
G0566	3d bn img algor drvd fr mri	S	E1				
G0567	Screening Hep C detect	A					PCT CHG
G0659	Drug test def simple all cl	Q4					\$62.14
G0913	Improve visual funct	M					
G0914	Survey not complete	M					
G0915	No improve visual funct	M					
G0916	Satisfy with care	M					
G0917	Care survey not complete	M					
G0918	No satisfy with care	M					
G1025	Pt mnth 1 mcp prov	M					
G1026	Pt hemo > 3mo	M					
G1027	Pt hemo < 3mo	M					
G1028	Take home supply 8mg per 0.1	A	E1				
G2000	Blinded conv. tx mdd clin tr	S	E1				
G2001	Post d/c h vst new pt 20 m	B					
G2002	Post-d/c h vst new pt 30 m	B					
G2003	Post-d/c h vst new pt 45 m	B					
G2004	Post-d/c h vst new pt 60 m	B					
G2005	Post-d/c h vst new pt 75 m	B					
G2006	Post-d/c h vst ext pt 20 m	B					
G2007	Post-d/c h vst ext pt 30 m	B					
G2008	Post-d/c h vst ext pt 45 m	B					
G2009	Post-d/c h vst ext pt 60 m	B					
G2010	Remot image submit by pt	B					
G2011	Alcohol/sub misuse assess	S	E1				
G2013	Post-d/c h vst ext pt 75 m	B					
G2014	Post-d/c care plan overs 30m	B					
G2015	Post-d/c care plan overs 60m	B					
G2020	Hi inten serv for sip model	A	E1				
G2021	Hea care pract tx in place	E1					
G2022	Benef refuses service, mod	E1					
G2025	Dis site tele svcs rhc/fqhc	A	E1				
G2067	Med assist tx meth wk	A	E1				
G2068	Med assist tx bupre oral	A	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G2069	Med assist tx inject	A	E1				
G2073	Med tx naltrexone	A	E1				
G2074	Med assist tx no drug	A	E1				
G2075	Med tx meds nos	A	E1				
G2076	Intake act w/med exam	A	E1				
G2077	Periodic assessment	A	E1				
G2078	Take-home meth	A	E1				
G2079	Take-hom buprenorphine	A	E1				
G2080	Add 30 mins counsel	A	E1				
G2081	Pt 66+ snp or ltc pos > 90d	M					
G2082	Visit esketamine 56m or less	S	E1				
G2083	Visit esketamine, > 56m	S	E1				
G2086	Off base opioid tx 70min	S	E1				
G2087	Off base opioid tx, 60 m	S	E1				
G2088	Off base opioid tx, add30	N	E1				
G2090	Pt 66+ frailty and med dem	M					
G2091	Pt 66+ frailty and adv ill	M					
G2092	Ace arb arni	M					
G2093	Med doc rsn no ace arn arni	M					
G2094	Pt rsn no ace arn arni	M					
G2096	No rsn ace arb arni	M					
G2097	Dx uri 3d after other dx	M					
G2098	Pt 66+ frailty and med dem	M					
G2099	Pt 66+ frailty and adv ill	M					
G2100	Pt 66+ frailty and med dem	M					
G2101	Pt 66+ frailty and adv ill	M					
G2105	Pt 66+ snp or ltc pos > 90d	M					
G2106	Pt 66+ frailty and med dem	M					
G2107	Pt 66+ frailty and adv ill	M					
G2112	Pred<=5 mg ra glu <6m	M					
G2113	Pred>5 mg >6m, no chg da	M					
G2115	Pt 66-80 frailty and med dem	M					
G2116	Pt 66-80 frailty and adv ill	M					
G2118	Pt 81+ frailty	M					
G2121	Psy dep anx ap and icd asse	M					
G2122	Psy/dep/anx/apandicd noasse	M					
G2125	Pt 81+ frailty	M					
G2126	Pt 66-80 frailty and adv ill	M					
G2127	Pt 66-80 frailty and med dem	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G2128	No aspirin med rsn	M					
G2129	No bp outpt	M					
G2136	Bk pain vas 6-20wk <= 3	M					
G2137	Bk pain vas 6-20wk > 3	M					
G2138	Bk pain vas 9-15mo <= 3	M					
G2139	Bk pain vas 9-20mo > 3	M					
G2140	Leg pain vas 6-20wk <= 3	M					
G2141	Leg pain vas 6-20wk > 3	M					
G2142	Fs odi 9-15mo postop<= 22	M					
G2143	Fs odi 9-15mo > 22	M					
G2144	Fs odi 6-20wk postop <= 22	M					
G2145	Fsodi 6-20wk >22 or chg 30pt	M					
G2146	Leg pain vas 9-15mo <= 3	M					
G2147	Leg pain vas 9-15mo > 3	M					
G2148	Mpm used	M					
G2149	No mpm med rsn	M					
G2150	No mpm	M					
G2151	Dx degen neuro	M					
G2152	Res change sc >=0	M					
G2167	Res change sc < 0	M					
G2168	Svs by pt in home health	B					
G2169	Svs by ot in home health	B					
G2172	Tx for opioid use demo proj	A	E1				
G2173	Uri w comorb 12m oth dx	M					
G2174	Uri new rx antibiotic 30d	M					
G2175	Pt comorb dx 12m of epi	M					
G2176	Outpt ed obs w inpt admit	M					
G2177	Bronch w rx antibx 30d	M					
G2178	Pt not elig low neuro ex	M					
G2179	Med doc rsn no low ex	M					
G2180	Inelig footwr eval	M					
G2181	Bmi not doc medrsn ptref	M					
G2182	Pt 1st biolog antirheum	M					
G2183	Doc pt unable comm	M					
G2184	No caregiver	M					
G2185	Caregiver dem trained	M					
G2186	Pt ref app rsrcs	M					
G2187	Clin ind img hd trauma	M					
G2188	Pt 50 yrs w/clin ind hd	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G2189	Img hd abnml neuro exam	M					
G2190	Ind img hd rad neck	M					
G2191	Ind img hd pos hd ache	M					
G2192	>55 yrs temp hd ache	M					
G2193	<6yr new onset hd ache	M					
G2194	New hdache ped pt dis	M					
G2195	Occip hdache child	M					
G2196	Screen unhlthy etoh use	M					
G2197	Screen hlthy etoh use	M					
G2199	Not scrn etoh no rsn	M					
G2200	Unhlthy etoh rcvd couns	M					
G2202	No rsn no brief couns	M					
G2204	Pt 45-85 w/ scope	M					
G2205	Preg drng adjv trtmt	M					
G2206	Adjv trtmt chemo her2	M					
G2207	Rsn no trtmt chem her2	M					
G2208	No trtmt chemo and her2	M					
G2209	Refused to participate	M					
G2210	No neck fs prom no rsn	M					
G2211	Complex e/m visit add on	B	E1				
G2212	Prolong outpt/office vis	N	E1				
G2213	Initiat med assist tx in er	N	E1				
G2214	Init/sub psych care m 1st 30	S	E1				
G2215	Home supply nasal naloxone	A	E1				
G2216	Home supply inject naloxon	A	E1				
G2250	Remot img sub by pt, non e/m	A	E1				
G2251	Brief chkin, 5-10, non-e/m	A	E1				
G2252	Brief chkin by md/qhp, 11-20	A	E1				
G3002	Chronic pain mgmt 30 mins	M					
G3003	Chronic pain mgmt addl 15m	M					
G4000	Dermatology ss	M					
G4001	Diagnostic rad ss	M					
G4002	Ep cardio ss	M					
G4003	Emergency med ss	M					
G4004	Endocrinology ss	M					
G4005	Family medicine ss	M					
G4006	Gastroenterology ss	M					
G4007	General surgery ss	M					
G4008	Geriatrics ss	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G4009	Hospitalists ss	M					
G4010	Infectious disease ss	M					
G4011	Internal medicine ss	M					
G4012	Interventional rad ss	M					
G4013	Mntal/behav/psych hlth ss	M					
G4014	Nephrology ss	M					
G4015	Neurology ss	M					
G4016	Neurosurgical ss	M					
G4017	Nutrition/dietician ss	M					
G4018	Ob/gyn ss	M					
G4019	Oncology/hema ss	M					
G4020	Ophthalmology/optometry ss	M					
G4021	Orthopedic surgery ss	M					
G4022	Otolaryngology ss	M					
G4023	Pathology ss	M					
G4024	Pediatrics ss	M					
G4025	Physical medicine ss	M					
G4026	Phys/occ therapy ss	M					
G4027	Plastic surgery ss	M					
G4028	Podiatry ss	M					
G4029	Preventive medicine ss	M					
G4030	Pulmonology ss	M					
G4031	Radiation oncology ss	M					
G4032	Rheumatology ss	M					
G4033	Skilled nursing facility ss	M					
G4034	Speech language path ss	M					
G4035	Thoracic surgery ss	M					
G4036	Urgent care ss	M					
G4037	Urology ss	M					
G4038	Vascular surgery ss	M					
G6001	Echo guidance radiotherapy	B					
G6002	Stereoscopic x-ray guidance	B					
G6003	Radiation treatment delivery	B					
G6004	Radiation treatment delivery	B					
G6005	Radiation treatment delivery	B					
G6006	Radiation treatment delivery	B					
G6007	Radiation treatment delivery	B					
G6008	Radiation treatment delivery	B					
G6009	Radiation treatment delivery	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G6010	Radiation treatment delivery	B					
G6011	Radiation treatment delivery	B					
G6012	Radiation treatment delivery	B					
G6013	Radiation treatment delivery	B					
G6014	Radiation treatment delivery	B					
G6015	Radiation tx delivery imrt	B					
G6016	Delivery comp imrt	B					
G6017	Intrafraction track motion	B					
G8395	Lvef>=40% doc normal or mild	M					
G8396	Lvef not performed	M					
G8397	Dil macula/fundus exam/w doc	M					
G8399	Pt w/dxa results document	M					
G8400	Pt w/dxa no results doc	M					
G8404	Low extremity neur exam docum	M					
G8405	Low extremity neur not perfor	M					
G8410	Eval on foot documented	M					
G8415	Eval on foot not performed	M					
G8416	Pt inelig footwear evaluatio	M					
G8417	Calc bmi abv up param f/u	M					
G8418	Calc bmi blw low param f/u	M					
G8419	Calc bmi out nrm param nof/u	M					
G8420	Calc bmi norm parameters	M					
G8421	Bmi not calculated	M					
G8427	Docrev cur meds by elig clin	M					
G8428	Cur meds not document	M					
G8430	Doc med rsn no medrec	M					
G8431	Pos clin depres scrn f/u doc	M					
G8432	Dep scr not doc, rng	M					
G8433	Scr for dep not cpt doc rsn	M					
G8450	Beta-bloc rx pt w/abn lvef	M					
G8451	Pt w/abn lvef inelig b-bloc	M					
G8452	Pt w/abn lvef b-bloc no rx	M					
G8465	High risk recurrence pro ca	M					
G8473	Ace/arb thxpy rx'd	M					
G8474	Ace/arb not rx'd; doc reas	M					
G8475	Ace/arb thxpy not rx'd	M					
G8476	Bp sys <140 and dias <90	M					
G8477	Bp sys>=140 and/or dias >=90	M					
G8478	Bp not performed/doc	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G8510	Scr dep neg, no plan reqd	M					
G8511	Scr dep pos, no plan doc rng	M					
G8535	Eld maltreatment not doc	M					
G8536	No doc elder mal scrn	M					
G8539	Doc funct and care plan	M					
G8540	Foa not doc as being perf	M					
G8541	No doc cur funct assess	M					
G8542	Doc funct no deficiencies	M					
G8543	Cur funct asses; no care pln	M					
G8559	Pt ref doc oto eval	M					
G8560	Pt hx act drain prev 90 days	M					
G8561	Pt inelig for ref oto eval	M					
G8562	Pt no hx act drain 90 d	M					
G8563	Pt no ref oto reas no spec	M					
G8564	Pt ref oto eval	M					
G8565	Ver doc hear loss	M					
G8566	Pt inelig ref oto eval	M					
G8567	Pt no doc hear loss	M					
G8568	Pt no ref otolo no spec	M					
G8569	Prol intubation req	M					
G8570	No prol intub req	M					
G8575	Postop ren fail	M					
G8576	No postop ren fail	M					
G8577	Reop req bld grft oth	M					
G8578	No reop req bld grft oth	M					
G8598	Asa/antiplat ther used	M					
G8599	No asa/antiplat ther use rng	M					
G8600	Tpa initi w/in 4.5 hr	M					
G8601	No elig tpa init w/in 4.5 hr	M					
G8602	No tpa init w/in 4.5 hr	M					
G8633	Pharm ther osteo rx	M					
G8635	No pharm ther osteo rx	M					
G8647	Rafscrs ki scor >= 0	M					
G8648	Rafscrs ki scor < 0	M					
G8650	Rafs crs ki no scor no rsn	M					
G8651	Rafscrs hi scor >=0	M					
G8652	Rafscrs hi scor < 0	M					
G8654	Rafs crs hi no scor no surv	M					
G8655	Rafscrs llfai scor >= 0	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G8656	Rafscrs llfai scor < 0	M					
G8658	Rafscrs llfai no scor + surv	M					
G8659	Rafscrs lbi scor >= 0	M					
G8660	Rafscrs lbi scor < 0	M					
G8661	Rafscrs lbi no scor	M					
G8662	Rafs crs lbi no scor no surv	M					
G8663	Rafscrs si scor >= 0	M					
G8664	Rafscrs si scor < 0	M					
G8666	Rafs crs si no scor no surv	M					
G8667	Rafscrs ewh scor >= 0	M					
G8668	Rafscrs ewh scor < 0	M					
G8670	Rafs crs ewh no scor no surv	M					
G8694	Lvef <=40%	M					
G8708	Antibiotic not pres	M					
G8709	Uri ep compete diag	M					
G8710	Pt pres antibiotic	M					
G8711	Pres antibx on/within 3 day	M					
G8712	Not pres antibiotic	M					
G8721	Pt, pn, hist grade doc	M					
G8722	Med reas pt, pn, not doc	M					
G8723	Spec sit not prim tumor	M					
G8724	Pt, pn, hist grade not doc	M					
G8733	Doc pos elder mal scrn plan	M					
G8734	Doc neg eld req	M					
G8735	Eld mal scrn pos no plan	M					
G8749	No signs melanoma	M					
G8752	Sys bp less 140	M					
G8753	Sys bp > or = 140	M					
G8754	Dias bp less 90	M					
G8755	Dias bp > or = 90	M					
G8756	No bp measure doc	M					
G8783	Bp scrn perf rec interval	M					
G8785	Bp scrn no perf at interval	M					
G8797	Specimen site not esophagus	M					
G8798	Specimen site not prostate	M					
G8806	Perf ultrasnd to lct preg doc	M					
G8807	No ta tv ultrasnd	M					
G8808	Ultrasound not perf, rng	M					
G8815	Doc reas no statin therapy	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G8816	Statin med pres at disch	M					
G8817	Doc reas no statin med disch	M					
G8826	Pt disch home day #2 evar	M					
G8833	Pt not disch home day#2 evar	M					
G8834	Pt disch home day #2 cea	M					
G8838	Not disch home by day #2	M					
G8839	Sleep apnea assess	M					
G8840	Doc reas no sleep apnea	M					
G8841	No sleep apnea assess	M					
G8842	Ahi or rdi initial dx	M					
G8843	Doc reas no ahi or rdi	M					
G8844	No ahi or rdi initial dx	M					
G8845	Pos airway press prescribed	M					
G8846	Mod or severe osa	M					
G8849	Doc reas no pos air press	M					
G8850	No pap prescribed	M					
G8851	Adhere pos air press therapy	M					
G8854	Reas no adhere pos air pres	M					
G8855	Pos air press adhere no perf	M					
G8856	Ref for oto eval	M					
G8857	No elig ref for oto eval	M					
G8858	Not ref for oto eval	M					
G8863	No assess bone loss	M					
G8864	Pneumococcal vaccine admin	M					
G8865	Doc med reas no pneumococcal	M					
G8866	Doc pt reas no pneumococcal	M					
G8867	No pneumococcal admin	M					
G8869	Doc immune hep b antitnf	M					
G8875	Breast cancer dx min invsive	M					
G8876	Doc reas no min inv dx	M					
G8877	No brst cnrc dx min invasive	M					
G8878	Sent lymph node biopsy	M					
G8880	Sen lym p node biop not perf	M					
G8881	Brst cnrc stage > t1n0m0	M					
G8882	No sent lymph node biopsy	M					
G8907	Pt doc no events on discharg	M					
G8908	Pt doc w burn prior to d/c	M					
G8909	Pt doc no burn prior to d/c	M					
G8910	Pt doc to have fall in asc	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G8911	Pt doc no fall in asc	M					
G8912	Pt doc with wrong event	M					
G8913	Pt doc no wrong event	M					
G8914	Pt trans to hosp post d/c	M					
G8915	Pt not trans to hosp at d/c	M					
G8916	Pt w iv ab given on time	M					
G8917	Pt w iv ab not given on time	M					
G8918	Pt w/o preop order iv ab pro	M					
G8923	Lvef <= 40% or lvsd	M					
G8924	Spir fev1/fvc<70%,fev<60%	M					
G8934	Lvef <=40% or dep lv sys fcn	M					
G8935	Rx ace or arb therapy	M					
G8936	Pt not eligible ace/arb	M					
G8937	No rx ace/arb therapy	M					
G8942	Doc fcn/care plan w/30 days	M					
G8944	Ajcc mel cnr stg 0 - iic	M					
G8946	Mibm but no dx of breast ca	M					
G8950	Pre-htn or htn doc, f/u indc	M					
G8952	Pre-htn/htn, no f/u, not gvn	M					
G8955	Most recent assess vol mgmt	M					
G8956	Pt rcv hedia outpt dyls fac	M					
G8958	Assess vol mgmt not doc	M					
G8961	Csit lowrisk surg pts preop	M					
G8962	Csit on pt any reas 30 days	M					
G8967	Warf or other fda drug presc	M					
G8968	Doc med not presb	M					
G8969	Doc pt rsn no presc warf/fda	M					
G8970	No rsk fac or 1 mod risk te	M					
G9001	Mccd, initial rate	B					
G9002	Mccd,maintenance rate	B					
G9003	Mccd, risk adj hi, initial	B					
G9004	Mccd, risk adj lo, initial	B					
G9005	Mccd, risk adj, maintenance	B					
G9006	Mccd, home monitoring	B					
G9007	Mccd, sch team conf	B					
G9008	Mccd,phys coor-care ovrsght	B					
G9009	Mccd, risk adj, level 3	B					
G9010	Mccd, risk adj, level 4	B					
G9011	Mccd, risk adj, level 5	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9012	Other specified case mgmt	B					
G9013	Esrd demo bundle level i	E1					
G9014	Esrd demo bundle-level ii	E1					
G9016	Demo-smoking cessation coun	E1					
G9050	Oncology work-up evaluation	E1					
G9051	Oncology tx decision-mgmt	E1					
G9052	Onc surveillance for disease	E1					
G9053	Onc expectant management pt	E1					
G9054	Onc supervision palliative	E1					
G9055	Onc visit unspecified nos	E1					
G9056	Onc prac mgmt adheres guide	E1					
G9057	Onc pract mgmt differs trial	E1					
G9058	Onc prac mgmt disagree w/gui	E1					
G9059	Onc prac mgmt pt opt alterna	E1					
G9060	Onc prac mgmt dif pt comorb	E1					
G9061	Onc prac cond noadd by guide	E1					
G9062	Onc prac guide differs nos	E1					
G9063	Onc dx nsclc stgi no progres	M					
G9064	Onc dx nsclc stg2 no progres	M					
G9065	Onc dx nsclc stg3a no progre	M					
G9066	Onc dx nsclc stg3b-4 metasta	M					
G9067	Onc dx nsclc dx unknown nos	M					
G9068	Onc dx sclc/nsclc limited	M					
G9069	Onc dx sclc/nsclc ext at dx	M					
G9070	Onc dx sclc/nsclc ext unknwn	M					
G9071	Onc dx brst stg1-2b hr,nopro	M					
G9072	Onc dx brst stg1-2 noprogres	M					
G9073	Onc dx brst stg3-hr, no pro	M					
G9074	Onc dx brst stg3-noprogress	M					
G9075	Onc dx brst metastatic/ recur	M					
G9077	Onc dx prostate t1no progres	M					
G9078	Onc dx prostate t2no progres	M					
G9079	Onc dx prostate t3b-t4nopro	M					
G9080	Onc dx prostate w/rise psa	M					
G9083	Onc dx prostate unknwn nos	M					
G9084	Onc dx colon t1-3,n1-2,no pr	M					
G9085	Onc dx colon t4, n0 w/o prog	M					
G9086	Onc dx colon t1-4 no dx prog	M					
G9087	Onc dx colon metas evid dx	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9088	Onc dx colon metas noevid dx	M					
G9089	Onc dx colon extent unknown	M					
G9090	Onc dx rectal t1-2 no progr	M					
G9091	Onc dx rectal t3 n0 no prog	M					
G9092	Onc dx rectal t1-3,n1-2noprg	M					
G9093	Onc dx rectal t4,n,m0 no prg	M					
G9094	Onc dx rectal m1 w/mets prog	M					
G9095	Onc dx rectal extent unknwn	M					
G9096	Onc dx esophag t1-t3 noprog	M					
G9097	Onc dx esophageal t4 no prog	M					
G9098	Onc dx esophageal mets recur	M					
G9099	Onc dx esophageal unknown	M					
G9100	Onc dx gastric no recurrence	M					
G9101	Onc dx gastric p r1-r2noprog	M					
G9102	Onc dx gastric unresectable	M					
G9103	Onc dx gastric recurrent	M					
G9104	Onc dx gastric unknown nos	M					
G9105	Onc dx pancreatc p r0 res no	M					
G9106	Onc dx pancreatc p r1/r2 no	M					
G9107	Onc dx pancreatic unresectab	M					
G9108	Onc dx pancreatic unknwn nos	M					
G9109	Onc dx head/neck t1-t2no prg	M					
G9110	Onc dx head/neck t3-4 noprog	M					
G9111	Onc dx head/neck m1 mets rec	M					
G9112	Onc dx head/neck ext unknown	M					
G9113	Onc dx ovarian stg1a-b no pr	M					
G9114	Onc dx ovarian stg1a-b or 2	M					
G9115	Onc dx ovarian stg3/4 noprog	M					
G9116	Onc dx ovarian recurrence	M					
G9117	Onc dx ovarian unknown nos	M					
G9123	Onc dx cml chronic phase	M					
G9124	Onc dx cml acceler phase	M					
G9125	Onc dx cml blast phase	M					
G9126	Onc dx cml remission	M					
G9128	Onc dx multi myeloma stage i	M					
G9129	Onc dx mult myeloma stg2 hig	M					
G9130	Onc dx multi myeloma unknown	M					
G9131	Onc dx brst unknown nos	M					
G9132	Onc dx prostate mets no cast	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9133	Onc dx prostate clinical met	M					
G9134	Onc nhlstg 1-2 no relap no	M					
G9135	Onc dx nhl stg 3-4 not relap	M					
G9136	Onc dx nhl trans to lg bcell	M					
G9137	Onc dx nhl relapse/refractor	M					
G9138	Onc dx nhl stg unknown	M					
G9139	Onc dx cml dx status unknown	M					
G9140	Frontier extended stay demo	A	E1				
G9143	Warfarin respon genetic test	N	E1				
G9147	Outpt iv insulin tx any mea	E1					
G9148	Medical home level 1	M					
G9149	Medical home level ii	M					
G9150	Medical home level iii	M					
G9151	Mapcp demo state	M					
G9152	Mapcp demo community	M					
G9153	Mapcp demo physician	M					
G9156	Evaluation for wheelchair	M					
G9157	Transesoph doppl cardiac mon	B					
G9187	Bpci home visit	E1					
G9188	Beta not given no reason	M					
G9189	Beta pres or already taking	M					
G9190	Medical reason for no beta	M					
G9191	Pt reason for no beta	M					
G9212	Doc of dsm-iv init eval	M					
G9213	No doc of dsm-iv	M					
G9223	Pjp proph ordered cd4 low	M					
G9225	Norsn no foot exam	M					
G9226	3 comp foot exam completed	M					
G9227	Foa doc, care plan not doc	M					
G9228	Gc chl syp documented	M					
G9230	Norsn for gc chl syp test	M					
G9231	Doc esrd dia trans preg	M					
G9242	Doc viral load >=200	M					
G9243	Doc viral load <200	M					
G9246	No med visit in 24mo	M					
G9247	1 med visit in 24mo	M					
G9254	Doc pt dischg >2d	M					
G9255	Doc pt dischg <=2d	M					
G9273	Sys<140 and dia<90	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9274	Bp out of nrml limits	M					
G9275	Doc of non tobacco user	M					
G9276	Doc of tobacco user	M					
G9277	Doc daily aspirin or contra	M					
G9278	Doc no daily aspirin	M					
G9279	Pne scrn done doc vac done	M					
G9280	Pne not given norsn	M					
G9281	Pne scrn done doc not ind	M					
G9282	Doc medrsn no histo type	M					
G9283	Hist type doc on report	M					
G9284	No hist type doc on report	M					
G9285	Site not small cell lung ca	M					
G9286	Antibio rx w in 10d of sympt	M					
G9287	No antibio w in 10d of sympt	M					
G9288	Doc medrsn no hist type rpt	M					
G9289	Doc type nsm lung ca	M					
G9290	No doc type nsm lung ca	M					
G9291	Not nsm lung ca	M					
G9292	Medrsn no pt category	M					
G9293	No pt category on report	M					
G9294	Pt cat and thck on report	M					
G9295	Non cutaneous loc	M					
G9296	Doc share dec prior proc	M					
G9297	No doc share dec prior proc	M					
G9298	Eval risk vte card 30d prior	M					
G9299	No eval risk vte card prior	M					
G9305	No interv req for leak	M					
G9306	Interv req for leak	M					
G9307	No ret for surg w in 30d	M					
G9308	Unpl ret or w/compl w/in 30d	M					
G9309	No unplnd hosp readm in 30d	M					
G9310	Unplnd hosp readm in 30d	M					
G9311	No surg site infection	M					
G9312	Surgical site infection	M					
G9313	Amoxic not presc as 1st line	M					
G9314	Norsn not first line amox	M					
G9315	Amox w/wo clav rx	M					
G9316	Doc comm risk calc	M					
G9317	No doc comm risk calc	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9318	Image std nomenclature	M					
G9319	Image not std nomenclature	M					
G9321	Doc count of ct in 12mo	M					
G9322	No doc count of ct in 12mo	M					
G9341	Srch for ct w in 12 mos	M					
G9342	No srch for ct in 12mo norsn	M					
G9344	Sysrsn no dicom srch	M					
G9345	Follow up pulm nod	M					
G9347	No follow up pulm nod norsn	M					
G9351	Doc >1 sinus ct w 90d dx	M					
G9352	Not >1 sinus ct w 90d dx	M					
G9353	Medrsn >1 sinus ct w 90d dx	M					
G9354	1 or no ct sinus w/in 90d dx	M					
G9355	No early ind/delivery	M					
G9356	Early ind/delivery	M					
G9357	Pp eval/edu perf	M					
G9358	Pp eval/edu not perf	M					
G9361	Doc rsn elect c-sec/induct	M					
G9364	Sinus caus bac inx	M					
G9367	>= 2 same hi-rsk med ord	M					
G9368	>= 2 same hi-rsk med not ord	M					
G9380	Off assis eol iss	M					
G9382	No off assis eol	M					
G9383	Recd scrn hcv infec	M					
G9384	Doc med rsn no hcv scrn	M					
G9385	Doc pt reas not rec hcv srn	M					
G9386	Scrn hcv infec not recd	M					
G9393	Ini phq9 >9 remiss <5	M					
G9394	Dx bipolar, death, nhres, hosp	M					
G9395	Ini phq9 >9 no remiss >=5	M					
G9396	Ini phq9 >9 not assess	M					
G9408	Card tamp w/in 30d	M					
G9409	No card tamp e/in 30d	M					
G9410	Admit w/in 180d req remov	M					
G9411	No admit w/in 180d req remov	M					
G9412	Admit w/in 180d req surg rev	M					
G9413	No admit req surg rev	M					
G9414	1dose menig vac btwn 11 & 13	M					
G9415	No 1dose meni vac btwn 11&13	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9416	Pt 1 tdap betw 10-13 yrs	M					
G9417	Pt not 1 tdap betw 10-13 yrs	M					
G9418	Lungcx bx rpt docs class	M					
G9419	Med reas not incl histo type	M					
G9420	Spec site no lung	M					
G9421	Lung cx bx rpt no doc class	M					
G9422	Rpt doc class histo type	M					
G9423	Med reas rpt no histo type	M					
G9424	Site no lung or lung cx	M					
G9425	Spec rpt no doc class histo	M					
G9426	Impr med time edarr pain med	M					
G9427	No impro med time pain med	M					
G9428	Patho rpt incl pt ctg	M					
G9429	Doc med rsn no pt cat	M					
G9430	Spec site no cutaneous	M					
G9431	Patho rpt no pt ctg	M					
G9432	Asth controlled	M					
G9434	Asth not controlled	M					
G9452	Doc med reas no scrn hcv	M					
G9455	Abd imag w/us, ct or mri	M					
G9456	Doc med pt reas no hcc scrn	M					
G9457	Pt no abd img no doc rsn	M					
G9468	No recd cortico>=10mg/d >60d	M					
G9470	No rec cortico>60d 1rx 600mg	M					
G9471	W/in 2yr dxa not order	M					
G9473	Chap services at hospice	B					
G9474	Diet counsel at hospice	B					
G9475	Other counselor at hospice	B					
G9476	Volun service at hospice	B					
G9477	Care coord at hospice	B					
G9478	Othe therapist at hospice	B					
G9479	Pharmacist at hospice	B					
G9480	Admission to mccm	B					
G9481	Remote e/m new pt 10mins	B					
G9482	Remote e/m new pt 20mins	B					
G9483	Remote e/m new pt 30mins	B					
G9484	Remote e/m new pt 45mins	B					
G9485	Remote e/m new pt 60mins	B					
G9486	Remote e/m est. pt 10mins	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9487	Remote e/m est. pt 15mins	B					
G9488	Remote e/m est. pt 25mins	B					
G9489	Remote e/m est. pt 40mins	B					
G9490	Cmmi mod home visit	B					
G9497	Rec inst no smoke day surg	M					
G9498	Abx reg prescribed	M					
G9500	Rad expos ind/exp tm doc	M					
G9501	Rad expos ind/exp tm no doc	M					
G9502	Med reas no perf foot exam	M					
G9504	Doc rsn hep b stat not asses	M					
G9505	Abx pres w/in 10 dys of symp	M					
G9507	Doc reas on statin or contra	M					
G9508	Doc pt not on statin	M					
G9509	Adit mdd dys rem 12 mnths	M					
G9510	Remis12m not phq-9 score <5	M					
G9511	Idx evt dte phq>9 doc 12 mo	M					
G9512	Indiv pdc > 0.8	M					
G9513	Indiv pdc not > 0.8	M					
G9514	Req ret or w/in 90d of surg	M					
G9515	No reas, no ret or w/in 90d	M					
G9516	Impr vis acuit w/in 90d	M					
G9517	No impr vis acuit w/in 90d	M					
G9518	Doc active inj drug use	M					
G9519	Final ref +/- 1.0 w/in 90d	M					
G9520	Refract not +/- 1.0 w/in 90d	M					
G9521	Er and ip hosp <2 in 12 mos	M					
G9522	Er/ip hosp =/>2 in 12 mos	M					
G9529	Minor blunt trauma w/head ct	M					
G9530	Pt mbht hd ct ord ec prov	M					
G9531	Pt doc	M					
G9533	Indic for head ct not valid	M					
G9537	Img hd clin trial	M					
G9539	Intent pot remv time placemt	M					
G9540	Pt alive 3 mos post proc	M					
G9541	Filter rem 3 mon plmt	M					
G9542	Doc reass appr remo filt 3ms	M					
G9543	Doc 2x re-assess filt remov	M					
G9544	No filt remov w/in 3mos plcm	M					
G9547	Cys ren les or adren	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9548	No f/u rec image study	M					
G9549	Doc med rsn for f/u imag	M					
G9550	Imag rec	M					
G9551	Imag no les	M					
G9552	Inc thyr node <1.0 in rpt	M					
G9553	Prior thyroid dise dx	M					
G9554	Ct/cta/mri/a chst foll rec	M					
G9555	Doc med rsn for follup image	M					
G9556	Ct/cta/mri/a no follup imag	M					
G9557	Ct/cta/mri/a no thyr <1.0cm	M					
G9580	Door to punc time <2hrs	M					
G9582	Door to punc time >2hr, nrg	M					
G9593	Low pecarn ped head trauma	M					
G9594	Pt mbht hd ct ord ec prov	M					
G9595	Doc shnt/tum/coag	M					
G9597	No low pecarn ped head traum	M					
G9598	Aor ane 5.5-5.9 cm max diam	M					
G9599	Aor ane >=6.0 cm max diam	M					
G9603	Pt surv improv bsline tx	M					
G9604	Pt surv results not avail	M					
G9605	Surv score no improv w/tx	M					
G9606	Intraop cyst eval trac inj	M					
G9607	Doc med rsn not perf cystosc	M					
G9608	Intraop cyst eval not done	M					
G9609	Doc order anti-plat	M					
G9610	Doc md rsn no antipla	M					
G9611	No doc order anti-plat rng	M					
G9621	Scr unheal etoh w/counsel	M					
G9622	No unheal etoh user	M					
G9624	Pt not scrn or no counseling	M					
G9625	Pt bl srg 30 day pst srg	M					
G9626	Med rsn no rpt bladder inj	M					
G9627	Pt no bl srg 30 day pst srg	M					
G9628	Pt bwli srg 30 day pst srg	M					
G9629	Med rsn no rpt bowel inj	M					
G9630	Pt no bwli srg 30 day srg	M					
G9637	Doc >1 dose reduc tech	M					
G9638	No doc >1 dose reduc tech	M					
G9642	Current smoker	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9643	Elective surgery	M					
G9644	No smok b/4 anes day of surg	M					
G9645	Had smoke b/4 anes day surg	M					
G9646	Pt w/90d mrs 0-2	M					
G9648	Pt w/90d mrs >2	M					
G9649	Psor as doc spc bm	M					
G9651	Psor as doc no spc bm	M					
G9654	Mon anesth care	M					
G9655	Toc tool incl key elem	M					
G9656	Pt trans from anest to pacu	M					
G9658	Toc tool incl elem not used	M					
G9659	>=86y no hx colo ca/rsn scop	M					
G9660	Doc med rsn scope pt >= 86y	M					
G9661	Pt >= 86 w/ hi risk	M					
G9662	Prior dx/active clin ascvd	M					
G9663	Fast/dir ldl >= 190 mg/dl	M					
G9664	Taking statin or rec'd order	M					
G9665	No statin/no order statin	M					
G9674	Pt w/clin ascvd dx	M					
G9675	Pt w/fast/dir lab ldl-c >190	M					
G9676	40-75y w/type 1/2 w/ldl-c rs	M					
G9679	Acute care pneumonia	B					
G9680	Acute care congestive heart	B					
G9681	Acute care chronic obstruct	B					
G9682	Acute care skin infection	B					
G9683	Acute fluid/electro disorder	B					
G9684	Acute care urinary tract inf	B					
G9685	Acute nursing facility care	M					
G9687	Hospice anytime msmt per	M					
G9688	Pt w/hosp anytime msmt per	M					
G9689	Inpt elect carotid intervent	M					
G9690	Pt in hos	M					
G9691	Pt hosp dur msmt period	M					
G9692	Hosp recd by pt dur msmt per	M					
G9693	Pt use hosp during msmt per	M					
G9694	Hosp srv used pt in msmt per	M					
G9695	Long act inhal bronchdil pre	M					
G9696	Med rsn no presc bronchdil	M					
G9698	Sys rsn no presc bronchdil	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9699	Long inhal bronchdil no pres	M					
G9700	Pt is w/hosp during msmt per	M					
G9702	Pt use hosp during msmt per	M					
G9703	Anbx 30 prior to episode	M					
G9704	Ajcc br ca stg i: t1 mic/t1a	M					
G9705	Ajcc br ca stg ib	M					
G9706	Low recur prost ca	M					
G9708	Bilat mast/hx bi /unilat mas	M					
G9709	Hosp srv used pt in msmt per	M					
G9710	Pt prov hosp srv msmt per	M					
G9711	Pt hx tot col or colon ca	M					
G9712	Doc med rsn presc anbx	M					
G9713	Pt use hosp during msmt per	M					
G9714	Pt is w/hosp during msmt per	M					
G9716	Bmi doc onl fup not cmplt	M					
G9717	Doc pt dx dep/bipol	M					
G9719	Pt not ambul/immob/wc	M					
G9720	Hospice anytime msmt per	M					
G9721	Pt not ambul/immob/wc	M					
G9722	Doc hx renal fail or cr+ >=4	M					
G9723	Hosp recd by pt dur msmt per	M					
G9724	Pt w/doc use anticoag mst yr	M					
G9726	Refused to participate	M					
G9727	Pt unable cmplt lepf prom	M					
G9728	Refused to participate	M					
G9729	Pt unbl cmplt lepf prom	M					
G9730	Refused to participate	M					
G9731	Pt unbl cmplt lepf prom	M					
G9732	Refused to participate	M					
G9733	Pt unbl cmplt lb fs prom	M					
G9734	Refused to participate	M					
G9735	Pt unbl cmplt shld fs prom	M					
G9736	Refused to participate	M					
G9737	Pt unbl cmplt ewh fs prom	M					
G9740	Hosp srv to pt dur msmt per	M					
G9741	Pt w/hosp anytime msmt per	M					
G9744	Pt not eli d/t act dig htn	M					
G9745	Doc rsn no hbp scrn or f/u	M					
G9746	Mit sten, valve or trans af	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9752	Urgent surgery	M					
G9753	Doc no dicom, ct other fac	M					
G9754	Incid pulm nodule	M					
G9755	Doc med rsn no flw up	M					
G9756	Surg proc w/silicone oil	M					
G9757	Surg proc w/silicone oil	M					
G9758	Pt in hos	M					
G9761	Pt w/hosp anytime msmt per	M					
G9762	Pt had >= 2-3 hpv vaccines	M					
G9763	Pt not have 2-3 hpv vaccines	M					
G9764	Pt treatd w/oral syst or bio	M					
G9765	Doc pat declined therapy	M					
G9766	Cva stroke dx tx transf fac	M					
G9767	Hosp new dx cva consid evst	M					
G9768	Pt w/hosp anytime msmt per	M					
G9769	Bn den 2yr/got ost med/ther	M					
G9770	Perip nerve block	M					
G9771	Anes end, 1 temp >35.5(95.9)	M					
G9772	Doc med rsn no temp >= 35.5	M					
G9773	1 bod temp >=35.5	M					
G9775	Recd 2 anti-emet pre/intraop	M					
G9776	Doc med rsn no proph antiem	M					
G9777	Pt no antiemet pre/intraop	M					
G9779	Pts breastfeeding	M					
G9780	Pts dx w/rhabdomyolysis	M					
G9781	Doc rsn no statin	M					
G9782	Hx dx fam/pure hypercholes	M					
G9784	Path/derm prov 2nd biop opin	M					
G9785	Path report sent	M					
G9786	Path report not sent	M					
G9787	Pt alive	M					
G9788	Most rct bp <= 140/90	M					
G9789	Record bp ip, er, urg/self	M					
G9790	Most rct bp >= 140/90	M					
G9791	Most rct tob stat free	M					
G9792	Most rct tob stat not free	M					
G9793	Pt on daily asa/antiplat	M					
G9794	Doc med rsn no daily aspirin	M					
G9795	Pt no daily asa/antiplat	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9796	Pt not currently on statin	M					
G9797	Pt currently on statin	M					
G9805	Pt w/hosp anytime msmt per	M					
G9806	Pt recd cerv cyto/hpv	M					
G9807	Pt no recd cerv cyto/hpv	M					
G9812	Pt died during inpt/30d aft	M					
G9813	Pt not died w/in 30d of proc	M					
G9818	Doc sex activity	M					
G9819	Pt w/hosp anytime msmt per	M					
G9820	Doc chlam scr test w/follow	M					
G9821	No doc chlam scr ts w/follow	M					
G9822	Endo abl proc yr prev ind dt	M					
G9823	Endo smpl/hyst bx res doc	M					
G9824	Endo smpl/hyst bx res no doc	M					
G9830	Her-2 pos	M					
G9831	Ajcc stg brt ca dx ii or iii	M					
G9832	Brt ca dx i, no t1/t1a/t1b	M					
G9838	Pt met dis at dx	M					
G9839	Anti-egfr mon anti ther	M					
G9840	Gene testing performed	M					
G9841	Gene testing not performed	M					
G9842	Pt met dis at dx	M					
G9843	Kras or nras gene mutation	M					
G9844	Pt no recd anti-egfr ther	M					
G9845	Pt recd anti-egfr ther	M					
G9846	Pt died from cancer	M					
G9847	Pt recd chemo last 14d life	M					
G9848	Pt no chemo last 14d life	M					
G9858	Pt enroll hospice	M					
G9859	Pt died from cancer	M					
G9860	Pt less 3d hospice	M					
G9861	Pt more than 3d hospice	M					
G9862	Doc rsn no 10 yr follow	M					
G9868	Cmmi asyntehealth <10min	B					
G9869	Cmmi asyntehealth 10-20min	B					
G9870	Cmmi asyntehealth >20min	B					
G9873	1 em core session	M					
G9874	4 em core sessions	M					
G9875	9 em core sessions	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9876	2 em core ms mo 7-9 no wl	M					
G9877	2 em core ms mo 10-12 no wl	M					
G9878	2 em core ms mo 7-9 wl	M	E1				
G9879	2 em core ms mo 10-12 wl	M	E1				
G9880	Em 5 percent wl	M	E1				
G9881	Em 9 percent wl	M	E1				
G9882	2 em ongoing ms mo 13-15 wl	M	E1				
G9883	2 em ongoing ms mo 16-18 wl	M	E1				
G9884	2 em ongoing ms mo 19-21 wl	M	E1				
G9885	2 em ongoing ms mo 22-24 wl	M	E1				
G9886	In-person attendance g code	M					
G9887	Distance learning attendance	M					
G9888	5% wl maintnd from bsline wt	M					
G9890	Em bridge payment	M					
G9891	Em session reporting	M					
G9894	Adr dep thrpy prescribed	M					
G9895	Doc med rsn no adr dep thrpy	M					
G9896	Doc pt rsn no adr dep thrpy	M					
G9897	Pt nt prsc adr dep thrpy rng	M					
G9898	Pt 66+ snp or ltc pos > 90d	M					
G9899	Scrn mam perf rsalts doc	M					
G9900	Scrn mam perf rsalts not doc	M					
G9901	Pt 66+ snp or ltc pos > 90d	M					
G9902	Pt scrn tbco and id as user	M					
G9903	Pt scrn tbco id as non user	M					
G9905	No pt tbco scrn rng	M					
G9906	Pt recv tbco cess interv	M					
G9908	No pt tbco cess interv rng	M					
G9910	Pt 66+ snp or ltc pos > 90d	M					
G9911	Node neg pre/post syst ther	M					
G9912	Hbv status assesed and int	M					
G9913	No hbv status assesd and int	M					
G9914	Pt receiving anti-tnf agent	M					
G9915	No documntd hbv results rcd	M					
G9916	Funct status past 12 months	M					
G9917	Adv dem crgvr limited	M					
G9918	No funct stat perf, rsn nos	M					
G9919	Scrn nd pos nd prov of rec	E1					
G9920	Scrng perf and negative	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9922	Sfty cncrns scrn nd mit recs	M					
G9923	Safty cncrns scrn and neg	M					
G9925	No scrn prov rsn nos	M					
G9926	Sfty cncrns scrn but no recs	M					
G9928	No warf or fda drug presc	M					
G9929	Trs/rev af	M					
G9930	Com care	M					
G9931	No chad or chad scr 0 or 1	M					
G9938	Pt 66+ snp or ltc pos > 90d	M					
G9939	Same path/derm perf biopsy	M					
G9940	Doc reas no statin therapy	M					
G9943	Bk pn nt msr vas scl pre/pst	M					
G9945	Pt w/cancer scoliosis	M					
G9946	Bk pain no vas	M					
G9949	Leg pain no vas	M					
G9954	Pt >2 rsk fac post-op vomit	M					
G9955	Inhlnt anesth only for induc	M					
G9956	Combo thrpy of >= 2 prophly	M					
G9957	Doc med rsn no combo thrpy	M					
G9958	No combo prohypyl thrp for pt	M					
G9959	Systemic antimicro not presc	M					
G9960	Med rsn sys antimi nt rx	M					
G9961	Systemic antimicro presc	M					
G9962	Embolization doc separatly	M					
G9963	Embolization not doc separat	M					
G9964	Pt recv >=1 well-chld visit	M					
G9965	No well-chld vist recv by pt	M					
G9968	Pt refrd 2 pvdr/spclst in pp	M					
G9969	Pvdr rfrd pt rpt rcvd	M					
G9970	Pvdr rfrd pt no rpt rcvd	M					
G9978	Remote e/m new pt 10mins	B					
G9979	Remote e/m new pt 20mins	B					
G9980	Remote e/m new pt 30 mins	B					
G9981	Remote e/m new pt 45mins	B					
G9982	Remote e/m new pt 60mins	B					
G9983	Remote e/m est. pt 10mins	B					
G9984	Remote e/m est. pt 15mins	B					
G9985	Remote e/m est. pt 25mins	B					
G9986	Remote e/m est. pt 40mins	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

G9987	Bpci advanced in home visit	B					
G9988	Pall serv during meas	M					
G9992	Pall serv during meas	M					
G9993	Pall serv during meas	M					
G9994	Pall serv during meas	M					
G9996	Doc pt pal or hospice	M					
G9997	Doc pt preg dur msrmt pd	M					
G9998	Doc med rsn <3 colon	M					
G9999	Doc sys rsn <3 colon	M					
J0120	Tetracyclin injection	N					
J0121	Inj., omadacycline, 1 mg	K		9311	Inj., omadacycline, 1 mg	0.0451	
J0122	Inj., eravacycline, 1 mg	N					
J0129	Abatacept injection	K		9230	Abatacept injection	0.4947	
J0130	Abciximab injection	N					
J0131	Inj, acetaminophen (nos)	N					
J0132	Acetylcysteine injection	N					
J0133	Acyclovir injection	N					
J0134	Inj acetaminophen -fresenius	N					
J0136	Inj, acetaminophen (b braun)	N					
J0137	Inj, acetaminophen (hikma)	N					
J0138	Injection, acetaminoph 10 mg	G		2075	Inj acetaminoph 10mg/ibu 3mg	0.0005	
J0139	Inj, adalimumab, 1 mg	K		0817	Inj, adalimumab, 1 mg	1.0287	
J0153	Adenosine inj 1mg	N					
J0163	Epinephrine in nacl (endo)	N					
J0164	Epinephrine in nacl (baxter)	N					
J0165	Inj epinephrine nos 0.1 mg	N					
J0166	Inj epinephrine (bpi)	N					
J0167	Inj epinephrine (hospira)	N					
J0168	Epinephrine (intl med sys)	N					
J0169	Inj epinephrine (adrenalin)	N					
J0172	Inj, aducanumab-avwa, 2 mg	K		9438	Injection, aducanumab-avwa, 2 mg	0.067	
J0174	Inj, lecanemab-irmb	G		9157	Inj, lecanemab-irmb, 1 mg	0.0148	
J0175	Inj, donanemab-azbt, 2 mg	G		0765	Inj, donanemab-azbt, 2 mg	0.0464	
J0177	Inj, aflibercept hd, 1 mg	G		0704	Inj, aflibercept hd, 1 mg	3.492	
J0178	Aflibercept injection	K		1420	Aflibercept injection	8.6528	
J0179	Inj, brolucizumab-dbl, 1 mg	K		9340	Inj, brolucizumab-dbl, 1 mg	3.8815	
J0180	Agalsidase beta injection	K		9208	Agalsidase beta injection	2.5811	
J0184	Inj, amisulpride, 1 mg	G		9247	Inj, amisulpride, 1 mg	0.1078	
J0185	Inj., aprepitant, 1 mg	K		9463	Inj., aprepitant, 1 mg	0.0184	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J0190	Inj biperiden lactate/5 mg	E2					
J0200	Alatrofloxacin mesylate	E2					
J0202	Injection, alemtuzumab	K		1809	Injection, alemtuzumab	27.2504	
J0205	Alglucerase injection	E2	A				PCT CHG
J0206	Inj allopurinol sodium 1 mg	K		9285	Inj allopurinol sodium 1 mg	0.0529	
J0207	Amifostine	E1					
J0208	Inj sodium thiosulfate 100mg	G		9119	Inj, pedmark, 100 mg	1.0666	
J0209	Inj, sod thiosulfate (hope)	N					
J0210	Methyldopate hcl injection	E1					
J0211	Inj, nithiodote, 3mg / 125mg	K		0750	Inj, nithiodote, 3mg / 125mg	0.025	
J0215	Alefacept	E2					
J0216	Inj, alfentanil hcl, 500mcg	N					
J0217	Inj velmanase alfa-tycv 1 mg	G		0710	Inj velmanase alfa-tycv 1 mg	5.2174	
J0218	Inj olipudase alfa-rpcp 1mg	G		9113	Inj olipudase alfa-rpcp 1mg	4.4148	
J0219	Inj aval alfa-nqpt 4mg	K		9433	Inj aval alfa-nqpt 4mg	0.9074	
J0220	Alglucosidase alfa injection	N					
J0221	Lumizyme injection	K		1413	Lumizyme injection	2.3168	
J0222	Inj., patisiran, 0.1 mg	K		9180	Inj., patisiran, 0.1 mg	1.1211	
J0223	Inj givosiran 0.5 mg	K		9343	Inj givosiran 0.5 mg	1.3162	
J0224	Inj. lumasiran, 0.5 mg	K		9407	Inj. lumasiran, 0.5 mg	3.6902	
J0225	Inj, vutrisiran, 1 mg	G		9009	Inj, vutrisiran, 1 mg	56.1141	
J0248	Inj, remdesivir, 1 mg	K		9200	Inj, remdesivir, 1 mg	0.0755	
J0256	Alpha 1 proteinase inhibitor	K		0901	Alpha 1 proteinase inhibitor	0.0612	
J0257	Glassia injection	K		1415	Glassia injection	0.0632	
J0270	Alprostadil for injection	B					
J0275	Alprostadil urethral suppos	B					
J0278	Amikacin sulfate injection	N					
J0280	Aminophyllin 250 mg inj	N					
J0281	Inj aminocaproic acid 1 gram	N					
J0282	Amiodarone hcl	N					
J0283	Inj, amiodarone (nexterone)	N	A				\$2.61
J0285	Amphotericin b	N					
J0287	Amphotericin b lipid complex	K		9024	Amphotericin b lipid complex	0.1155	
J0288	Ampho b cholesteryl sulfate	E2					
J0289	Amphotericin b liposome inj	K		0736	Amphotericin b liposome inj	0.2409	
J0290	Ampicillin 500 mg inj	N					
J0291	Inj., plazomicin, 5 mg	K		9183	Inj., plazomicin, 5 mg	0.0393	
J0295	Ampicillin sulbactam 1.5 gm	N					
J0300	Amobarbital 125 mg inj	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J0330	Succinylcholine chloride inj	N					
J0348	Anidulafungin injection	N					
J0349	Inj, rezafungin, 1 mg	G		9267	Inj, rezafungin, 1 mg	0.1192	
J0350	Injection anistreplase 30 u	E2					
J0360	Hydralazine hcl injection	N					
J0364	Apomorphine hydrochloride	E1	A				\$35.13
J0365	Aprotonin, 10,000 kiu	E2					
J0380	Inj metaraminol bitartrate	E2					
J0390	Chloroquine injection	N					
J0391	Inj, artesunate, 1mg	K		0711	Inj, artesunate, 1mg	0.5812	
J0395	Arbutamine hcl injection	E2	A				PCT CHG
J0400	Aripiprazole injection	N					
J0401	Inj aripiprazole ext rel 1mg	K		1468	Inj, abilify maintena, 1 mg	0.0816	
J0402	Inj, abilify asimtufii, 1 mg	G		9246	Inj, abilify asimtufii, 1 mg	0.0676	
J0456	Azithromycin	N					
J0457	Injection, aztreonam, 100 mg	N					
J0458	Aztreonam/avibactam 10 mg	G		0878	Aztreonam/avibactam 10 mg	0.0189	
J0461	Atropine sulfate injection	N					
J0462	Atropine sulf, nte, 0.01 mg	N					
J0470	Dimecaprol injection	N					
J0475	Baclofen 10 mg injection	K		9032	Baclofen 10 MG injection	2.0323	
J0476	Baclofen intrathecal trial	N					
J0480	Basiliximab	K		1683	Basiliximab	52.5615	
J0485	Belatacept injection	K		9286	Belatacept injection	0.0436	
J0490	Belimumab injection	K		1353	Belimumab injection	0.6288	
J0491	Inj anifrolumab-fnia 1mg	K		9434	Inj anifrolumab-fnia 1mg	0.2027	
J0500	Dicyclomine injection	N					
J0515	Inj benztropine mesylate	N					
J0517	Inj., benralizumab, 1 mg	K		9466	Inj., benralizumab, 1 mg	1.8458	
J0520	Bethanechol chloride inject	E1					
J0525	Inj cefotetan disodium 10 mg	N					
J0558	Peng benzathine/procaine inj	K		9088	Peng benzathine/procaine inj	0.2189	
J0561	Penicillin g benzathine inj	K		1829	Penicillin g benzathine inj	0.3366	
J0565	Inj, bezlotoxumab, 10 mg	K		9490	Inj, bezlotoxumab, 10 mg	0.4466	
J0567	Inj., cerliponase alfa 1 mg	K		9014	Inj., cerliponase alfa 1 mg	1.3498	
J0570	Buprenorphine implant 74.2mg	E2					
J0571	Buprenorphine oral 1mg	E1					
J0572	Bupren/nal up to 3mg bupreno	E1					
J0573	Bupren/nal 3.1 to 6mg bupren	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J0574	Bupren/nal 6.1 to 10mg bupre	E1					
J0575	Bupren/nal over 10mg bupreno	E1					
J0577	Inj, brixadi, 7 days or less	G		0732	Inj, brixadi, 7 days or less	4.7173	
J0578	Inj brixadi, more than 7 day	G		0733	Inj brixadi, more than 7 day	18.8692	
J0582	Bivalirudin (endo) 1 mg	N					
J0583	Bivalirudin	N					
J0584	Injection, burosumab-twza 1m	K		9187	Injection, burosumab-twza 1m	5.4294	
J0585	Injection,onabotulinumtoxina	K		0902	Injection,onabotulinumtoxinA	0.0729	
J0586	Abobotulinumtoxina	K		1289	AbobotulinumtoxinA	0.0982	
J0587	Inj, rimabotulinumtoxinb	K		9018	Inj, rimabotulinumtoxinB	0.149	
J0588	Incobotulinumtoxin a	K		9278	Incobotulinumtoxin A	0.0625	
J0589	Inj daxibotulinumtoxina-lanm	G		0703	Inj daxibotulinumtoxina-lanm	0.0353	
J0591	Inj deoxycholic acid, 1 mg	E1					
J0592	Buprenorphine hydrochloride	N					
J0593	Inj., lanadelumab-flyo, 1 mg	K		9326	Inj., lanadelumab-flyo, 1 mg	0.9789	
J0594	Busulfan injection	K		1178	Busulfan injection	0.0099	
J0595	Butorphanol tartrate 1 mg	N					
J0596	Injection, ruconest	K		9445	Injection, ruconest	0.4123	
J0597	C-1 esterase, berinert	K		9269	C-1 esterase, berinert	0.8507	
J0598	C-1 esterase, cinryze	K		9251	C1 esterase inhibitor inj	0.736	
J0599	Inj., haegarda 10 units	K		0899	Inj., haegarda 10 units	0.1316	
J0600	Edetate calcium disodium inj	K		1274	Edetate calcium disodium inj	71.8678	
J0601	Sevelamer carbonate 20 mg	B					
J0602	Sevelamer carbonate pdr 20mg	B					
J0603	Sevelamer hydrochloride 20mg	B					
J0604	Cinacalcet, esrd on dialysis	B	A				\$0.53
J0605	Sucroferric oxyhydroxide 5mg	B					
J0606	Inj, etelcalcetide, 0.1 mg	N					
J0607	Lanthanum carbonate oral 5mg	B					
J0608	Lanthanum carbonate pwdr 5mg	B					
J0609	Ferric citrate orl 3 mg iron	B					
J0612	Calcium glucon (fresenius)	N					
J0613	Calcium glucon (wg critical)	N					
J0614	Inj, treosulfan, 50 mg	G		0837	Inj, treosulfan, 50 mg	0.3626	
J0615	Calcium acetate, oral, 23 mg	B					
J0616	Inj metoprolol tartrate 1 mg	N					
J0618	Inj, calcium chloride, 2 mg	N					
J0620	Calcium glycer & lact/10 ml	N					
J0630	Calcitonin salmon injection	K		1433	Calcitonin salmon injection	5.4388	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J0636	Inj calcitriol per 0.1 mcg	N					
J0637	Caspofungin acetate	N					
J0638	Canakinumab injection	K		1311	Canakinumab injection	1.588	
J0640	Leucovorin calcium injection	N					
J0641	Inj levoleucovorin nos 0.5mg	N					
J0642	Injection, khapzory, 0.5 mg	N					
J0650	Inj, levothyroxine nos 10mcg	N					
J0651	Inj, levothyroxine, freskabi	K		0734	Inj, levothyroxine, freskabi	0.0766	
J0652	Inj, levothyroxine, hikma	K		0735	Inj, levothyroxine, hikma	0.0576	
J0665	Inj, bupivacaine, nos, 0.5mg	N					
J0666	Inj, bupivacaine liposome	K1		0763	Inj, bupivacaine liposome	0.0165	
J0668	Instill, bupivac and meloxic	K1		9440	Instill, bupivac and meloxic	0.0090	
J0670	Inj mepivacaine hcl/10 ml	N					
J0675	Inj, carboprost, 0.1 mg	K		0896	Inj, carboprost, 0.1 mg	0.5725	
J0681	Inj ceftobipole medocarl 3mg	G		0879	Inj ceftobipole medocarl 3mg	0.0122	
J0687	Inj cefazolin (wg crit care)	K		0753	Inj cefazolin (wg crit care)	0.0106	
J0688	Inj cefazolin sodium, hikma	K		0788	Inj cefazolin sodium, hikma	0.0104	
J0689	Inj cefazolin sodium, baxter	N					
J0690	Cefazolin sodium injection	N					
J0691	Inj lefamulin 1 mg	N					
J0692	Cefepime hcl for injection	N					
J0694	Cefoxitin sodium injection	N					
J0695	Inj ceftolozane tazobactam	K		9452	Inj ceftolozane tazobactam	0.1017	
J0696	Ceftriaxone sodium injection	N					
J0697	Sterile cefuroxime injection	N					
J0698	Cefotaxime sodium injection	N					
J0699	Inj, cefiderocol, 10 mg	K		9426	Inj, cefiderocol, 10 mg	0.0271	
J0701	Inj. cefepime hcl (baxter)	N					
J0702	Betamethasone acet&sod phosp	N					
J0703	Inj, cefepime hcl (b braun)	N					
J0706	Caffeine citrate injection	N					
J0710	Cephapirin sodium injection	E2					
J0712	Ceftaroline fosamil inj	K		1824	Ceftaroline fosamil inj	0.0474	
J0713	Inj ceftazidime per 500 mg	N					
J0714	Ceftazidime and avibactam	K		1825	Ceftazidime and avibactam	1.1745	
J0715	Ceftizoxime sodium / 500 mg	E2	E1				
J0716	Centruroides immune f(ab)	K		1431	Centruroides immune f(ab)	54.6371	
J0717	Certolizumab pegol inj 1mg	K		1474	Certolizumab pegol inj 1mg	0.0439	
J0720	Chloramphenicol sodium injec	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J0725	Chorionic gonadotropin/1000u	N	E1				
J0735	Clonidine hydrochloride	N					
J0736	Inj, clindamycin phosp 300mg	N					
J0737	Inj, clindamycin (baxter)	N					
J0738	Hiv prep, inj, lenacapavir	K		0880	Hiv prep, inj, lenacapavir	0.1809	
J0739	Injection, cabotegravir 1 mg	K		0805	Hiv prep, inj, cabotegravir	0.0787	
J0740	Cidofovir injection	K		9033	Cidofovir injection	6.1265	
J0741	Inj, cabote rilpivir 2mg 3mg	K		9414	Inj, cabote rilpivir 2mg 3mg	0.2652	
J0742	Inj imip 4 cilas 4 releb 2mg	K		9362	Inj imip 4 cilas 4 releb 2mg	0.0292	
J0743	Cilastatin sodium injection	N					
J0744	Ciprofloxacin iv	N					
J0745	Inj codeine phosphate /30 mg	N					
J0750	Hiv prep, ftc/tdf 200/300mg	K		0806	Hiv prep, ftc/tdf 200/300mg	0.0194	
J0751	Hiv prep, ftc/taf 200/25mg	K		0808	Hiv prep, ftc/taf 200/25mg	0.7999	
J0752	Hiv prep, oral lenacapavir	K		0881	Hiv prep, oral lenacapavir	5.0357	
J0759	Inj, clevidipine, 1 mg	K		9087	Inj, clevidipine, 1 mg	0.0319	
J0770	Colistimethate sodium inj	N					
J0775	Collagenase, clost hist inj	K		1340	Collagenase, clost hist inj	0.8512	
J0780	Prochlorperazine injection	N					
J0791	Inj crizanlizumab-tmca 5mg	K		9359	Inj crizanlizumab-tmca 5mg	1.4521	
J0795	Corticotropin ovine triflutal	E2					
J0799	Hiv prep, fda approved, noc	A					PCT CHG
J0801	Inj. acthar gel to 40 units	N					
J0802	Inj. (ani), up to 40 units	N					
J0834	Inj., cosyntropin, 0.25 mg	N					
J0840	Crotalidae poly immune fab	K		9274	Crotalidae Poly Immune Fab	20.5084	
J0841	Inj crotalidae im f(ab')2 eq	K		9188	Inj crotalidae im f(ab')2 eq	11.721	
J0850	Cytomegalovirus imm iv /vial	K		0903	Cytomegalovirus imm IV /vial	20.2833	
J0870	Injection, imetelstat, 1 mg	G		0813	Injection, imetelstat, 1 mg	0.6395	
J0872	Daptomycin (xellia) unrefrig	K		0754	Daptomycin (xellia) unrefrig	0.0004	
J0873	Inj, daptomycin (xellia)	K		0789	Inj daptomycin (xellia)	0.0004	
J0874	Inj, daptomycin (baxter)	N					
J0875	Injection, dalbavancin	K		1823	Injection, dalbavancin	0.1751	
J0877	Inj, daptomycin (hospira)	N					
J0878	Daptomycin injection	N					
J0879	Difelikefalin, esrd on dialy	K		9202	Difelikefalin, esrd on dialy	0.0007	
J0881	Darbepoetin alfa, non-esrd	K		1685	Darbepoetin alfa, non-esrd	0.0328	
J0882	Darbepoetin alfa, esrd use	K		1482	Darbepoetin alfa, esrd use	0.0328	
J0883	Argatroban nonesrd use 1mg	K		1859	Argatroban nonesrd use 1mg	0.0089	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J0884	Argatroban esrd dialysis 1mg	N					
J0885	Epoetin alfa, non-esrd	K		1686	Epoetin alfa, non-esrd	0.0958	
J0887	Epoetin beta esrd use	N					
J0888	Epoetin beta non esrd	K		9077	Epoetin beta non esrd	0.0164	
J0889	Daprodustat oral 1mg esrd	E1					
J0890	Peginesatide injection	E1	A				PCT CHG
J0891	Argatroban nonesrd (accord)	K		9020	Argatroban nonesrd (accord)	0.0204	
J0892	Argatroban dialysis (accord)	N					
J0893	Inj, decitabine (sun pharma)	N					
J0894	Decitabine injection	N					
J0895	Deferoxamine mesylate inj	N					
J0896	Inj luspatercept-aamt 0.25mg	K		9347	Inj luspatercept-aamt 0.25mg	0.4708	
J0897	Denosumab injection	K		9272	Inj, denosumab	0.3295	
J0898	Argatroban nonesrd (auromed)	K		9022	Argatroban nonesrd (auromed)	0.0182	
J0899	Argatroban dialysis, auromed	N					
J0901	Vadadustat oral 1mg for esrd	B					
J0911	Inst tauro 1.35mg/hep 100u	G		0744	Inst tauro 1.35mg/hep 100u	0.0719	
J0945	Brompheniramine maleate inj	E1					
J1000	Depo-estradiol cypionate inj	N					
J1010	Inj, methylpred acetate 1 mg	K		0790	Inj, methylpred acetate 1 mg	0.0013	
J1050	Medroxyprogesterone acetate	N					
J1071	Inj testosterone cypionate	N					
J1072	Inj, testosterone, azmiro	K		2069	Inj, testosterone, azmiro	0.0149	
J1095	Injection, dexamethasone 9%	N					
J1096	Dexametha oph insert 0.1 mg	K1		9308	Dexametha oph insert 0.1 mg	1.1544	
J1097	Phenylep ketorolac oph soln	K1		9324	Phenylep ketorolac oph soln	1.0868	
J1100	Dexamethasone sodium phos	N					
J1105	Dexmedetomidine film, 1 mcg	K		0722	Dexmedetomidine film, 1 mcg	0.0079	
J1110	Inj dihydroergotamine mesylt	N					
J1120	Acetazolamid sodium injectio	N					
J1130	Inj diclofenac sodium 0.5mg	N					
J1160	Digoxin injection	N					
J1162	Digoxin immune fab (ovine)	K		1687	Digoxin immune fab (ovine)	57.9599	
J1163	Inj, diltiazem hcl, 0.5 mg	N					
J1165	Phenytoin sodium injection	N					
J1171	Inj, hydromorphone, 0.1 mg	N					
J1180	Dyphylline injection	E1					
J1190	Dexrazoxane hcl injection	K		0726	Dexrazoxane HCl injection	0.7072	
J1200	Diphenhydramine hcl injectio	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J1201	Inj. cetirizine hcl 0.5mg	K		9361	Inj. cetirizine hcl 0.5mg	0.1852	
J1202	Miglustat oral 65 mg	E1	A				\$ 32.91
J1203	Inj, cipaglucosidase, 5 mg	G		0737	Inj, cipaglucosidase, 5 mg	1.0229	
J1205	Chlorothiazide sodium inj	N					
J1212	Dimethyl sulfoxide 50% 50 ml	K		1832	Dimethyl sulfoxide 50% 50 ml	8.398	
J1230	Methadone injection	N					
J1240	Dimenhydrinate injection	N					
J1245	Dipyridamole injection	N					
J1250	Inj dobutamine hcl/250 mg	N					
J1260	Dolasetron mesylate	N					
J1265	Dopamine injection	N					
J1267	Doripenem injection	E2					
J1270	Injection, doxercalciferol	N					
J1271	Inj doxycycline hyclate 1 mg	N					
J1290	Ecallantide injection	K		9263	Ecallantide injection	6.5041	
J1299	Inj, eculizumab, 2 mg	K		2070	Inj, eculizumab, 2 mg	0.5027	
J1301	Injection, edaravone, 1 mg	K		9493	Injection, edaravone, 1 mg	0.2354	
J1302	Inj, sutimlimab-jome, 10 mg	K		9444	Inj, sutimlimab-jome, 10 mg	0.2115	
J1303	Inj., ravulizumab-cwvz 10 mg	K		9312	Inj., ravulizumab-cwvz 10 mg	2.5245	
J1304	Inj tofersen intrathec 1 mg	G		9262	Inj tofersen intrathec 1 mg	1.7876	
J1305	Inj, evinacumab-dgnb, 5mg	K		9416	Inj, evinacumab-dgnb, 5 mg	2.1729	
J1306	Injection, inclisiran, 1 mg	K		9004	Injection, inclisiran, 1 mg	0.1381	
J1307	Inj, crovalimab-akkz, 10 mg	K		0818	Inj, crovalimab-akkz, 10 mg	6.185	
J1308	Inj, famotidine, 0.25 mg	N					
J1320	Amitriptyline injection	N					
J1322	Elosulfase alfa, injection	K		1480	Elosulfase alfa, injection	3.4618	
J1323	Inj, elranatamab-bcmm, 1 mg	G		0708	Inj, elranatamab-bcmm, 1 mg	2.0643	
J1324	Enfuvirtide injection	E1					
J1325	Epoprostenol injection	N					
J1326	Inj, zolbetuximab-clzb, 2 mg	G		0747	Inj, zolbetuximab-clzb, 2 mg	0.378	
J1327	Eptifibatide injection	N					
J1330	Ergonovine maleate injection	E2					
J1335	Ertapenem injection	N					
J1364	Erythro lactobionate /500 mg	N					
J1370	Inj, esomeprazole sod, 1 mg	N					
J1380	Estradiol valerate 10 mg inj	N					
J1410	Inj estrogen conjugate 25 mg	K		9038	Inj estrogen conjugate	4.3969	
J1411	Inj, hemgenix, per tx dose	G		9138	Inj, hemgenix, per tx dose	41329.012	
J1412	Inj roctavian ml 2x10^13vc g	G		0713	Inj roctavian ml 2x10^13vc g	140.7856	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J1413	Inj delandistrogene mox rokl	G		0714	Inj delandistrogene mox rokl	37192.99970	
J1414	Inj, beqvez, per tx dose	E1					
J1426	Injection, casimersen, 10 mg	K		9412	Injection, casimersen, 10 mg	1.8623	
J1427	Inj. viltolarsen	N					
J1428	Inj, eteplirsen, 10 mg	K		9484	Inj, eteplirsen, 10 mg	1.8767	
J1429	Inj golodirsen 10 mg	N					
J1430	Ethanolamine oleate 100 mg	K		1688	Ethanolamine oleate	5.7078	
J1434	Inj, focinvez, 1mg	G		0761	Inj, focinvez, 1mg	0.0318	
J1435	Injection estrone per 1 mg	E1					
J1436	Etidronate disodium inj	E1					
J1437	Inj. fe derisomaltose 10 mg	K		9388	Inj. fe derisomaltose 10 mg	0.2469	
J1438	Etanercept injection	K		1608	Etanercept injection	12.1217	
J1439	Inj ferric carboxymaltos 1mg	K		9441	Inj ferric carboxymaltos 1mg	0.0124	
J1440	Fecal microbiota jsml 1 ml	G		9142	Fecal microbiota jsml 1 ml	0.7159	
J1442	Inj filgrastim excl biosimil	K		1469	Inj filgrastim excl biosimil	0.0112	
J1443	Inj ferric pyrophosphate cit	E2					
J1444	Fe pyro cit pow 0.1 mg iron	E2					
J1445	Inj triferic avnu 0.1mg iron	E2					
J1447	Inj tbo filgrastim 1 microg	K		1748	Inj tbo filgrastim 1 microg	0.0031	
J1448	Injection, trilaciclib, 1mg	K		9415	Injection, trilaciclib, 1mg	0.0613	
J1449	Inj eflapegrastim-xnst 0.1mg	G		9114	Inj eflapegrastim-xnst 0.1mg	0.2341	
J1450	Fluconazole	N					
J1451	Fomepizole, 15 mg	K		1689	Fomepizole	0.0704	
J1452	Intraocular fomivirsen na	E2					
J1453	Fosaprepitant injection	N					
J1454	Inj fosnetupitant, palonoset	K		9099	Inj fosnetupitant, palonoset	6.4541	
J1455	Foscarnet sodium injection	K		1849	Foscarnet sodium injection	0.1803	
J1456	Inj, fosaprepitant (teva)	K		9166	Inj, fosaprepitant (teva)	0.0116	
J1457	Gallium nitrate injection	E2					
J1458	Galsulfase injection	N					
J1459	Inj ivig privigen 500 mg	K		1214	Inj IVIG privigen 500 mg	0.569	
J1460	Gamma globulin 1 cc inj	K		1850	Gamma globulin 1 cc inj	0.5499	
J1551	Inj cutaquig 100 mg	N					
J1552	Inj, alyglo, 500 mg	K		0819	Inj, alyglo, 500 mg	1.4606	
J1554	Inj. asceniv	K		9392	Inj. asceniv	5.5708	
J1555	Inj cuvitru, 100 mg	K		9034	Inj cuvitru, 100 mg	0.1889	
J1556	Inj, imm glob bivigam, 500mg	N					
J1557	Gammaplex injection	K		9270	Gammaplex IVIG	0.7142	
J1558	Inj. xembify, 100 mg	K		9372	Inj. xembify, 100 mg	0.1665	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J1559	Hizentra injection	K		1312	Hizentra injection	0.1608	
J1560	Gamma globulin > 10 cc inj	K		1851	Gamma globulin > 10 cc inj	1.9118	
J1561	Gamunex-c/gammaked	K		0948	Gamunex-C/Gammaked	0.5491	
J1562	Vivaglobin, inj	E2	A				PCT CHG
J1566	Immune globulin, powder	K		2731	Immune globulin, powder	0.8837	
J1568	Octagam injection	K		0943	Octagam injection	0.533	
J1569	Gammagard liquid injection	K		0944	Gammagard liquid injection	0.5082	
J1570	Ganciclovir sodium injection	N					
J1571	Hepagam b im injection	K		0946	Hepagam b im injection	0.7474	
J1572	Flebogamma injection	K		0947	Flebogamma injection	0.6253	
J1573	Hepagam b intravenous, inj	K		1138	Hepagam b intravenous, inj	0.7474	
J1574	Inj, ganciclovir (exela)	E2					
J1575	Hyqvia 100mg immunoglobulin	K		1826	Hyqvia 100mg immunoglobulin	0.2036	
J1576	Inj, panzyga, 500 mg	K		9144	Inj, panzyga, 500 mg	0.8186	
J1580	Garamycin gentamicin inj	N					
J1595	Injection glatiramer acetate	K		1015	Injection glatiramer acetate	1.8763	
J1596	Inj, glycopyrrolate, 0.1 mg	K		0792	Inj, glycopyrrolate, 0.1 mg	0.0051	
J1597	Inj glycopyrrolate, glyrx-pf	N					
J1598	Inj glycopyrrolate fres kabi	K		0793	Inj glycopyrrolate fres kabi	0.0151	
J1599	Ivig non-lyophilized, nos	N					
J1600	Gold sodium thiomaleate inj	E1					
J1602	Golimumab for iv use 1mg	K		1475	Golimumab for iv use 1mg	0.1238	
J1610	Glucagon hydrochloride/1 mg	K		9042	Glucagon hydrochloride	2.0461	
J1611	Inj glucagon hcl, fresenius	K		9025	Inj glucagon hcl, fresenius	1.6709	
J1612	Inj glucagon (gvoke) 0.01 mg	K		0882	Inj glucagon (gvoke) 0.01 mg	0.0387	
J1620	Gonadorelin hydroch/ 100 mcg	E2					
J1626	Granisetron hcl injection	N					
J1627	Inj, granisetron, xr, 0.1 mg	K		9421	Inj, granisetron, xr, 0.1 mg	0.0481	
J1628	Inj., guselkumab, 1 mg	K		9029	Inj., guselkumab, 1 mg	0.852	
J1630	Haloperidol injection	N					
J1631	Haloperidol decanoate inj	N					
J1632	Inj., brexanolone, 1 mg	N					
J1640	Hemin, 1 mg	K		1690	Hemin	0.3833	
J1642	Inj heparin sodium per 10 u	N					
J1643	Inj heparin, pfizer, 1000u	N					
J1644	Inj heparin sodium per 1000u	N					
J1645	Dalteparin sodium	N					
J1650	Inj enoxaparin sodium	N					
J1652	Fondaparinux sodium	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J1655	Tinzaparin sodium injection	E2	A				PCT CHG
J1670	Tetanus immune globulin inj	K		1670	Tetanus immune globulin inj	6.6503	
J1675	Histrelin acetate	B					
J1700	Hydrocortisone acetate inj	N					
J1710	Hydrocortisone sodium ph inj	E2					
J1720	Hydrocortisone sodium succ i	N					
J1726	Makena, 10 mg	E1					
J1729	Inj hydroxyprogst capoaat nos	N	E1				
J1730	Diazoxide injection	E1					
J1738	Inj. meloxicam 1 mg	N					
J1740	Ibandronate sodium injection	N					
J1741	Ibuprofen injection	N					
J1742	Ibutilide fumarate injection	K		9044	Ibutilide fumarate injection	1.9324	
J1743	Idursulfase injection	K		9045	Idursulfase injection	6.2629	
J1744	Icatibant injection	K		1443	Icatibant injection	1.4623	
J1745	Infliximab not biosimil 10mg	K		7043	Infliximab not biosimil 10mg	0.3487	
J1746	Inj., ibalizumab-uiyk, 10 mg	K		9189	Inj., ibalizumab-uiyk, 10 mg	0.8889	
J1747	Inj, spesolimab-sbzo, 1 mg	G		9115	Inj, spesolimab-sbzo, 1 mg	0.7371	
J1748	Inj, zymfentra, 10 mg	N					
J1749	Inj, iloprost, 0.1 mcg	N					
J1750	Inj iron dextran	K		1237	Inj iron dextran	0.2031	
J1756	Iron sucrose injection	N					
J1786	Imuglucerase injection	K		1327	Imiglucerase injection	0.4844	
J1790	Droperidol injection	N					
J1800	Propranolol injection	N					
J1805	Inj, esmolol hcl, 10mg	N					
J1806	Inj esmolol hcl wg crit care	N					
J1807	Inj, ethacrylate sod, 1 mg	K		0883	Inj, ethacrylate sod, 1 mg	0.2352	
J1808	Inj, folic acid, 0.1 mg	N					
J1809	Inj, fosdenopterin, 0.1mg	K		0884	Inj, fosdenopterin, 0.1mg	0.1903	
J1811	Fiasp for insulin pump use	K		9366	Fiasp for insulin pump use	0.0926	
J1812	Inj. Insulin (fiasp)	N					
J1813	Lyumjev for insulin pump use	N					
J1814	Inj. insulin (lyumjev)	N					
J1815	Insulin injection	N					
J1817	Insulin for insulin pump use	N					
J1823	Inj. inebilizumab-cdon, 1 mg	K		9394	Inj. inebilizumab-cdon, 1 mg	5.5574	
J1826	Interferon beta-1a inj	K		1852	Interferon beta-1a inj	24.7075	
J1830	Interferon beta-1b / .25 mg	E1	A				\$ 311.16

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J1833	Injection, isavuconazonium	K		9456	Injection, isavuconazonium	0.0113	
J1834	Inj, isoniazid, 1 mg	K		0885	Inj, isoniazid, 1 mg	0.0035	
J1835	Itraconazole injection	E1	A				PCT CHG
J1836	Inj, metronidazole, 10 mg	N					
J1885	Ketorolac tromethamine inj	K1		0764	Ketorolac tromethamine inj	0.0034	
J1920	Inj, labetalol hcl, 5mg	N					
J1921	Inj labetalol hcl hikma, 5mg	N					
J1930	Lanreotide injection	K		9237	Inj, lanreotide acetate	0.3818	
J1931	Laronidase injection	K		9209	Laronidase injection	0.4471	
J1932	Inj, lanreotide, (cipl) 1mg	G		9051	Inj, lanreotide, (cipl) 1mg	0.3347	
J1938	Inj, furosemide, 1 mg	N					
J1939	Inj, bumetanide, 0.5 mg	K		0794	Inj, bumetanide, 0.5 mg	0.0041	
J1941	Inj, furoscix, 20 mg	E1					
J1943	Inj., aristada initio, 1 mg	K		9179	Inj., aristada initio, 1 mg	0.0364	
J1944	Aripiprazole lauroxil 1 mg	K		9470	Aripiprazole lauroxil 1 mg	0.0375	
J1945	Lepirudin	E2					
J1950	Leuprolide acetate /3.75 mg	K		0800	Leuprolide acetate	19.405	
J1951	Inj fensolvi 0.25 mg	K		9419	Inj fensolvi 0.25 mg	1.5812	
J1952	Leuprolide inj, camcevi, 1mg	K		9050	Leuprolide inj, camcevi, 1mg	0.885	
J1953	Levetiracetam injection	N					
J1954	Inj lutrate depot 7.5 mg	G		9136	Leuprolide depot cipla 7.5mg	7.925	
J1955	Inj levocarnitine per 1 gm	B					
J1956	Levofloxacin injection	N					
J1960	Levorphanol tartrate inj	E1					
J1961	Inj, lenacapavir, 1 mg	G		9155	Inj, lenacapavir, 1 mg	0.2484	
J1980	Hyoscyamine sulfate inj	N					
J1990	Chlordiazepoxide injection	E2					
J2002	Inj, lidocaine in d5w, 1 mg	K		0795	Inj, lidocaine in d5w, 1 mg	0	
J2003	Inj, lidocaine hcl, 1 mg	N					
J2004	Inj, lidocaine w epinephrine	N					
J2010	Lincomycin injection	N					
J2020	Linezolid injection	N					
J2021	Inj, linezolid (hospira)	N					
J2060	Lorazepam injection	N					
J2062	Loxapine for inhalation 1 mg	K		9497	Loxapine for inhalation 1 mg	0.1783	
J2151	Inj, mannitol, 250 mg	N					
J2170	Mecasermin injection	N					
J2175	Meperidine hydrochl /100 mg	N					
J2180	Meperidine/promethazine inj	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J2182	Injection, mepolizumab, 1mg	K		9473	Injection, mepolizumab, 1mg	0.3507	
J2183	Inj meropenem (wg crit care)	K		0796	Inj meropenem (wg crit care)	0.0182	
J2184	Inj, meropenem (b. braun)	N					
J2185	Meropenem	N					
J2186	Inj., meropenem, vaborbactam	K		9178	Inj., meropenem, vaborbactam	0.0245	
J2210	Methylergonovin maleate inj	N					
J2212	Methylnaltrexone injection	N					
J2246	Inj, micafungin (baxter)	N					
J2247	Inj, micafungin (par pharm)	N					
J2248	Micafungin sodium injection	N					
J2249	Inj, remimazolam, 1 mg	N					
J2250	Inj midazolam hydrochloride	N					
J2251	Inj midazolam (wg crit care)	N					
J2252	Inj midazolam in 0.8% nacl	N					
J2253	Inj midazolam (seizalam)	N					
J2260	Inj milrinone lactate / 5 mg	N					
J2265	Minocycline hydrochloride	K		1853	Minocycline hydrochloride	0.0299	
J2267	Inj, mirikizumab-mrkz, 1 mg	G		0728	Inj, mirikizumab-mrkz, 1 mg	0.4828	
J2270	Morphine sulfate injection	N					
J2272	Inj, morphine (fresenius)	N					
J2274	Inj morphine pf epid ithc	N					
J2277	Inj, motixafortide, 0.25 mg	G		0729	Inj, motixafortide, 0.25 mg	0.2828	
J2278	Ziconotide injection	K		1694	Ziconotide injection	0.1137	
J2280	Inj, moxifloxacin 100 mg	N					
J2281	Inj moxifloxacin (fres kabi)	N					
J2290	Inj, nafcillin sodium, 20 mg	N					
J2291	Inj, nafcillin (baxter) 20mg	N					
J2300	Inj nalbuphine hydrochloride	N					
J2305	Inj, nitroglycerin, 5 mg	N					
J2312	Inj naloxone hcl nos, 0.01mg	N					
J2313	Inj, naloxone (zimhi) 0.01mg	N					
J2315	Naltrexone, depot form	K		0759	Naltrexone, depot form	0.0476	
J2320	Nandrolone decanoate 50 mg	N					
J2323	Natalizumab injection	K		9126	Natalizumab injection	0.2691	
J2325	Nesiritide injection	E1					
J2326	Inj, nusinersen, 0.1mg	K		9489	Inj, nusinersen, 0.1mg	14.3576	
J2327	Inj risankizumab-rzaa 1 mg	G		9013	Inj risankizumab-rzaa 1 mg	0.1676	
J2329	Inj ublituximab-xiyy, 1 mg	G		9149	Inj ublituximab-xiyy, 1 mg	0.7935	
J2350	Injection, ocrelizumab, 1 mg	K		9494	Injection, ocrelizumab	0.6663	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J2351	Inj ocrelizumab 1mg hya-ocsq	K		2071	Inj ocrelizumab 1mg hya-ocsq	0.5297	
J2353	Octreotide injection, depot	K		1207	Octreotide injection, depot	2.2831	
J2354	Octreotide inj, non-depot	N					
J2355	Oprelvekin injection	E2					
J2356	Inj tezepelumab-ekko, 1mg	K		9008	Inj tezepelumab-ekko, 1mg	0.202	
J2357	Omalizumab injection	K		9300	Omalizumab injection	0.5001	
J2358	Olanzapine long-acting inj	K		1331	Olanzapine long-acting inj	0.0327	
J2359	Inj. olanzapine, 0.5mg	N					
J2360	Orphenadrine injection	N					
J2371	Inj phenylephrine hcl 20 mcg	N					
J2372	Inj, biorphen, 20 micrograms	N					
J2373	Inj, immphentiv, 20 mcg	K		0797	Inj, immphentiv, 20 mcg	0.0016	
J2401	Chloroprocaine hcl injection	N					
J2402	Chloroprocaine (clorotekal)	N					
J2403	Chloroprocaine opht gel, 1mg	G		9116	Chloroprocaine opht gel, 1mg	0.0065	
J2404	Inj, nicardipine 0.1 mg	N					
J2405	Ondansetron hcl injection	N					
J2406	Injection, oritavancin 10 mg	K		9427	Injection, oritavancin 10 mg	0.4764	
J2407	Injection, oritavancin	K		1660	Injection, oritavancin	0.3216	
J2410	Oxymorphone hcl injection	E2					
J2425	Palifermin injection	K		1696	Palifermin injection	0.3987	
J2426	Paliperidone palmitate inj	K		9255	Inj, invega sustenna, 1 mg	0.1695	
J2427	Inj, invega hafyera/trinza	K		9145	Inj, invega hafyera/trinza	0.1457	
J2428	Inj, erzofri, 1 mg	K		2072	Inj, erzofri, 1 mg	0.188	
J2430	Pamidronate disodium /30 mg	N					
J2440	Papaverin hcl injection	N					
J2460	Oxytetracycline injection	E1					
J2468	Inj, palonosetron (avyxa)	G		0815	Inj, palonosetron (posfrea)	0.6531	
J2469	Palonosetron hcl	N					
J2470	Inj pantoprazole sodium 40mg	N					
J2471	Inj pantoprazole(hikma) 40mg	N					
J2472	Inj, pantoprazole sodium chl	N					
J2501	Paricalcitol	N					
J2502	Inj, pasireotide long acting	K		9454	Inj, pasireotide long acting	6.4256	
J2504	Pegademase bovine, 25 iu	E2					
J2506	Inj pegfilgrast ex bio 0.5mg	K		9436	Inj pegfilgrast ex bio 0.5mg	1.002	
J2507	Pegloticase injection	K		9281	Injection, pegloticase	41.055	
J2508	Pegunigalsidase alfa-iwxj	G		0715	Pegunigalsidase alfa-iwxj	2.5587	
J2510	Penicillin g procaine inj	K		1836	Penicillin g procaine inj	0.5292	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J2513	Pentastarch 10% solution	E2	A				PCT CHG
J2515	Pentobarbital sodium inj	N					
J2540	Penicillin g potassium inj	N					
J2543	Piperacillin/tazobactam	N					
J2545	Pentamidine non-comp unit	B					
J2547	Injection, peramivir	K		9451	Injection, peramivir	0.0188	
J2550	Promethazine hcl injection	N					
J2560	Phenobarbital sodium inj	N					
J2561	Inj, sezaby, 1 mg	K		0798	Inj, sezaby, 1 mg	0.0134	
J2562	Plerixafor injection	K		9252	Plerixafor injection	0.2841	
J2590	Oxytocin injection	N					
J2597	Inj desmopressin acetate	K		1440	Inj desmopressin acetate	0.0395	
J2598	Inj, vasopressin, 1 unit	N					
J2599	Inj vasopressin (am reg) 1 u	N					
J2601	Inj, vasopressin (baxter)	G		0778	Inj, vasopressin (baxter)	0.0225	
J2650	Prednisolone acetate inj	E1					
J2670	Totazoline hcl injection	E1					
J2675	Inj progesterone per 50 mg	N					
J2679	Inj fluphenazine hcl 1.25 mg	K		0799	Inj fluphenazine hcl 1.25 mg	0.0823	
J2680	Fluphenazine decanoate 25 mg	N					
J2690	Procainamide hcl injection	K		9219	Procainamide hcl injection	3.3049	
J2700	Oxacillin sodium injeciton	N					
J2704	Inj, propofol, 10 mg	N					
J2710	Neostigmine methylsulfate inj	N					
J2720	Inj protamine sulfate/10 mg	N					
J2724	Protein c concentrate	K		1139	Protein c concentrate	0.1687	
J2725	Inj protirelin per 250 mcg	E1	A				PCT CHG
J2730	Pralidoxime chloride inj	N					
J2760	Phentolaine mesylate inj	K		1458	Phentolaine mesylate inj	4.845	
J2765	Metoclopramide hcl injection	N					
J2770	Quinupristin/dalfopristin	K		2770	Quinupristin/dalfopristin	0.0478	
J2777	Inj, faricimab-svoa, 0.1mg	K		9496	Inj, faricimab-svoa, 0.1mg	0.3799	
J2778	Ranibizumab injection	K		9233	Ranibizumab injection	0.9688	
J2779	Inj, susvimo 0.1 mg	K		9439	Inj, susvimo 0.1 mg	0.8852	
J2781	Inj, pegcetacoplan, 1mg	G		9158	Inj, pegcetacoplan, 1mg	1.5609	
J2782	Inj avacincaptad pegol 0.1mg	G		0705	Inj avacincaptad pegol 0.1mg	1.1789	
J2783	Rasburicase	K		0738	Rasburicase	4.2338	
J2785	Regadenoson injection	N					
J2786	Injection, reslizumab, 1mg	K		9481	Injection, reslizumab	0.1228	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J2787	Riboflavin 5'phos opth<=3ml	N					
J2788	Rho d immune globulin 50 mcg	N					
J2790	Rho d immune globulin inj	N					
J2791	Rhophylac injection	N					
J2792	Rho(d) immune globulin h, sd	K		1609	Rho(D) immune globulin h, sd	0.2855	
J2793	Rilonacept injection	E1	A				\$ 18.16
J2794	Inj risperdal consta, 0.5 mg	K		9125	Risperidone, long acting	0.1231	
J2795	Ropivacaine hcl injection	N					
J2797	Inj., rolapitant, 0.5 mg	E1					
J2798	Inj., perseris, 0.5 mg	K		9181	Inj., perseris, 0.5 mg	0.1362	
J2799	Inj, uzedy, 1 mg	G		9266	Inj, uzedy, 1 mg	0.2808	
J2800	Methocarbamol injection	N					
J2801	Inj, rykindo, 0.5 mg	K		0739	Inj, rykindo, 0.5 mg	0.1461	
J2802	Inj, romiplostim 1 microgram	K		0822	Inj, romiplostim 1 microgram	0.1235	
J2804	Inj, rifampin, 1 mg	N					
J2805	Sincalide injection	N					
J2810	Inj theophylline per 40 mg	E1					
J2820	Sargramostim injection	K		0731	Sargramostim injection	0.5648	
J2840	Inj sebelipase alfa 1 mg	K		9478	Inj sebelipase alfa 1 mg	6.055	
J2850	Inj secretin synthetic human	K		1700	Inj secretin synthetic human	0.4544	
J2860	Injection, siltuximab	K		9455	Injection, siltuximab	1.8597	
J2865	Inj sulfameth/trim 5 mg/1 mg	N					
J2910	Aurothioglucose injeciton	E2					
J2916	Na ferric gluconate complex	N					
J2919	Inj, methylpred sod succ 5mg	K		0801	Inj, methylpred sod succ 5mg	0.0024	
J2940	Somatrem injection	E2	A				PCT CHG
J2941	Somatropin injection	K		9319	Somatropin injection	0.5486	
J2950	Promazine hcl injection	N					
J2993	Reteplase injection	K		9005	Reteplase injection	32.5738	
J2995	Inj streptokinase /250000 iu	E2					
J2997	Alteplase recombinant	K		7048	Alteplase recombinant	1.0592	
J2998	Inj plasminogen tvmh 1mg	K		9206	Inj plasminogen tvmh 1mg	0.3675	
J3000	Streptomycin injection	N					
J3010	Fentanyl citrate injection	N					
J3030	Sumatriptan succinate / 6 mg	N					
J3031	Inj., fremanezumab-vfrm 1 mg	N					
J3032	Inj. eptinezumab-jjmr 1 mg	K		9357	Inj. eptinezumab-jjmr 1 mg	0.224	
J3055	Inj talquetamab-tgvs 0.25 mg	G		0706	Inj talquetamab-tgvs 0.25 mg	0.8144	
J3060	Inj, taliglucerase alfa 10 u	K		9294	Inj, taliglucerase alfa 10 u	0.461	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J3070	Pentazocine injection	N					
J3090	Inj tedizolid phosphate	K		1662	Inj tedizolid phosphate	0.022	
J3095	Telavancin injection	K		9258	Telavancin injection	0.0798	
J3101	Tenecteplase injection	K		9002	Tenecteplase injection	1.9314	
J3105	Terbutaline sulfate inj	N					
J3110	Teriparatide injection	B					
J3111	Inj. romosozumab-aqqg 1 mg	K		9327	Inj. romosozumab-aqqg 1 mg	0.1354	
J3121	Inj testostero enanthate 1mg	N					
J3145	Testosterone undecanoate 1mg	K		9078	Testosterone undecanoate 1mg	0.0232	
J3230	Chlorpromazine hcl injection	N					
J3240	Thyrotropin injection	K		9108	Thyrotropin injection	23.7338	
J3241	Inj. teprotumumab-trbw 10 mg	K		9355	Inj. teprotumumab-trbw 10 mg	4.0282	
J3243	Tigecycline injection	N					
J3244	Inj. tigecycline (accord)	N					
J3245	Inj., tildrakizumab, 1 mg	K		9306	Inj., tildrakizumab, 1 mg	1.4293	
J3246	Tirofiban hcl	N					
J3247	Inj secukinumab intrav 1mg	G		0725	Inj secukinumab intrav 1mg	0.2001	
J3250	Trimethobenzamide hcl inj	N					
J3260	Tobramycin sulfate injection	N					
J3262	Tocilizumab injection	K		9264	Tocilizumab injection	0.064	
J3263	Inj, toripalimab-tpzi, 1 mg	G		0745	Inj, toripalimab-tpzi, 1 mg	0.442	
J3265	Injection torsemide 10 mg/ml	E2					
J3280	Thiethylperazine maleate inj	E2					
J3285	Treprostinil injection	K		1701	Treprostinil injection	0.6135	
J3290	Inj, tranexamic acid 5 mg	E1					
J3299	Inj xipere 1 mg	K		9358	Inj xipere 1 mg	0.538	
J3300	Triamcinolone a inj prs-free	G		1253	Triamcinolone a inj prs-free	0.2747	
J3301	Triamcinolone acet inj nos	N					
J3302	Triamcinolone diacetate inj	N					
J3303	Triamcinolone hexacetoni inj	N					
J3304	Inj triamcinolone ace xr 1mg	K		9469	Inj triamcinolone ace xr 1mg	0.2052	
J3305	Inj trimetrexate glucoronate	E2					
J3310	Perphenazine injeciton	E2					
J3315	Triptorelin pamoate	K		9122	Triptorelin pamoate	5.3251	
J3316	Inj., triptorelin xr 3.75 mg	K		9016	Inj., triptorelin xr 3.75 mg	42.8095	
J3320	Spectinomycin di-hcl inj	E2					
J3350	Urea injection	E2					
J3355	Urofollitropin, 75 iu	E2					
J3357	Ustekinumab sub cu inj, 1 mg	K		9261	Ustekinumab sub cu inj, 1 mg	1.6755	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J3358	Ustekinumab, iv inject, 1 mg	K		9487	Ustekinumab, iv inject,1 mg	0.1457	
J3360	Diazepam injection	N					
J3364	Urokinase 5000 iu injection	E2					
J3365	Urokinase 250,000 iu inj	E2					
J3373	Inj, vancomycin hcl, 10 mg	N					
J3374	Inj, vancomycin (mylan) 10mg	N					
J3375	Inj vancomycin (xellia) 10mg	N					
J3380	Injection, vedolizumab	K		1489	Inj vedolizumab iv 1 mg	0.239	
J3385	Velaglucerase alfa	K		9271	Velaglucerase alfa	4.2768	
J3391	Inj, atidarsagene autotemcel	K		0845	Inj, atidarsagene autotemcel	50522.0424	
J3392	Inj, exagamglogene autotem	K		0824	Inj, exagamglogene autotem	26152.5867	
J3393	Inj, betibeglogene autotemce	G		0746	Inj, betibeglogene autotemce	33035.4720	
J3394	Inj, lovitibeglogene autotem	G		0748	Inj, lovitibeglogene autotem	36430.2136	
J3396	Verteporfin injection	K		1203	Verteporfin injection	0.1294	
J3397	Inj., vestronidase alfa-vjvk	K		9190	Inj., vestronidase alfa-vjvk	3.1393	
J3398	Inj luxturna 1 billion vec g	K		9070	Inj luxturna 1 billion vec g	33.6729	
J3399	Inj onase abepar-xioi treat	K		9141	Inj onase abepar-xioi treat	27533.2302	
J3400	Triflupromazine hcl inj	E2					
J3401	Vyjuvek 5x10^9pfu/ml, 0.1 ml	G		0716	Vyjuvek 5x10^9pfu/ml, 0.1 ml	11.4999	
J3402	Inj. remestemcel-l-rknd/ td	K		0886	Inj. remestemcel-l-rknd/ td	2306.1826	
J3403	Revakinagene, per implant	G		0897	Revakinagene, per implant	2887.7749	
J3410	Hydroxyzine hcl injection	N					
J3411	Thiamine hcl 100 mg	N					
J3415	Pyridoxine hcl 100 mg	N					
J3420	Vitamin b12 injection	N					
J3424	Inj hydroxocobalamin iv 25mg	K		0740	Inj hydroxocobalamin iv 25mg	0.0581	
J3425	Inj, hydroxocobalamin	K		0803	Hydroxocobalamin im 10mcg	0.0001	
J3430	Vitamin k phytanadione inj	N					
J3465	Injection, voriconazole	N					
J3470	Hyaluronidase injection	N					
J3471	Ovine, up to 999 usp units	N					
J3472	Ovine, 1000 usp units	N					
J3473	Hyaluronidase recombinant	N					
J3475	Inj magnesium sulfate	N					
J3480	Inj potassium chloride	N					
J3485	Zidovudine	N					
J3486	Ziprasidone mesylate	N					
J3489	Zoledronic acid 1mg	N					
J3490	Drugs unclassified injection	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J3520	Edetate disodium per 150 mg	E1					
J3530	Nasal vaccine inhalation	N					
J3535	Metered dose inhaler drug	E1					
J3570	Laetrile amygdalin vit b17	E1					
J3590	Unclassified biologics	N					
J3591	Esrd on dialysi drug/bio noc	B					
J7030	Normal saline solution infus	N					
J7040	Normal saline solution infus	N					
J7042	5% dextrose/normal saline	N					
J7050	Normal saline solution infus	N					
J7060	5% dextrose/water	N					
J7070	D5w infusion	N					
J7100	Dextran 40 infusion	N					
J7110	Dextran 75 infusion	N					
J7120	Ringers lactate infusion	N					
J7121	5% dextrose in lac ringers	N					
J7131	Hypertonic saline sol	N					
J7165	Inj, human-lans, per i.u	G		0702	Inj, human-lans, per i.u	0.0173	
J7168	Prothrombin complex kcentra	K		9132	Prothrombin complex kcentra	0.024	
J7169	Inj andexxa, 10 mg	K		9198	Inj andexxa, 10 mg	1.4733	
J7170	Inj., emicizumab-kxwh 0.5 mg	K		9257	Inj., emicizumab-kxwh 0.5 mg	0.6292	
J7171	Inj, adzynma, 10 iu	G		0727	Inj, adzynma, 10 iu	0.3991	
J7172	Inj marstacim-hncq, 0.5 mg	G		2064	Inj marstacim-hncq, 0.5 mg	0.573	
J7173	Inj. concizumab-mtci, 0.5 mg	K		0888	Inj. concizumab-mtci, 0.5 mg	0.969	
J7174	Injection fitusiran 0.04 mg	G		0889	Injection fitusiran 0.04 mg	1.4944	
J7175	Inj, factor x, (human), 1iu	K		1857	Inj, factor x, (human), 1iu	0.1096	
J7177	Inj., fibryga, 1 mg	K		9046	Inj., fibryga, 1 mg	0.0137	
J7178	Inj human fibrinogen con nos	K		1478	Inj human fibrinogen con nos	0.017	
J7179	Vonvendi inj 1 iu vwf:rho	K		9059	Vonvendi inj 1 iu vwf:rho	0.0208	
J7180	Factor xiii anti-hem factor	K		1416	Factor xiii anti-hem factor	0.1206	
J7181	Factor xiii recomb a-subunit	K		1746	Factor xiii recomb a-subunit	0.2036	
J7182	Factor viii recomb novoeight	K		1856	Factor viii recomb novoeight	0.0173	
J7183	Wilate injection	K		1352	Wilate injection	0.0144	
J7185	Xyntha inj	K		1268	Xyntha inj	0.0188	
J7186	Antihemophilic viii/vwf comp	K		1213	Antihemophilic viii/vwf comp	0.014	
J7187	Humate-p, inj	K		1704	Humate-P, inj	0.0167	
J7188	Factor viii recomb obizur	K		1827	Factor viii recomb obizur	0.0362	
J7189	Factor viia recomb novoseven	K		1705	Factor viia recomb novoseven	0.0298	
J7190	Factor viii	K		0925	Factor viii	0.0122	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J7191	Factor viii (porcine)	E2					
J7192	Factor viii recombinant nos	K		0927	Factor viii recombinant	0.0181	
J7193	Factor ix non-recombinant	K		0931	Factor IX non-recombinant	0.0157	
J7194	Factor ix complex	K		0928	Factor ix complex	0.019	
J7195	Factor ix recombinant nos	K		0932	Factor ix recombinant nos	0.0207	
J7196	Antithrombin recombinant	E2					
J7197	Antithrombin iii injection	K		1263	Antithrombin iii injection	0.046	
J7198	Anti-inhibitor	K		0929	Anti-inhibitor	0.0271	
J7199	Hemophilia clot factor noc	B					
J7200	Factor ix recombinan rixubis	N					
J7201	Factor ix alprolix recomb	K		1486	Factor ix fc fusion recomb	0.0403	
J7202	Factor ix idelvion inj	K		9171	Factor ix idelvion inj	0.0597	
J7203	Factor ix recomb gly rebinyn	K		9468	Factor ix recomb gly rebinyn	0.05	
J7204	Inj recombin esperoct per iu	K		9354	Inj recombin esperoct per iu	0.0249	
J7205	Factor viii fc fusion recomb	K		1656	Factor viii fc fusion recomb	0.0272	
J7207	Factor viii pegylated recomb	K		1844	Factor viii pegylated recomb	0.0235	
J7208	Inj. jivi 1 iu	K		9299	Inj. jivi 1 iu	0.0297	
J7209	Factor viii nuwiq recomb 1iu	K		1846	Factor viii nuwiq recomb 1iu	0.0125	
J7210	Inj, afstyla, 1 i.u.	K		9043	Inj, afstyla, 1 i.u.	0.0176	
J7211	Inj, kovaltry, 1 i.u.	K		9075	Inj, kovaltry, 1 i.u.	0.0176	
J7212	Factor viia recomb sevenfact	N					
J7213	Inj, ixinity, 1 i.u.	K		9146	Inj, ixinity, 1 i.u.	0.0215	
J7214	Altuviio per factor viii iu	G		9277	Altuviio per factor viii iu	0.0523	
J7294	Seg acet and eth estr yearly	E1					
J7295	Eth estr and eton monthly	E1					
J7296	Kyleena, 19.5 mg	E1	A				\$1,214.63
J7297	Liletta, 52 mg	E1					
J7298	Mirena, 52 mg	E1	A				\$1,214.63
J7300	Intraut copper contraceptive	E1	A				\$1,139.00
J7301	Skyla, 13.5 mg	E1	A				\$1,011.38
J7304	Contraceptive hormone patch	E1	A				\$16.59
J7306	Levonorgestrel implant sys	E1	A				\$478.78
J7307	Etonogestrel implant system	E1	A				\$1,214.63
J7308	Aminolevulinic acid hcl top	K		7308	Aminolevulinic acid hcl top	4.3972	
J7309	Methyl aminolevulinate, top	E2					
J7310	Ganciclovir long act implant	E2					
J7311	Inj., retisert, 0.01 mg	K		9225	Fluocinolone acetone implt	3.8165	
J7312	Dexamethasone intra implant	K		9256	Dexamethasone intra implant	2.2946	
J7313	Inj., iluvien, 0.01 mg	K		9450	Fluocinol acet intravit imp	5.5864	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J7314	Inj., yutiq, 0.01 mg	K		9328	Inj., yutiq, 0.01 mg	5.9425	
J7315	Ophthalmic mitomycin	N					
J7316	Inj, ocriplasmin, 0.125 mg	N					
J7318	Inj, durolane 1 mg	K		9174	Inj, durolane 1 mg	0.076	
J7320	Genvisc 850, inj, 1mg	K		9079	Genvisc 850, inj, 1mg	0.0647	
J7321	Hyalgan supartz visco-3 dose	N					
J7322	Hymovis injection 1 mg	K		9471	Hymovis injection 1 mg	0.1976	
J7323	Euflexxa inj per dose	K		0875	Euflexxa inj per dose	1.2611	
J7324	Orthovisc inj per dose	K		0877	Orthovisc inj per dose	1.2845	
J7325	Synvisc or synvisc-one	K		0874	Synvisc or synvisc-one	0.0892	
J7326	Gel-one	K		1417	Gel-one	5.9354	
J7327	Monovisc inj per dose	K		1747	Monovisc inj per dose	7.1391	
J7328	Gelsyn-3 injection 0.1 mg	N					
J7329	Inj, trivisc 1 mg	K		9196	Inj, trivisc 1 mg	0.0526	
J7330	Cultured chondrocytes implnt	B	A				PCT CHG
J7331	Synojoynt, inj., 1 mg	N					
J7332	Inj., triluron, 1 mg	K	E1				
J7336	Capsaicin 8% patch	K		9071	Capsaicin 8% patch	0.0384	
J7340	Carbidopa levodopa ent 100ml	K		9320	Carbidopa levodopa ent 100ml	2.732	
J7342	Ciprofloxacin otic susp 6 mg	N					
J7345	Aminolevulinic acid, 10% gel	K		9301	Aminolevulinic acid, 10% gel	0.0201	
J7351	Inj bimatoprost itc imp1mcg	K		9351	Inj bimatoprost itc imp 1mcg	2.3982	
J7352	Afamelanotide implant, 1 mg	K		9396	Afamelanotide implant, 1 mg	33.0095	
J7353	Anacaulase-bcdb 8.8% gel 1 g	G		0742	Anacaulase-bcdb 8.8% gel 1 g	0.6539	
J7354	Cantharidin top, applicator	G		0707	Cantharidin top, applicator	7.3429	
J7355	Inj travoprost intra impl	G		0749	Inj travoprost intra impl	2.1949	
J7356	Inj foscarb/foslevodopa 5 mg	N					
J7402	Mometasone sinus sinuva	K		9346	Mometasone sinus sinuva	0.1272	
J7500	Azathioprine oral 50mg	N					
J7501	Azathioprine parenteral	K		0887	Azathioprine parenteral	2.8493	
J7502	Cyclosporine oral 100 mg	N					
J7503	Tacrol envarsus ex rel oral	N					
J7504	Lymphocyte immune globulin	K		0890	Lymphocyte immune globulin	57.5883	
J7505	Monoclonal antibodies	E2					
J7507	Tacrolimus imme rel oral 1mg	N					
J7508	Tacrol astagraf ex rel oral	N					
J7509	Methylprednisolone oral	N					
J7510	Prednisolone oral per 5 mg	N					
J7511	Antithymocyte globuln rabbit	K		9104	Antithymocyte globuln rabbit	11.2076	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J7512	Prednisone ir or dr oral 1mg	N					
J7513	Daclizumab, parenteral	E2					
J7514	Mycophenol (myhibbin) 100 mg	N					
J7515	Cyclosporine oral 25 mg	N					
J7516	Cyclosporin parenteral 250mg	N					
J7517	Mycophenolate mofetil oral	N					
J7518	Mycophenolic acid	N					
J7519	Inj. mycophenolate mofetil	N					
J7520	Sirolimus, oral	N					
J7521	Tacrolim granules oral susp	N					
J7525	Tacrolimus injection	K		9006	Tacrolimus injection	2.9511	
J7527	Oral everolimus	N					
J7599	Immunosuppressive drug noc	N					
J7601	Ensifentrine inh 3 mg	B					
J7604	Acetylcysteine comp unit	M					
J7605	Arformoterol non-comp unit	M					
J7606	Formoterol fumarate, inh	M					
J7607	Levalbuterol comp con	M					
J7608	Acetylcysteine non-comp unit	M					
J7609	Albuterol comp unit	M					
J7610	Albuterol comp con	M					
J7611	Albuterol non-comp con	M					
J7612	Levalbuterol non-comp con	M					
J7613	Albuterol non-comp unit	M					
J7614	Levalbuterol non-comp unit	M					
J7615	Levalbuterol comp unit	M					
J7620	Albuterol ipratrop non-comp	M					
J7622	Beclomethasone comp unit	M					
J7624	Betamethasone comp unit	M					
J7626	Budesonide non-comp unit	M					
J7627	Budesonide comp unit	M					
J7628	Bitolterol mesylate comp con	M					
J7629	Bitolterol mesylate comp unt	M					
J7631	Cromolyn sodium noncomp unit	M					
J7632	Cromolyn sodium comp unit	M					
J7633	Budesonide non-comp con	M					
J7634	Budesonide comp con	M					
J7635	Atropine comp con	M					
J7636	Atropine comp unit	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J7637	Dexamethasone comp con	M					
J7638	Dexamethasone comp unit	M					
J7639	Dornase alfa non-comp unit	M					
J7640	Formoterol comp unit	E1	A				PCT CHG
J7641	Flunisolide comp unit	M					
J7642	Glycopyrrolate comp con	M					
J7643	Glycopyrrolate comp unit	M					
J7644	Ipratropium bromide non-comp	M					
J7645	Ipratropium bromide comp	M					
J7647	Isoetharine comp con	M					
J7648	Isoetharine non-comp con	M					
J7649	Isoetharine non-comp unit	M					
J7650	Isoetharine comp unit	M					
J7657	Isoproterenol comp con	M					
J7658	Isoproterenol non-comp con	M					
J7659	Isoproterenol non-comp unit	M					
J7660	Isoproterenol comp unit	M					
J7665	Mannitol for inhaler	N					
J7667	Metaproterenol comp con	M					
J7668	Metaproterenol non-comp con	M					
J7669	Metaproterenol non-comp unit	M					
J7670	Metaproterenol comp unit	M					
J7674	Methacholine chloride, neb	N					
J7676	Pentamidine comp unit dose	M					
J7677	Revefenacin inh non-com 1mcg	M					
J7680	Terbutaline sulf comp con	M					
J7681	Terbutaline sulf comp unit	M					
J7682	Tobramycin non-comp unit	M					
J7683	Triamcinolone comp con	M					
J7684	Triamcinolone comp unit	M					
J7685	Tobramycin comp unit	M					
J7686	Treprostinil, non-comp unit	M					
J7699	Inhalation solution for dme	M					
J7799	Non-inhalation drug for dme	N					
J7999	Compounded drug, noc	N					
J8498	Antiemetic rectal/supp nos	B					
J8499	Oral prescrip drug non chemo	E1					
J8501	Oral aprepitant	N					
J8510	Oral busulfan	K		9335	Oral busulfan	0.9444	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J8515	Cabergoline, oral 0.25mg	E1	A				\$10.68
J8522	Capecitabine, oral, 50 mg	K		0804	Capecitabine, oral, 50 mg	0.0004	
J8530	Cyclophosphamide oral 25 mg	N					
J8540	Oral dexamethasone	N					
J8541	Oral, hemady, 0.25 mg	N					
J8560	Etoposide oral 50 mg	N					
J8562	Oral fludarabine phosphate	E2					
J8565	Gefitinib oral	E1	A				PCT CHG
J8597	Antiemetic drug oral nos	N					
J8600	Melphalan oral 2 mg	E1					
J8610	Methotrexate oral 2.5 mg	N					
J8611	Oral methotrexate (jylamvo)	K		0755	Oral methotrexate (jylamvo)	0.2071	
J8612	Oral methotrexate (xatmep)	K		0756	Oral methotrexate (xatmep)	0.2543	
J8650	Nabilone oral	E2					
J8655	Oral netupitant, palonosetro	K		9448	Oral netupitant, palonosetro	4.7426	
J8670	Rolapitant, oral, 1mg	K		1761	Rolapitant, oral, 1mg	0.0208	
J8700	Temozolomide	N					
J8705	Topotecan oral	N					
J8999	Oral prescription drug chemo	B					
J9000	Doxorubicin hcl injection	N					
J9011	Datopotamab deruxtecan, 1 mg	G		0835	Datopotamab deruxtecan, 1 mg	0.5782	
J9015	Aldesleukin injection	K		0807	Aldesleukin injection	59.4518	
J9017	Arsenic trioxide injection	K		9012	Arsenic trioxide injection	0.0914	
J9019	Erwinaze injection	E2					
J9020	Asparaginase, nos	E2					
J9021	Inj, aspara, rylaze, 0.1 mg	K		9437	Inj, aspara, rylaze, 0.1 mg	0.6221	
J9022	Inj, atezolizumab,10 mg	K		9483	Inj, atezolizumab,10 mg	1.0243	
J9023	Injection, avelumab, 10 mg	K		9491	Injection, avelumab, 10 mg	1.1224	
J9024	Inj atezolizumb 5mg hya-tqjs	K		2073	Inj atezolizumb 5mg hya-tqjs	0.3542	
J9025	Azacitidine injection	N					
J9026	Inj, tarlatamab-dlle, 1 mg	G		0768	Inj, tarlatamab-dlle, 1 mg	17.5469	
J9027	Clofarabine injection	K		1710	Clofarabine injection	0.047	
J9028	Inj, nogapendekin pmln, 1mcg	G		0767	Inj, nogapendekin pmln 1 mcg	1.0616	
J9029	Inj, adstiladrin, per tx dos	G		0717	Instill adstiladrin, tx dose	710.3621	
J9030	Bcg live intravesical 1mg	N					
J9032	Injection, belinostat, 10mg	K		1658	Injection, belinostat, 10mg	0.5885	
J9033	Inj., treanda 1 mg	K		9243	Inj, bendamustine hcl, 1mg	0.0211	
J9034	Inj., bendeka 1 mg	K		1861	Inj., bendeka 1 mg	0.1513	
J9035	Bevacizumab injection	K		9214	Bevacizumab injection	0.8209	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J9036	Inj. belrapzo/bendamustine	K		9313	Inj. belrapzo/bendamustine	0.1378	
J9038	Inj axatilimab-csfr 0.1 mg	G		0839	Inj axatilimab-csfr 0.1 mg	0.6241	
J9039	Injection, blinatumomab	K		9449	Injection, blinatumomab	1.842	
J9040	Bleomycin sulfate injection	N					
J9041	Injection, bortezomib, 0.1mg	N					
J9042	Brentuximab vedotin inj	K		9287	Brentuximab vedotin inj	2.9006	
J9043	Cabazitaxel injection	K		9276	Cabazitaxel injection	2.5488	
J9045	Carboplatin injection	N					
J9046	Inj, bortezomib, dr. reddy's	K		9026	Inj, bortezomib, dr. reddy's	0.0551	
J9047	Injection, carfilzomib, 1 mg	K		9295	Injection, Carfilzomib, 1 mg	0.6241	
J9048	Inj, bortezomib freseniuskab	K		9027	Inj, bortezomib freseniuskab	0.185	
J9049	Inj, bortezomib, hospira	N					
J9050	Carmustine injection	K		0812	Carmustine injection	2.6742	
J9051	Inj, bortezomib (maia)	E2					
J9052	Inj, carmustine (accord)	K		0718	Inj, carmustine (accord)	2.9124	
J9054	Inj bortezomib boruzu 0.1 mg	G		2066	Inj bortezomib boruzu 0.1 mg	0.2933	
J9055	Cetuximab injection	K		9215	Cetuximab injection	0.8789	
J9056	Inj, bendamustine, 1 mg	G		9154	Inj, vivimusta, 1 mg	0.3348	
J9057	Inj., copanlisib, 1 mg	E1					
J9060	Cisplatin 10 mg injection	N					
J9061	Inj, amivantamab-vmjw	K		9432	Inj, amivantamab-vmjw	0.2528	
J9063	Inj, elahere, 1 mg	G		9109	Inj, elahere, 1 mg	0.7793	
J9064	Inj, cabazitaxel (sandoz)	E2					
J9065	Inj cladribine per 1 mg	K		0858	Inj cladribine	0.1198	
J9071	Inj cyclophosphamd auromedic	K		9203	Inj cyclophosphamd auromedic	0.0071	
J9072	Inj cyclophos dr.reddy's 5mg	G		0719	Inj cyclophos avyxa 5mg	0.1021	
J9073	Inj cyclophosphamd (ingenus)	K		0741	Inj cyclophosphamd (ingenus)	0.0088	
J9074	Inj, cyclophosphamd, sandoz	K		0785	Inj, cyclophosphamd, sandoz	0.0441	
J9075	Inj, cyclophosphamide, nos	K		0743	Inj, cyclophosphamide, nos	0.0054	
J9076	Inj, cyclophos (baxter) 5mg	K		0907	Inj, cyclophos (baxter) 5mg	0.0562	
J9098	Cytarabine liposome inj	E2					
J9100	Cytarabine hcl 100 mg inj	N					
J9118	Inj. calaspargase pegol-mknl	K		0870	Inj. calaspargase pegol-mknl	0.9204	
J9119	Inj., cemiplimab-rwlc, 1 mg	K		9304	Inj., cemiplimab-rwlc, 1 mg	0.3285	
J9120	Dactinomycin injection	K		0752	Dactinomycin injection	3.6822	
J9130	Dacarbazine 100 mg inj	N					
J9144	Daratumumab, hyaluronidase	K		9378	Daratumumab, hyaluronidase	0.6232	
J9145	Injection, daratumumab 10 mg	K		9476	Injection, daratumumab 10 mg	0.8004	
J9150	Daunorubicin injection	K		0820	Daunorubicin injection	0.2433	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J9151	Daunorubicin citrate inj	E2					
J9153	Inj daunorubicin, cytarabine	K		9302	Inj daunorubicin, cytarabine	2.8719	
J9155	Degarelix injection	K		1296	Degarelix injection	0.0499	
J9161	Inj denileuk difti-cxdl 1mcg	E2					
J9165	Diethylstilbestrol injection	E2					
J9171	Docetaxel injection	N					
J9172	Docetaxel (ingenus), 1 mg	G		0757	Docetaxel (docivyx), 1 mg	0.5695	
J9173	Inj., durvalumab, 10 mg	K		9492	Inj., durvalumab, 10 mg	0.9546	
J9174	Inj, docetaxel (beizray) 1mg	G		0841	Inj, docetaxel (beizray) 1mg	0.5884	
J9175	Elliotts b solution per ml	N					
J9176	Injection, elotuzumab, 1mg	K		9477	Injection, elotuzumab, 1mg	0.0884	
J9177	Inj enfort vedo-ejfv 0.25mg	K		9364	Inj enfort vedo-ejfv 0.25mg	0.4121	
J9178	Inj, epirubicin hcl, 2 mg	N					
J9179	Eribulin mesylate injection	K		1426	Eribulin mesylate injection	1.002	
J9181	Etoposide injection	N					
J9185	Fludarabine phosphate inj	K		9080	Fludarabine phosphate inj	0.7648	
J9190	Fluorouracil injection	N					
J9196	Inj gemcitabine hcl (accord)	N					
J9198	Inj. infugem, 100 mg	E1					
J9200	Floxuridine injection	K		0827	Floxuridine injection	46.2943	
J9201	In gemcitabine hcl nos 200mg	N					
J9202	Goserelin acetate implant	K		0810	Goserelin acetate implant	8.2278	
J9203	Gemtuzumab ozogamicin 0.1 mg	K		9495	Gemtuzumab ozogamicin inj	2.6536	
J9204	Inj mogamulizumab-kpkc, 1 mg	K		9182	Inj mogamulizumab-kpkc, 1 mg	2.7868	
J9205	Inj irinotecan liposome 1 mg	K		9474	Inj irinotecan liposome 1 mg	0.7402	
J9206	Irinotecan injection	N					
J9207	Ixabepilone injection	K		9240	Injection, ixabepilone	1.5612	
J9208	Ifosfamide injection	N					
J9209	Mesna injection	N					
J9210	Inj., emapalumab-lzsg, 1 mg	K		9310	Inj., emapalumab-lzsg, 1 mg	4.3159	
J9211	Idarubicin hcl injection	N					
J9212	Interferon alfacon-1 inj	E2					
J9213	Interferon alfa-2a inj	E1					
J9214	Interferon alfa-2b inj	N					
J9215	Interferon alfa-n3 inj	E1					
J9216	Interferon gamma 1-b inj	E1	A				\$4,261.50
J9217	Leuprolide acetate suspnsion	K		9217	Leuprolide acetate suspnsion	1.9788	
J9218	Leuprolide acetate injeciton	N					
J9219	Leuprolide acetate implant	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J9220	Indigotindisulfonate sod 1mg	G		0821	Indigotindisulfonate sod 1mg	0.1117	
J9223	Inj. lurbinectedin, 0.1 mg	K		9389	Inj. lurbinectedin, 0.1 mg	2.3229	
J9225	Vantas implant	N					
J9226	Supprelin la implant	K		1142	Supprelin LA implant	504.8913	
J9227	Inj. isatuximab-irfc 10 mg	K		9377	Inj. isatuximab-irfc 10 mg	0.9185	
J9228	Ipilimumab injection	K		9284	Ipilimumab injection	2.0577	
J9229	Inj inotuzumab ozogam 0.1 mg	K		9028	Inj inotuzumab ozogam 0.1 mg	30.2577	
J9230	Mechlorethamine hcl inj	N					
J9245	Inj melpha hydroch nos 50 mg	K		0840	Inj melpha hydroch nos 50 mg	1.0755	
J9246	Inj., evomela, 1 mg	K		9375	Inj., evomela, 1 mg	0.2074	
J9248	Inj melphalan (hepzato) 1 mg	G		0730	Inj melphalan (hepzato) 1 mg	8.9157	
J9249	Inj, melphalan (apotex) 1 mg	G		0842	Inj, melphalan (apotex) 1 mg	0.7265	
J9255	Inj, methotrexate (accord)	E2					
J9260	Methotrexate sodium inj	N					
J9261	Nelarabine injection	K		0825	Nelarabine injection	0.8956	
J9262	Inj, omacetaxine mep, 0.01mg	E1					
J9263	Oxaliplatin	N					
J9264	Paclitaxel protein bound	K		1712	Paclitaxel protein bound	0.1182	
J9266	Pegaspargase injection	K		0843	Pegaspargase injection	318.7662	
J9267	Paclitaxel injection	N					
J9268	Pentostatin injection	K		0844	Pentostatin injection	29.2496	
J9269	Inj. tagraxofusp-erzs 10 mcg	K		9309	Inj. tagraxofusp-erzs 10 mcg	4.0028	
J9270	Plicamycin (mithramycin) inj	E2					
J9271	Inj pembrolizumab	K		1490	Inj pembrolizumab	0.6761	
J9272	Inj, dostarlimab-gxly, 10 mg	K		9431	Inj, dostarlimab-gxly, 10 mg	2.7331	
J9273	Inj tisotu vedotin-tftv, 1mg	K		9204	Inj tisotu vedotin-tftv, 1mg	2.1169	
J9274	Inj, tebentafusp-tebn, 1 mcg	K		9446	Inj, tebentafusp-tebn, 1 mcg	2.4346	
J9275	Inj cosibelimab-ipdl, 2 mg	E2					
J9276	Inj zanidatamab-hrii, 2 mg	G		2062	Inj zanidatamab-hrii, 2 mg	0.2809	
J9280	Mitomycin injection	K		1232	Mitomycin injection	0.2282	
J9281	Mitomycin instillation	K		9374	Mitomycin instillation	3.5722	
J9285	Inj, olaratumab, 10 mg	E1					
J9286	Inj glofitamab gxbm, 2.5 mg	G		0720	Inj glofitamab gxbm, 2.5 mg	31.0409	
J9289	Inj nivolumab 2 mg hyaluron	G		0848	Inj nivolumab 2 mg hyaluron	0.3069	
J9292	Inj, pemetrexed (avyxa) 10mg	G		2076	Inj, pemetrexed (avyxa) 10mg	0.9234	
J9293	Mitoxantrone hydrochl / 5 mg	K		0864	Mitoxantrone hydrochl	0.2678	
J9294	Inj pemetrexed, hospira 10mg	K		9123	Inj pemetrexed, hospira 10mg	0.0398	
J9295	Injection, necitumumab, 1 mg	K		9475	Injection, necitumumab, 1 mg	0.0643	
J9296	Inj pemetrexed (accord) 10mg	K		9127	Inj pemetrexed (accord) 10mg	0.1092	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J9297	Inj pemetrexed (sandoz) 10mg	N					
J9298	Inj nivol relatlimab 3mg/1mg	K		9057	Inj nivol relatlimab 3mg/1mg	2.2186	
J9299	Injection, nivolumab	K		9453	Injection, nivolumab	0.3697	
J9301	Obinutuzumab inj	K		1476	Obinutuzumab inj	0.8859	
J9302	Ofatumumab injection	K		9260	Ofatumumab injection	0.6979	
J9303	Panitumumab injection	K		9235	Panitumumab injection	1.9405	
J9304	Inj. pemetrexed, 10 mg	K		9442	Inj. pemetrexed, 10 mg	0.5195	
J9305	Inj. pemetrexed nos 10mg	K		9213	Inj. pemetrexed nos 10mg	0.0488	
J9306	Injection, pertuzumab, 1 mg	K		1471	Injection, Pertuzumab, 1 mg	0.1908	
J9307	Pralatrexate injection	K		9259	Pralatrexate injection	4.4032	
J9308	Injection, ramucirumab	K		1488	Injection, ramucirumab	0.8339	
J9309	Inj, polatuzumab vedotin 1mg	K		9331	Inj, polatuzumab vedotin 1mg	1.5327	
J9311	Inj rituximab, hyaluronidase	K		9467	Inj rituximab, hyaluronidase	0.4115	
J9312	Inj., rituximab, 10 mg	K		9186	Inj., rituximab, 10 mg	0.8436	
J9313	Inj., lumoxiti, 0.01 mg	K		9305	Inj., lumoxiti, 0.01 mg	0.2624	
J9314	Inj pemetrexed (teva) 10mg	K		9105	Inj pemetrexed (teva) 10mg	0.1743	
J9316	Pertuzu, trastuzu, 10 mg	K		9390	Pertuzu, trastuzu, 10 mg	0.6964	
J9317	Sacituzumab govitecan-hziy	K		9376	Sacituzumab govitecan-hziy	0.4068	
J9318	Inj romidepsin non-lyo 0.1mg	K		9428	Inj romidepsin non-lyo 0.1mg	0.3198	
J9319	Inj romidepsin lyophil 0.1mg	K		9429	Inj romidepsin lyophil 0.1mg	0.3452	
J9320	Streptozocin injection	N					
J9321	Inj epcoritamab-bysp 0.16 mg	G		9250	Inj epcoritamab-bysp 0.16 mg	0.6262	
J9322	Inj pemetrexed (bluepoint)	K		0871	Inj pemetrexed (bluepoint)	0.1189	
J9323	Inj pemetrexed ditromethamin	K		9156	Inj pemetrexed ditromethamin	0.0014	
J9324	Inj, pemrydi rtu, 10 mg	G		0782	Inj, pemrydi rtu, 10 mg	0.8502	
J9325	Inj talimogene laherparepvec	K		9472	Inj talimogene laherparepvec	0.8292	
J9328	Temozolomide injection	K		9253	Temozolomide injection	0.1165	
J9329	Inj, tislelizumab-jsgr	G		0816	Inj, tislelizumab-jsgr	0.6442	
J9330	Temsirolimus injection	K		1168	Inj, temsirolimus	0.2996	
J9331	Inj sirolimus prot part 1 mg	K		9241	Inj sirolimus prot part 1 mg	0.9484	
J9332	Inj efgartigimod 2mg	K		9010	Inj efgartigimod 2mg	0.3605	
J9333	Inj ronzanolixizum-noli 1 mg	G		0721	Inj ronzanolixizum-noli 1 mg	0.2598	
J9334	Inj efgart-alfa 2mg hya-qvfc	K		0723	Inj efgart-alfa 2mg hya-qvfc	0.38	
J9341	Inj thiotepa (tepylute) 1 mg	E2					
J9342	Inj thiotepa nos 1 mg	K		0847	Inj thiotepa nos 1 mg	0.1182	
J9345	Inj, retifanlimab-dlwr, 1 mg	G		9280	Inj, retifanlimab-dlwr, 1 mg	0.3427	
J9347	Inj, tremelimumab-actl, 1 mg	G		9110	Inj, tremelimumab-actl, 1 mg	1.5801	
J9348	Inj. naxitamab-gqgk, 1 mg	K		9408	Inj. naxitamab-gqgk, 1 mg	7.6933	
J9349	Inj., tafasitamab-cxix	K		9385	Inj., tafasitamab-cxix	0.1605	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

J9350	Inj mosunetuzumab-axgb, 1 mg	G		9150	Inj mosunetuzumab-axgb, 1 mg	7.3414	
J9351	Topotecan injection	N					
J9352	Injection trabectedin 0.1mg	K		9480	Injection trabectedin 0.1mg	4.3857	
J9353	Inj. margetuximab-cmkb, 5 mg	K		9418	Inj. margetuximab-cmkb, 5 mg	0.5886	
J9354	Inj, ado-trastuzumab emt 1mg	K		9131	Inj, Ado-trastuzumab Emt 1mg	0.4728	
J9355	Inj trastuzumab excl biosimi	K		1613	Trastuzumab injection	0.8414	
J9356	Inj. herceptin hylecta, 10mg	K		9314	Inj. herceptin hylecta, 10mg	0.689	
J9357	Valrubicin injection	K		1235	Valrubicin injection	14.8409	
J9358	Inj fam-trastu deru-nxki 1mg	K		9353	Inj fam-trastu deru-nxki 1mg	0.3362	
J9359	Inj lon tesirin-lpyl 0.075mg	K		9205	Inj lon tesirin-lpyl 0.075mg	2.4325	
J9360	Vinblastine sulfate inj	N					
J9361	Inj, efbemalenograstim alfa-	E2					
J9370	Vincristine sulfate 1 mg inj	N					
J9376	Inj pozelimab-bbfg, 1 mg	K		0911	Inj pozelimab-bbfg, 1 mg	1.0287	
J9380	Inj teclistamab cqyv 0.5 mg	G		9111	Inj teclistamab cqyv 0.5 mg	0.3765	
J9381	Inj teplizumab mzwv 5 mcg	G		9112	Inj teplizumab mzwv 5 mcg	0.4224	
J9382	Inj zenocutuzumab-zbco 1 mg	G		0853	Inj zenocutuzumab-zbco 1 mg	0.3691	
J9390	Vinorelbine tartrate inj	N					
J9393	Inj, fulvestrant (teva)	K		9102	Inj, fulvestrant (teva)	0.5182	
J9394	Inj, fulvestrant (fresenius)	K		9103	Inj, fulvestrant (fresenius)	0.3002	
J9395	Injection, fulvestrant	K		9120	Injection, Fulvestrant	0.0755	
J9400	Inj, ziv-aflibercept, 1mg	K		9296	Inj, ziv-aflibercept, 1mg	0.0884	
J9600	Porfimer sodium injection	K		0856	Porfimer sodium injection	271.7135	
J9999	Chemotherapy drug	N					
K0001	Standard wheelchair	Y					
K0002	Stnd hemi (low seat) whlchr	Y					
K0003	Lightweight wheelchair	Y					
K0004	High strength ltwt whlchr	Y					
K0005	Ultralightweight wheelchair	Y					
K0006	Heavy duty wheelchair	Y					
K0007	Extra heavy duty wheelchair	Y					
K0008	Cstm manual wheelchair/base	Y					
K0009	Other manual wheelchair/base	Y					
K0010	Stnd wt frame power whlchr	Y					
K0011	Stnd wt pwr whlchr w control	Y					
K0012	Ltwt portbl power whlchr	Y					
K0013	Custom power whlchr base	Y					
K0014	Other power whlchr base	Y					
K0015	Detach non-adj ht armrst rep	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

K0017	Detach adjust armrest base	Y					
K0018	Detach adjust armrst upper	Y					
K0019	Arm pad repl, each	Y					
K0020	Fixed adjust armrest pair	Y					
K0037	Hi mount flip-up footrest ea	Y					
K0038	Leg strap each	Y					
K0039	Leg strap h style each	Y					
K0040	Adjustable angle footplate	Y					
K0041	Large size footplate each	Y					
K0042	Standard size ftplate rep ea	Y					
K0043	Ftrst lowr exten tube rep ea	Y					
K0044	Ftrst upr hanger brac rep ea	Y					
K0045	Ftrst compl assembly repl ea	Y					
K0046	Elev lgrst lwr exten repl ea	Y					
K0047	Elev legrst upr hangr rep ea	Y					
K0050	Ratchet assembly replacement	Y					
K0051	Cam rel asm ft/legrst rep ea	Y					
K0052	Swingaway detach ftrest repl	Y					
K0053	Elevate footrest articulate	Y					
K0056	Seat ht <17 or >=21 ltwt wc	Y					
K0065	Spoke protectors	Y					
K0069	Rr whl compl sol tire rep ea	Y					
K0070	Rr whl compl pne tire rep ea	Y					
K0071	Fr cstr comp pne tire rep ea	Y					
K0072	Fr cstr semi-pne tire rep ea	Y					
K0073	Caster pin lock each	Y					
K0077	Fr cstr asmb sol tire rep ea	Y					
K0098	Drive belt for pwc, repl	Y					
K0105	Iv hanger	Y					
K0108	W/c component-accessory nos	Y					
K0195	Elevating whlchair leg rests	Y					
K0455	Pump uninterrupted infusion	Y					
K0462	Temporary replacement eqpmnt	Y					
K0552	Sup/ext non-ins inf pump syr	Y					
K0601	Repl batt silver oxide 1.5 v	Y					
K0602	Repl batt silver oxide 3 v	Y					
K0603	Repl batt alkaline 1.5 v	Y					
K0604	Repl batt lithium 3.6 v	Y					
K0605	Repl batt lithium 4.5 v	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

K0606	Aed garment w elec analysis	Y					
K0607	Repl batt for aed	Y					
K0608	Repl garment for aed	Y					
K0609	Repl electrode for aed	Y					
K0669	Seat/back cus no dme pdac ver	Y					
K0672	Removable soft interface le	A					\$92.97
K0730	Ctrl dose inh drug deliv sys	Y					
K0733	12-24hr sealed lead acid	Y					
K0738	Portable gas oxygen system	Y					
K0739	Repair/svc dme non-oxygen eq	Y					
K0740	Repair/svc oxygen equipment	E1					
K0743	Portable home suction pump	Y					
K0744	Absorp drg <= 16 suc pump	A					PCT CHG
K0745	Absorp drg >16<=48 suc pump	A					PCT CHG
K0746	Absorp drg >48 suc pump	A					PCT CHG
K0800	Pov group 1 std up to 300lbs	Y					
K0801	Pov group 1 hd 301-450 lbs	Y					
K0802	Pov group 1 vhd 451-600 lbs	Y					
K0806	Pov group 2 std up to 300lbs	Y					
K0807	Pov group 2 hd 301-450 lbs	Y					
K0808	Pov group 2 vhd 451-600 lbs	Y					
K0812	Power operated vehicle noc	Y					
K0813	Pwc gp 1 std port seat/back	Y					
K0814	Pwc gp 1 std port cap chair	Y					
K0815	Pwc gp 1 std seat/back	Y					
K0816	Pwc gp 1 std cap chair	Y					
K0820	Pwc gp 2 std port seat/back	Y					
K0821	Pwc gp 2 std port cap chair	Y					
K0822	Pwc gp 2 std seat/back	Y					
K0823	Pwc gp 2 std cap chair	Y					
K0824	Pwc gp 2 hd seat/back	Y					
K0825	Pwc gp 2 hd cap chair	Y					
K0826	Pwc gp 2 vhd seat/back	Y					
K0827	Pwc gp vhd cap chair	Y					
K0828	Pwc gp 2 xtra hd seat/back	Y					
K0829	Pwc gp 2 xtra hd cap chair	Y					
K0830	Pwc gp2 std seat elevate s/b	Y					
K0831	Pwc gp2 std seat elevate cap	Y					
K0835	Pwc gp2 std sing pow opt s/b	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

K0836	Pwc gp2 std sing pow opt cap	Y					
K0837	Pwc gp 2 hd sing pow opt s/b	Y					
K0838	Pwc gp 2 hd sing pow opt cap	Y					
K0839	Pwc gp2 vhd sing pow opt s/b	Y					
K0840	Pwc gp2 xhd sing pow opt s/b	Y					
K0841	Pwc gp2 std mult pow opt s/b	Y					
K0842	Pwc gp2 std mult pow opt cap	Y					
K0843	Pwc gp2 hd mult pow opt s/b	Y					
K0848	Pwc gp 3 std seat/back	Y					
K0849	Pwc gp 3 std cap chair	Y					
K0850	Pwc gp 3 hd seat/back	Y					
K0851	Pwc gp 3 hd cap chair	Y					
K0852	Pwc gp 3 vhd seat/back	Y					
K0853	Pwc gp 3 vhd cap chair	Y					
K0854	Pwc gp 3 xhd seat/back	Y					
K0855	Pwc gp 3 xhd cap chair	Y					
K0856	Pwc gp3 std sing pow opt s/b	Y					
K0857	Pwc gp3 std sing pow opt cap	Y					
K0858	Pwc gp3 hd sing pow opt s/b	Y					
K0859	Pwc gp3 hd sing pow opt cap	Y					
K0860	Pwc gp3 vhd sing pow opt s/b	Y					
K0861	Pwc gp3 std mult pow opt s/b	Y					
K0862	Pwc gp3 hd mult pow opt s/b	Y					
K0863	Pwc gp3 vhd mult pow opt s/b	Y					
K0864	Pwc gp3 xhd mult pow opt s/b	Y					
K0868	Pwc gp 4 std seat/back	Y					
K0869	Pwc gp 4 std cap chair	Y					
K0870	Pwc gp 4 hd seat/back	Y					
K0871	Pwc gp 4 vhd seat/back	Y					
K0877	Pwc gp4 std sing pow opt s/b	Y					
K0878	Pwc gp4 std sing pow opt cap	Y					
K0879	Pwc gp4 hd sing pow opt s/b	Y					
K0880	Pwc gp4 vhd sing pow opt s/b	Y					
K0884	Pwc gp4 std mult pow opt s/b	Y					
K0885	Pwc gp4 std mult pow opt cap	Y					
K0886	Pwc gp4 hd mult pow s/b	Y					
K0890	Pwc gp5 ped sing pow opt s/b	Y					
K0891	Pwc gp5 ped mult pow opt s/b	Y					
K0898	Power wheelchair noc	Y					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

K0899	Pow mobil dev no dmepdac	Y					
K0900	Cstm dme other than wheelchr	Y					
K1004	Lo freq us diathermy device	E1					
K1007	Bil hkaf pc s/d micro sensor	Y					
K1027	Oral dev without fix mech	Y					
K1030	Ext recharge bat replacement	Y					
K1034	Covid test self-admn/collect	E1					
K1035	Mol diag reader self-admn	E1					
K1036	Supplies for ultra diatherm	E1					
K1037	Docking station for oral dev	E1					
L0112	Cranial cervical orthosis	A					\$1,534.35
L0113	Cranial cervical torticollis	A					\$312.64
L0120	Cerv flex n/adj foam pre ots	A					\$26.91
L0130	Flex thermoplastic collar mo	A					\$165.42
L0140	Cervical semi-rigid adjustab	A					\$73.29
L0150	Cerv semi-rig adj molded chn	A					\$109.57
L0160	Cerv sr wire occ/man pre ots	A					\$158.81
L0170	Cervical collar molded to pt	A					\$653.90
L0172	Cerv col sr foam 2pc pre ots	A					\$133.72
L0174	Cerv sr 2pc thor ext pre ots	A					\$325.78
L0180	Cer post col occ/man sup adj	A					\$375.69
L0190	Cerv collar supp adj cerv ba	A					\$521.51
L0200	Cerv col supp adj bar & thor	A					\$566.38
L0220	Thor rib belt custom fabrica	A					\$124.18
L0450	Tlso flex trunk/thor pre ots	A					\$151.69
L0452	Tlso flex custom fab thoraci	A					PCT CHG
L0454	Tlso trnk sj-t9 pre cst	A					\$380.20
L0455	Tlso flex trnk sj-t9 pre ots	A					\$308.13
L0456	Tlso flex trnk sj-ss pre cst	A					\$1,090.33
L0457	Tlso flex trnk sj-ss pre ots	A					\$883.63
L0458	Tlso 2mod symphis-xipho pre	A					\$977.70
L0460	Tlso 2 shl symphys-stern cst	A					\$1,100.48
L0462	Tlso 3mod sacro-scap pre	A					\$1,368.80
L0464	Tlso 4mod sacro-scap pre	A					\$1,629.53
L0466	Tlso r fram soft ant pre cst	A					\$395.80
L0467	Tlso r fram soft pre ots	A					\$330.27
L0468	Tlso rig fram pelvic pre cst	A					\$464.77
L0469	Tlso rig fram pelvic pre ots	A					\$401.04
L0470	Tlso rigid frame pre subclav	A					\$646.43

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L0472	Tlso rigid frame hyperex pre	A				\$409.98
L0480	Tlso rigid plastic custom fa	A				\$1,794.09
L0482	Tlso rigid lined custom fab	A				\$2,006.11
L0484	Tlso rigid plastic cust fab	A				\$2,165.16
L0486	Tlso rigidlined cust fab two	A				\$2,193.77
L0488	Tlso rigid lined pre one pie	A				\$1,100.48
L0490	Tlso rigid plastic pre one	A				\$310.09
L0491	Tlso 2 piece rigid shell	A				\$841.95
L0492	Tlso 3 piece rigid shell	A				\$530.60
L0621	Sio flex pelvic/sacr pre ots	A				\$91.36
L0622	Sio flex pelvisacral custom	A				\$261.94
L0623	Sio rig pnl pelv/sac pre ots	A				\$157.10
L0624	Sio panel custom	A				PCT CHG
L0625	Lo flex l1-below l5 pre ots	A				\$49.01
L0626	Lo sag rig pnl stays pre cst	A				\$85.61
L0627	Lo sag ri an/pos pnl pre cst	A				\$451.52
L0628	Lso flex no ri stays pre ots	A				\$74.62
L0629	Lso flex w/rigid stays cust	A				PCT CHG
L0630	Lso r post pnl sj-t9 pre cst	A				\$177.88
L0631	Lso sag r an/pos pnl pre cst	A				\$1,127.66
L0632	Lso sag rigid frame cust	A				PCT CHG
L0633	Lso sc r pos/lat pnl pre cst	A				\$314.98
L0634	Lso flexion control custom	A				PCT CHG
L0635	Lso sagit rigid panel prefab	A				\$970.53
L0636	Lso sagittal rigid panel cus	A				\$1,688.90
L0637	Lso sc r ant/pos pnl pre cst	A				\$1,137.00
L0638	Lso sag-coronal panel custom	A				\$1,445.90
L0639	Lso s/c shell/panel prefab	A				\$1,137.00
L0640	Lso s/c shell/panel custom	A				\$1,147.11
L0641	Lo rig pos pnl l1-l5 pre ots	A				\$69.34
L0642	Lo sag ri an/pos pnl pre ots	A				\$365.68
L0643	Lso sag ctr rigi pos pre ots	A				\$144.06
L0648	Lso sag r an/pos pnl pre ots	A				\$913.26
L0649	Lso sc r pos/lat pnl pre ots	A				\$255.11
L0650	Lso sc r ant/pos pnl pre ots	A				\$972.82
L0651	Lso sag-co shell pnl pre ots	A				\$972.82
L0700	Ctlso a-p-l control molded	A				\$2,073.72
L0710	Ctlso a-p-l control w/ inter	A				\$2,419.88
L0720	Ctlso a-p-l control custom	A				PCT CHG

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L0810	Halo cervical into jckt vest	A				\$2,732.32
L0820	Halo cervical into body jack	A				\$2,363.81
L0830	Halo cerv into milwaukee typ	A				\$3,179.47
L0859	Mri compatible system	A				\$1,646.94
L0861	Halo repl liner/interface	A				\$236.29
L0970	Tlso corset front	A				\$154.51
L0972	Lso corset front	A				\$112.24
L0974	Tlso full corset	A				\$181.53
L0976	Lso full corset	A				\$205.70
L0978	Axillary crutch extension	A				\$195.17
L0980	Peroneal straps pair pre ots	A				\$17.70
L0982	Stocking sup grips 4 pre ots	A				\$16.52
L0984	Protect body sock ea pre ots	A				\$67.56
L0999	Add to spinal orthosis nos	A				\$398.55
L1000	Ctlso milwauke initial model	A				\$2,398.77
L1001	Ctlso infant immobilizer	A				PCT CHG
L1005	Tension based scoliosis orth	A				\$3,508.76
L1006	Scoliosis orth sag/ cor	A				\$1,155.08
L1007	Scoliosis orth s-c custom	A				PCT CHG
L1010	Ctlso axilla sling	A				\$68.05
L1020	Kyphosis pad	A				\$87.64
L1025	Kyphosis pad floating	A				\$126.44
L1030	Lumbar bolster pad	A				\$64.50
L1040	Lumbar or lumbar rib pad	A				\$79.10
L1050	Sternal pad	A				\$84.42
L1060	Thoracic pad	A				\$96.97
L1070	Trapezius sling	A				\$91.24
L1080	Outrigger	A				\$72.09
L1085	Outrigger bil w/ vert extens	A				\$156.07
L1090	Lumbar sling	A				\$100.39
L1100	Ring flange plastic/leather	A				\$161.24
L1110	Ring flange plas/leather mol	A				\$258.96
L1120	Covers for upright each	A				\$43.54
L1200	Furnsh initial orthosis only	A				\$1,905.10
L1210	Lateral thoracic extension	A				\$353.74
L1220	Anterior thoracic extension	A				\$234.21
L1230	Milwaukee type superstructur	A				\$766.13
L1240	Lumbar derotation pad	A				\$78.73
L1250	Anterior asis pad	A				\$73.25

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L1260	Anterior thoracic derotation	A				\$76.71
L1270	Abdominal pad	A				\$78.56
L1280	Rib gusset (elastic) each	A				\$87.47
L1290	Lateral trochanteric pad	A				\$79.70
L1300	Body jacket mold to patient	A				\$2,104.82
L1310	Post-operative body jacket	A				\$2,228.86
L1320	Pectus carinatum ortho cust	A				PCT CHG
L1499	Spinal orthosis nos	A				PCT CHG
L1600	Ho flex frejka w/cov pre cst	A				\$133.62
L1610	Ho frejka cov only pre cst	A				\$44.51
L1620	Ho flex pavlik harns pre cst	A				\$135.85
L1630	Abduct control hip semi-flex	A				\$171.81
L1640	Pelv band/spread bar thigh c	A				\$574.03
L1650	Ho abduction hip adjustable	A				\$264.54
L1652	Ho bi thighcuffs w sprdr bar	A				\$390.79
L1653	Ho abduction static ots	A				\$390.79
L1660	Ho abduction static plastic	A				\$173.52
L1680	Pelvic & hip control thigh c	A				\$1,235.39
L1681	Ho bilateral hip abduction	A				\$2,084.90
L1685	Post-op hip abduct custom fa	A				\$1,206.05
L1686	Ho post-op hip abduction	A				\$1,042.45
L1690	Combination bilateral ho	A				\$2,119.89
L1700	Leg perthes orth toronto typ	A				\$1,548.39
L1710	Legg perthes orth newington	A				\$1,812.56
L1720	Legg perthes orthosis trilat	A				\$1,336.07
L1730	Legg perthes orth scottish r	A				\$1,149.47
L1755	Legg perthes patten bottom t	A				\$1,605.30
L1810	Ko elastic with joints	A				\$102.38
L1812	Ko elastic w/joints pre ots	A				\$88.74
L1820	Ko elas w/ condyle pads & jo	A				\$143.78
L1821	Ko elas w/ condyle pads of	A				\$143.78
L1830	Ko immob canvas long pre ots	A				\$80.68
L1831	Knee orth pos locking joint	A				\$322.65
L1832	Ko adj jnt pos r sup pre cst	A				\$616.44
L1833	Ko adj jnt pos r sup pre ots	A				\$551.98
L1834	Ko w/O joint rigid molded to	A				\$831.42
L1836	Ko rigid w/o joints pre ots	A				\$121.00
L1840	Ko derot ant cruciate custom	A				\$932.29
L1843	Ko single upright pre cst	A				\$983.66

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L1844	Ko w/adj jt rot cntrl molded	A				\$1,819.98
L1845	Ko double upright pre cst	A				\$855.94
L1846	Ko w adj flex/ext rotat mold	A				\$1,138.01
L1847	Ko dbl upright w/air pre cst	A				\$630.53
L1848	Ko dbl upright w/air pre ots	A				\$630.53
L1850	Ko swedish type pre ots	A				\$276.39
L1851	Ko single upright prefab ots	A				\$813.56
L1852	Ko double upright prefab ots	A				\$734.90
L1860	Ko supracondylar socket mold	A				\$1,088.00
L1900	Afo sprng wir drsflx calf bd	A				\$298.29
L1902	Afo ankle gauntlet pre ots	A				\$80.94
L1904	Afo molded ankle gauntlet	A				\$476.78
L1906	Afo multilig ank sup pre ots	A				\$162.59
L1907	Afo supramalleolar custom	A				\$616.84
L1910	Afo sing bar clasp attach sh	A				\$274.13
L1920	Afo sing upright w/ adjust s	A				\$445.83
L1930	Afo plastic	A				\$261.79
L1932	Afo rig ant tib prefab tcf/=	A				\$978.22
L1933	Afo rig ant tib tcf/= ots	A				PCT CHG
L1940	Afo molded to patient plasti	A				\$501.44
L1945	Afo molded plas rig ant tib	A				\$965.73
L1950	Afo spiral molded to pt plas	A				\$817.10
L1951	Afo spiral prefabricated	A				\$920.69
L1952	Afo spiral prefab ots	A				PCT CHG
L1960	Afo pos solid ank plastic mo	A				\$562.01
L1970	Afo plastic molded w/ankle j	A				\$757.96
L1971	Afo w/ankle joint, prefab	A				\$513.83
L1980	Afo sing solid stirrup calf	A				\$401.22
L1990	Afo doub solid stirrup calf	A				\$451.96
L2000	Kafo sing fre stirr thi/calf	A				\$1,065.55
L2005	Kafo sng/dbl mechanical act	A				\$4,501.21
L2006	Kaf sng/dbl swg/stn mcpr cus	A				\$35,534.16
L2010	Kafo sng solid stirrup w/o j	A				\$1,096.92
L2020	Kafo dbl solid stirrup band/	A				\$1,183.91
L2030	Kafo dbl solid stirrup w/o j	A				\$1,027.15
L2034	Kafo pla sin up w/wo k/a cus	A				\$2,281.62
L2035	Kafo plastic pediatric size	A				\$189.93
L2036	Kafo plas doub free knee mol	A				\$2,064.99
L2037	Kafo plas sing free knee mol	A				\$1,688.80

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L2038	Kafo w/o joint multi-axis an	A				\$1,449.65
L2040	Hkafo torsion bil rot straps	A				\$233.91
L2050	Hkafo torsion cable hip pelv	A				\$534.39
L2060	Hkafo torsion ball bearing j	A				\$600.09
L2070	Hkafo torsion unilat rot str	A				\$136.36
L2080	Hkafo unilat torsion cable	A				\$364.70
L2090	Hkafo unilat torsion ball br	A				\$494.25
L2106	Afo tib fx cast plaster mold	A				\$689.39
L2108	Afo tib fx cast molded to pt	A				\$1,233.65
L2112	Afo tibial fracture soft	A				\$473.06
L2114	Afo tib fx semi-rigid	A				\$593.34
L2116	Afo tibial fracture rigid	A				\$721.81
L2126	Kafo fem fx cast thermoplas	A				\$1,363.46
L2128	Kafo fem fx cast molded to p	A				\$1,738.62
L2132	Kafo femoral fx cast soft	A				\$1,057.59
L2134	Kafo fem fx cast semi-rigid	A				\$980.65
L2136	Kafo femoral fx cast rigid	A				\$1,347.74
L2180	Plas shoe insert w ank joint	A				\$154.63
L2182	Drop lock knee	A				\$98.96
L2184	Limited motion knee joint	A				\$137.58
L2186	Adj motion knee jnt lerman t	A				\$182.78
L2188	Quadrilateral brim	A				\$303.66
L2190	Waist belt	A				\$91.71
L2192	Pelvic band & belt thigh fla	A				\$361.52
L2200	Limited ankle motion ea jnt	A				\$64.27
L2210	Dorsiflexion assist each joi	A				\$90.87
L2220	Dorsi & plantar flex ass/res	A				\$107.59
L2230	Split flat caliper stirr & p	A				\$84.87
L2232	Rocker bottom, contact afo	A				\$105.34
L2240	Round caliper and plate atta	A				\$84.81
L2250	Foot plate molded stirrup at	A				\$426.50
L2260	Reinforced solid stirrup	A				\$232.42
L2265	Long tongue stirrup	A				\$119.41
L2270	Varus/valgus strap padded/li	A				\$59.79
L2275	Plastic mod low ext pad/line	A				\$151.03
L2280	Molded inner boot	A				\$459.12
L2300	Abduction bar jointed adjust	A				\$273.00
L2310	Abduction bar-straight	A				\$135.39
L2320	Non-molded lacer	A				\$266.22

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L2330	Lacer molded to patient mode	A				\$438.82
L2335	Anterior swing band	A				\$241.70
L2340	Pre-tibial shell molded to p	A				\$453.16
L2350	Prosthetic type socket molde	A				\$1,055.25
L2360	Extended steel shank	A				\$58.29
L2370	Patten bottom	A				\$260.28
L2375	Torsion ank & half solid sti	A				\$114.56
L2380	Torsion straight knee joint	A				\$166.44
L2385	Straight knee joint heavy du	A				\$181.08
L2387	Add le poly knee custom kafo	A				\$167.80
L2390	Offset knee joint each	A				\$147.99
L2395	Offset knee joint heavy duty	A				\$188.49
L2397	Suspension sleeve lower ext	A				\$130.56
L2405	Knee joint drop lock ea jnt	A				\$95.57
L2415	Knee joint cam lock each joi	A				\$133.22
L2425	Knee disc/dial lock/adj flex	A				\$157.17
L2430	Knee jnt ratchet lock ea jnt	A				\$157.17
L2492	Knee lift loop drop lock rin	A				\$129.47
L2500	Thi/glut/ischia wgt bearing	A				\$319.87
L2510	Th/wght bear quad-lat brim m	A				\$736.50
L2520	Th/wght bear quad-lat brim c	A				\$499.91
L2525	Th/wght bear nar m-l brim mo	A				\$1,389.68
L2526	Th/wght bear nar m-l brim cu	A				\$899.58
L2530	Thigh/wght bear lacer non-mo	A				\$317.64
L2540	Thigh/wght bear lacer molded	A				\$486.55
L2550	Thigh/wght bear high roll cu	A				\$388.28
L2570	Hip clevis type 2 posit jnt	A				\$482.94
L2580	Pelvic control pelvic sling	A				\$615.50
L2600	Hip clevis/thrust bearing fr	A				\$226.13
L2610	Hip clevis/thrust bearing lo	A				\$257.77
L2620	Pelvic control hip heavy dut	A				\$271.10
L2622	Hip joint adjustable flexion	A				\$310.93
L2624	Hip adj flex ext abduct cont	A				\$335.75
L2627	Plastic mold recipro hip & c	A				\$2,317.57
L2628	Metal frame recipro hip & ca	A				\$2,264.97
L2630	Pelvic control band & belt u	A				\$334.76
L2640	Pelvic control band & belt b	A				\$340.73
L2650	Pelv & thor control gluteal	A				\$121.68
L2660	Thoracic control thoracic ba	A				\$251.96

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L2670	Thorac cont paraspinal uprig	A					\$230.61
L2680	Thorac cont lat support upri	A					\$211.55
L2750	Plating chrome/nickel pr bar	A					\$84.74
L2755	Carbon graphite lamination	A					\$143.20
L2760	Extension per extension per	A					\$82.14
L2768	Ortho sidebar disconnect	A					\$142.84
L2780	Non-corrosive finish	A					\$68.63
L2785	Drop lock retainer each	A					\$32.13
L2795	Knee control full kneecap	A					\$86.16
L2800	Knee cap medial or lateral p	A					\$118.62
L2810	Knee control condylar pad	A					\$79.19
L2820	Soft interface below knee se	A					\$117.40
L2830	Soft interface above knee se	A					\$127.01
L2840	Tibial length sock fx or equ	A					\$44.30
L2850	Femoral lgth sock fx or equa	A					\$80.62
L2861	Torsion mechanism knee/ankle	E1	A				PCT CHG
L2999	Lower extremity orthosis nos	A					PCT CHG
L3000	Ft insert ucb berkeley shell	A					\$344.34
L3001	Foot insert remov molded spe	A					\$145.00
L3002	Foot insert plastazote or eq	A					\$177.03
L3003	Foot insert silicone gel eac	A					\$191.01
L3010	Foot longitudinal arch suppo	A					\$191.01
L3020	Foot longitud/metatarsal sup	A					\$217.49
L3030	Foot arch support remov prem	A					\$83.63
L3031	Foot lamin/prepreg composite	A					\$134.29
L3040	Ft arch suprt premold longit	A					\$51.61
L3050	Foot arch supp premold metat	A					\$51.61
L3060	Foot arch supp longitud/meta	A					\$80.87
L3070	Arch suprt att to sho longit	A					\$34.86
L3080	Arch supp att to shoe metata	A					\$34.86
L3090	Arch supp att to shoe long/m	A					\$44.58
L3100	Hallus-valgus nt dyn pre ots	A					\$47.39
L3140	Abduction rotation bar shoe	A					\$97.60
L3150	Abduct rotation bar w/o shoe	A					\$89.22
L3160	Shoe styled positioning dev	A					PCT CHG
L3161	Foot, adductus position, adj	A					PCT CHG
L3170	Foot plas heel stabi pre ots	A					\$55.77
L3201	Oxford w supinat/pronator inf	A					\$86.85
L3202	Oxford w/ supinat/pronator c	A					\$108.22

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L3203	Oxford w/ supinator/pronator	A				PCT CHG
L3204	Hightop w/ supp/pronator inf	A				\$112.20
L3206	Hightop w/ supp/pronator chi	A				\$75.90
L3207	Hightop w/ supp/pronator jun	A				PCT CHG
L3208	Surgical boot each infant	A				\$66.28
L3209	Surgical boot each child	A				\$40.44
L3211	Surgical boot each junior	A				PCT CHG
L3212	Benesch boot pair infant	A				\$104.24
L3213	Benesch boot pair child	A				\$104.24
L3214	Benesch boot pair junior	A				\$104.24
L3215	Orthopedic ftwear ladies oxf	E1				
L3216	Orthoped ladies shoes dpth i	E1				
L3217	Ladies shoes hightop depth i	E1				
L3219	Orthopedic mens shoes oxford	E1				
L3221	Orthopedic mens shoes dpth i	E1				
L3222	Mens shoes hightop depth inl	E1				
L3224	Woman's shoe oxford brace	A				\$61.99
L3225	Man's shoe oxford brace	A				\$82.74
L3230	Custom shoes depth inlay	A				\$119.75
L3250	Custom mold shoe remov prost	A				PCT CHG
L3251	Shoe molded to pt silicone s	A				PCT CHG
L3252	Shoe molded plastazote cust	A				\$452.71
L3253	Shoe molded plastazote cust	A				\$65.16
L3254	Orth foot non-stdnd size/w	A				PCT CHG
L3255	Orth foot non-standard size/	A				PCT CHG
L3257	Orth foot add charge split s	A				\$238.12
L3260	Ambulatory surgical boot eac	E1				
L3265	Plastazote sandal each	A				\$41.03
L3300	Sho lift taper to metatarsal	A				\$57.17
L3310	Shoe lift elev heel/sole neo	A				\$89.22
L3320	Shoe lift elev heel/sole cor	A				\$124.70
L3330	Lifts elevation metal extens	A				\$620.41
L3332	Shoe lifts tapered to one-ha	A				\$80.87
L3334	Shoe lifts elevation heel /i	A				\$41.85
L3340	Shoe wedge sach	A				\$93.40
L3350	Shoe heel wedge	A				\$25.06
L3360	Shoe sole wedge outside sole	A				\$39.02
L3370	Shoe sole wedge between sole	A				\$54.39
L3380	Shoe clubfoot wedge	A				\$54.39

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L3390	Shoe outflare wedge	A					\$54.39
L3400	Shoe metatarsal bar wedge ro	A					\$44.58
L3410	Shoe metatarsal bar between	A					\$101.82
L3420	Full sole/heel wedge btween	A					\$59.94
L3430	Sho heel count plast reinfor	A					\$175.69
L3440	Heel leather reinforced	A					\$83.63
L3450	Shoe heel sach cushion type	A					\$115.69
L3455	Shoe heel new leather standa	A					\$44.58
L3460	Shoe heel new rubber standar	A					\$37.67
L3465	Shoe heel thomas with wedge	A					\$64.14
L3470	Shoe heel thomas extend to b	A					\$68.36
L3480	Shoe heel pad & depress for	A					\$68.36
L3485	Shoe heel pad removable for	A					\$14.09
L3500	Ortho shoe add leather insol	A					\$32.04
L3510	Orthopedic shoe add rub insl	A					\$32.04
L3520	O shoe add felt w leath insl	A					\$34.86
L3530	Ortho shoe add half sole	A					\$34.86
L3540	Ortho shoe add full sole	A					\$55.77
L3550	O shoe add standard toe tap	A					\$9.78
L3560	O shoe add horseshoe toe tap	A					\$25.06
L3570	O shoe add instep extension	A					\$93.40
L3580	O shoe add instep velcro clo	A					\$71.09
L3590	O shoe convert to sof counte	A					\$58.55
L3595	Ortho shoe add march bar	A					\$45.98
L3600	Trans shoe calip plate exist	A					\$83.63
L3610	Trans shoe caliper plate new	A					\$110.15
L3620	Trans shoe solid stirrup exi	A					\$83.63
L3630	Trans shoe solid stirrup new	A					\$110.15
L3640	Shoe dennis browne splint bo	A					\$47.39
L3649	Orthopedic shoe modifica nos	A					PCT CHG
L3650	So 8 abd restraint pre ots	A					\$133.11
L3660	So 8 ab rstr can/web pre ots	A					\$133.11
L3670	So acro/clav can web pre ots	A					\$112.19
L3671	So cap design w/o jnts cf	A					\$898.97
L3674	So airplane w/wo joint cf	A					\$1,179.35
L3675	So vest canvas/web pre ots	A					\$175.05
L3677	So hard plas stabili pre cst	A					PCT CHG
L3678	So hard plas stabili pre ots	A					PCT CHG
L3702	Eo w/o joints cf	A					\$288.09

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L3710	Eo elas w/metal jnts pre ots	A					\$122.65
L3720	Forearm/arm cuffs free motio	A					\$648.96
L3730	Forearm/arm cuffs ext/flex a	A					\$894.40
L3740	Cuffs adj lock w/ active con	A					\$1,060.39
L3760	Eo adj jt prefab custom fit	A					\$498.94
L3761	Eo, adj lock joint prefab ot	A					\$498.94
L3762	Eo rigid w/o joints pre ots	A					\$107.25
L3763	Ewho rigid w/o jnts cf	A					\$670.18
L3764	Ewho w/joint(s) cf	A					\$766.10
L3765	Ewhfo rigid w/o jnts cf	A					\$1,279.31
L3766	Ewhfo w/joint(s) cf	A					\$1,354.69
L3806	Whfo w/joint(s) custom fab	A					\$453.20
L3807	Whfo w/o joints pre cst	A					\$249.44
L3808	Whfo, rigid w/o joints	A					\$362.07
L3809	Whfo w/o joints pre ots	A					\$249.44
L3891	Torsion mechanism wrist/elbo	E1	A				PCT CHG
L3900	Hinge extension/flex wrist/f	A					\$1,283.83
L3901	Hinge ext/flex wrist finger	A					\$2,042.89
L3904	Whfo electric custom fitted	A					\$3,874.07
L3905	Who w/nontorsion jnt(s) cf	A					\$989.43
L3906	Who w/o joints cf	A					\$405.75
L3908	Who cock-up nonmolde pre ots	A					\$59.45
L3912	Hfo flexion glove pre ots	A					\$94.10
L3913	Hfo w/o joints cf	A					\$270.22
L3915	Who nontorsion jnts pre cst	A					\$530.36
L3916	Who nontorsion jnts pre ots	A					\$530.36
L3917	Metacarp fx orthosis pre cst	A					\$105.36
L3918	Metacarp fx orthosis pre ots	A					\$105.36
L3919	Ho w/o joints cf	A					\$270.22
L3921	Hfo w/joint(s) cf	A					\$320.44
L3923	Hfo without joints pre cst	A					\$86.31
L3924	Hfo without joints pre ots	A					\$86.31
L3925	Fo pip dip jnt/sprng pre ots	A					\$48.98
L3927	Fo pip dip no jt spr pre ots	A					\$34.90
L3929	Hfo nontorsion jnts pre cst	A					\$77.56
L3930	Hfo nontorsion jnts pre ots	A					\$77.56
L3931	Whfo nontorsion joint prefab	A					\$191.60
L3933	Fo w/o joints cf	A					\$212.87
L3935	Fo nontorsion joint cf	A					\$220.47

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L3956	Add joint upper ext orthosis	A				PCT CHG
L3960	Sewho airplan desig abdu pos	A				\$729.18
L3961	Sewho cap design w/o jnts cf	A				\$1,676.26
L3962	Sewho erbs palsey design abd	A				\$711.88
L3967	Sewho airplane w/o jnts cf	A				\$1,979.10
L3971	Sewho cap design w/jnt(s) cf	A				\$1,878.59
L3973	Sewho airplane w/jnt(s) cf	A				\$1,979.10
L3975	Sewhfo cap design w/o jnt cf	A				\$1,676.26
L3976	Sewhfo airplane w/o jnts cf	A				\$1,676.26
L3977	Sewhfo cap desgn w/jnt(s) cf	A				\$1,878.59
L3978	Sewhfo airplane w/jnt(s) cf	A				\$1,979.10
L3980	Up ext fx orthos humeral nos	A				\$306.73
L3981	Ue fx orth shoul cap forearm	A				\$1,006.30
L3982	Upper ext fx orthosis rad/ul	A				\$379.26
L3984	Upper ext fx orthosis wrist	A				\$392.40
L3995	Sock fracture or equal each	A				\$32.45
L3999	Upper limb orthosis nos	A				PCT CHG
L4000	Repl girdle milwaukee orth	A				\$1,466.18
L4002	Replace strap, any orthosis	A				\$43.09
L4010	Replace trilateral socket br	A				\$737.62
L4020	Replace quadlat socket brim	A				\$873.32
L4030	Replace socket brim cust fit	A				\$511.92
L4040	Replace molded thigh lacer	A				\$432.05
L4045	Replace non-molded thigh lac	A				\$400.35
L4050	Replace molded calf lacer	A				\$418.59
L4055	Replace non-molded calf lace	A				\$271.05
L4060	Replace high roll cuff	A				\$429.64
L4070	Replace prox & dist upright	A				\$285.35
L4080	Repl met band kafo-afo prox	A				\$102.56
L4090	Repl met band kafo-afo calf/	A				\$91.57
L4100	Repl leath cuff kafo prox th	A				\$105.76
L4110	Repl leath cuff kafo-afo cal	A				\$87.12
L4130	Replace pretibial shell	A				\$578.12
L4205	Ortho dvc repair per 15 min	A				\$35.32
L4210	Orth dev repair/repl minor p	A				\$50.59
L4350	Ankle control ortho pre ots	A				\$90.63
L4360	Pneumat walking boot pre cst	A				\$302.96
L4361	Pneuma/vac walk boot pre ots	A				\$302.96
L4370	Pneum full leg splnt pre ots	A				\$209.95

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L4386	Non-pneum walk boot pre cst	A				\$173.81
L4387	Non-pneum walk boot pre ots	A				\$173.81
L4392	Replace afo soft interface	A				\$25.35
L4394	Replace foot drop spint	A				\$18.48
L4396	Static or dynami afo pre cst	A				\$180.66
L4397	Static or dynami afo pre ots	A				\$180.66
L4398	Foot drop splint pre ots	A				\$83.21
L4631	Afo, walk boot type, cus fab	A				\$1,508.87
L5000	Sho insert w arch toe filler	A				\$545.79
L5010	Mold socket ank hgt w/ toe f	A				\$1,442.74
L5020	Tibial tubercle hgt w/ toe f	A				\$2,531.33
L5050	Ank symes mold sckt sach ft	A				\$2,689.33
L5060	Symes met fr leath socket ar	A				\$3,645.16
L5100	Molded socket shin sach foot	A				\$2,510.60
L5105	Plast socket jts/thgh lacer	A				\$4,116.64
L5150	Mold sckt ext knee shin sach	A				\$4,201.64
L5160	Mold socket bent knee shin s	A				\$4,627.11
L5200	Kne sing axis fric shin sach	A				\$3,568.47
L5210	No knee/ankle joints w/ ft b	A				\$3,255.53
L5220	No knee joint with artic ali	A				\$3,255.53
L5230	Fem focal defic constant fri	A				\$5,479.11
L5250	Hip canad sing axi cons fric	A				\$7,040.21
L5270	Tilt table locking hip sing	A				\$6,421.95
L5280	Hemipelvect canad sing axis	A				\$7,294.81
L5301	Bk mold socket sach ft endo	A				\$2,500.65
L5312	Knee disart, sach ft, endo	A				\$3,939.63
L5321	Ak open end sach	A				\$3,550.36
L5331	Hip disart canadian sach ft	A				\$6,051.70
L5341	Hemipelvectomy canadian sach	A				\$6,552.76
L5400	Postop dress & 1 cast chg bk	A				\$1,325.68
L5410	Postop dsg bk ea add cast ch	A				\$451.33
L5420	Postop dsg & 1 cast chg ak/d	A				\$1,846.63
L5430	Postop dsg ak ea add cast ch	A				\$543.58
L5450	Postop app non-wgt bear dsg	A				\$529.26
L5460	Postop app non-wgt bear dsg	A				\$619.89
L5500	Init bk ptb plaster direct	A				\$1,827.60
L5505	Init ak ischal plstr direct	A				\$2,127.38
L5510	Prep bk ptb plaster molded	A				\$1,820.95
L5520	Perp bk ptb thermopls direct	A				\$1,553.41

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L5530	Prep bk ptb thermopls molded	A				\$2,044.32
L5535	Prep bk ptb open end socket	A				\$1,831.84
L5540	Prep bk ptb laminated socket	A				\$2,194.25
L5560	Prep ak ischial plast molded	A				\$2,565.29
L5570	Prep ak ischial direct form	A				\$2,776.09
L5580	Prep ak ischial thermo mold	A				\$3,118.24
L5585	Prep ak ischial open end	A				\$3,126.40
L5590	Prep ak ischial laminated	A				\$3,316.40
L5595	Hip disartic sach thermopls	A				\$4,349.49
L5600	Hip disartic sach laminat mold	A				\$4,803.15
L5610	Above knee hydracandence	A				\$2,896.25
L5611	Ak 4 bar link w/fric swing	A				\$2,320.56
L5613	Ak 4 bar link w/hydraulic swig	A				\$3,318.78
L5614	4-bar link above knee w/swng	A				\$1,853.53
L5615	Ak 4 bar link hydrl swg/stanc	A				\$7,004.43
L5616	Ak univ multiplex sys frict	A				\$1,926.43
L5617	Ak/bk self-aligning unit ea	A				\$612.68
L5618	Test socket symes	A				\$303.80
L5620	Test socket below knee	A				\$300.31
L5622	Test socket knee disarticula	A				\$391.61
L5624	Test socket above knee	A				\$393.95
L5626	Test socket hip disarticulat	A				\$515.03
L5628	Test socket hemipelvectomy	A				\$521.54
L5629	Below knee acrylic socket	A				\$343.29
L5630	Syme typ expandabl wall sckt	A				\$529.44
L5631	Ak/knee disartic acrylic soc	A				\$474.62
L5632	Symes type ptb brim design s	A				\$294.85
L5634	Symes type poster opening so	A				\$438.12
L5636	Symes type medial opening so	A				\$366.98
L5637	Below knee total contact	A				\$312.07
L5638	Below knee leather socket	A				\$700.93
L5639	Below knee wood socket	A				\$1,614.83
L5640	Knee disarticulat leather so	A				\$920.97
L5642	Above knee leather socket	A				\$892.36
L5643	Hip flex inner socket ext fr	A				\$2,241.72
L5644	Above knee wood socket	A				\$850.70
L5645	Bk flex inner socket ext fra	A				\$1,149.19
L5646	Below knee cushion socket	A				\$766.61
L5647	Below knee suction socket	A				\$1,049.16

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L5648	Above knee cushion socket	A					\$948.25
L5649	Isch containmt/narrow m-l so	A					\$2,290.05
L5650	Tot contact ak/knee disart s	A					\$703.13
L5651	Ak flex inner socket ext fra	A					\$1,729.67
L5652	Suction susp ak/knee disart	A					\$627.94
L5653	Knee disart expand wall sock	A					\$838.25
L5654	Socket insert symes	A					\$360.17
L5655	Socket insert below knee	A					\$286.52
L5656	Socket insert knee articul	A					\$413.50
L5657	Add low ext man aut vol any	A					PCT CHG
L5658	Socket insert above knee	A					\$450.19
L5661	Multi-durometer symes	A					\$657.37
L5665	Multi-durometer below knee	A					\$553.10
L5666	Below knee cuff suspension	A					\$75.61
L5668	Bk molded distal cushion	A					\$109.09
L5670	Bk molded supracondylar susp	A					\$390.83
L5671	Bk/ak locking mechanism	A					\$716.43
L5672	Bk removable medial brim sus	A					\$429.48
L5673	Socket insert w lock mech	A					\$818.46
L5676	Bk knee joints single axis p	A					\$484.12
L5677	Bk knee joints polycentric p	A					\$532.60
L5678	Bk joint covers pair	A					\$55.81
L5679	Socket insert w/o lock mech	A					\$682.01
L5680	Bk thigh lacer non-molded	A					\$401.40
L5681	Intl custm cong/latyp insert	A					\$1,447.74
L5682	Bk thigh lacer glut/ischia m	A					\$675.56
L5683	Initial custom socket insert	A					\$1,447.74
L5684	Bk fork strap	A					\$53.02
L5685	Below knee sus/seal sleeve	A					\$140.70
L5686	Bk back check	A					\$65.20
L5688	Bk waist belt webbing	A					\$65.99
L5690	Bk waist belt padded and lin	A					\$105.71
L5692	Ak pelvic control belt light	A					\$148.54
L5694	Ak pelvic control belt pad/l	A					\$218.47
L5695	Ak sleeve susp neoprene/equa	A					\$214.17
L5696	Ak/knee disartic pelvic join	A					\$199.86
L5697	Ak/knee disartic pelvic band	A					\$94.49
L5698	Ak/knee disartic silesian ba	A					\$112.68
L5699	Shoulder harness	A					\$201.41

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L5700	Replace socket below knee	A					\$3,065.25
L5701	Replace socket above knee	A					\$4,091.23
L5702	Replace socket hip	A					\$5,638.87
L5703	Symes ankle w/o (sach) foot	A					\$2,444.05
L5704	Custom shape cover bk	A					\$639.66
L5705	Custom shape cover ak	A					\$1,086.10
L5706	Custom shape cvr knee disart	A					\$1,071.68
L5707	Custom shape cvr hip disart	A					\$1,478.57
L5710	Knee-shin exo sng axi mnl loc	A					\$458.44
L5711	Knee-shin exo mnl lock ultra	A					\$564.05
L5712	Knee-shin exo frict swg & st	A					\$465.46
L5714	Knee-shin exo variable frict	A					\$548.26
L5716	Knee-shin exo mech stance ph	A					\$1,049.73
L5718	Knee-shin exo frct swg & sta	A					\$1,312.07
L5722	Knee-shin pneum swg frct exo	A					\$1,084.98
L5724	Knee-shin exo fluid swing ph	A					\$1,704.19
L5726	Knee-shin ext jnts fld swg e	A					\$1,879.11
L5728	Knee-shin fluid swg & stance	A					\$3,094.07
L5780	Knee-shin pneum/hydra pneum	A					\$1,241.52
L5781	Lower limb pros vacuum pump	A					\$4,394.93
L5782	Hd low limb pros vacuum pump	A					\$4,633.24
L5783	Add low ext mec limb vol sys	A					\$2,779.47
L5785	Exoskeletal bk ultralt mater	A					\$561.23
L5790	Exoskeletal ak ultra-light m	A					\$776.70
L5795	Exoskel hip ultra-light mate	A					\$1,159.82
L5810	Endoskel knee-shin mnl lock	A					\$583.91
L5811	Endo knee-shin mnl lck ultra	A					\$1,020.47
L5812	Endo knee-shin frct swg & st	A					\$751.16
L5814	Endo knee-shin hydral swg ph	A					\$4,079.35
L5816	Endo knee-shin polyc mch sta	A					\$1,224.89
L5818	Endo knee-shin frct swg & st	A					\$1,383.15
L5822	Endo knee-shin pneum swg frc	A					\$2,034.53
L5824	Endo knee-shin fluid swing p	A					\$2,208.77
L5826	Miniature knee joint	A					\$3,430.24
L5827	Endo knee shin single axis	A					PCT CHG
L5828	Endo knee-shin fluid swg/sta	A					\$3,430.30
L5830	Endo knee-shin pneum/swg pha	A					\$2,049.75
L5840	Multi-axial knee/shin system	A					\$4,215.62
L5841	Addition endosklett knee-shi	A					\$2,857.98

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L5845	Knee-shin sys stance flexion	A				\$1,968.73
L5848	Knee-shin sys hydraul stance	A				\$1,181.11
L5850	Endo ak/hip knee extens assi	A				\$184.24
L5855	Mech hip extension assist	A				\$442.27
L5856	Elec knee-shin swing/stance	A				\$26,349.59
L5857	Elec knee-shin swing only	A				\$9,337.84
L5858	Stance phase only	A				\$20,414.06
L5859	Knee-shin pro flex/ext cont	A				\$15,937.07
L5910	Endo below knee alignable sy	A				\$521.64
L5920	Endo ak/hip alignable system	A				\$758.94
L5925	Above knee manual lock	A				\$483.95
L5926	Endoskel posit rotat unit	A				\$651.57
L5930	High activity knee frame	A				\$3,685.60
L5940	Endo bk ultra-light material	A				\$722.47
L5950	Endo ak ultra-light material	A				\$873.22
L5960	Endo hip ultra-light materia	A				\$1,041.37
L5961	Endo poly hip, pneu/hyd/rot	A				\$5,538.75
L5962	Below knee flex cover system	A				\$808.87
L5964	Above knee flex cover system	A				\$1,143.10
L5966	Hip flexible cover system	A				\$1,453.64
L5968	Multiaxial ankle w dorsiflex	A				\$3,991.52
L5969	Ak/ft power asst incl motors	A				\$16,664.55
L5970	Foot external keel sach foot	A				\$245.27
L5971	Sach foot, replacement	A				\$245.27
L5972	Flexible keel foot	A				\$475.56
L5973	Ank-foot sys dors-plant flex	A				\$19,157.28
L5974	Foot single axis ankle/foot	A				\$255.24
L5975	Combo ankle/foot prosthesis	A				\$509.21
L5976	Energy storing foot	A				\$653.17
L5978	Ft prosth multiaxial anl/ft	A				\$315.23
L5979	Multi-axial ankle/ft prosth	A				\$2,983.61
L5980	Flex foot system	A				\$5,340.18
L5981	Flex-walk sys low ext prosth	A				\$3,489.69
L5982	Exoskeletal axial rotation u	A				\$832.65
L5984	Endoskeletal axial rotation	A				\$651.57
L5985	Lwr ext dynamic prosth pylon	A				\$309.17
L5986	Multi-axial rotation unit	A				\$912.70
L5987	Shank ft w vert load pylon	A				\$7,901.64
L5988	Vertical shock reducing pylo	A				\$2,194.22

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L5990	User adjustable heel height	A				\$1,992.72
L5991	Low pros ext osseo connector	A				\$10,372.10
L5999	Lowr extremity prosthes nos	A				PCT CHG
L6000	Part hand thumb rem	A				\$1,435.28
L6010	Part hand little/ring	A				\$1,700.49
L6020	Part hand no fingers	A				\$1,513.85
L6026	Part hand myo exclu term dev	A				\$5,145.17
L6028	Part handfng endoskel molded	E1	A			PCT CHG
L6029	Test interface part handfng	A				PCT CHG
L6030	External frame part handfng	A				PCT CHG
L6031	Rep interface handfng molded	A				PCT CHG
L6032	Part handfng ultralite tcf/=	A				PCT CHG
L6033	Part handfng acrylic	A				PCT CHG
L6034	Part hand finger distal amp	A				PCT CHG
L6035	Prosthetic digit mechanical	A				PCT CHG
L6036	Prosthetic thumb mechanical	A				PCT CHG
L6037	Postop dsg cast chg handfng	A				PCT CHG
L6038	Multiax rotation attachment	A				PCT CHG
L6039	Passive custom digit/thumb	A				PCT CHG
L6050	Wrst mld sck flx hng tri pad	A				\$2,208.28
L6055	Wrst mold sock w/exp interfa	A				\$3,057.27
L6100	Elb mold sock flex hinge pad	A				\$2,185.74
L6110	Elbow mold sock suspension t	A				\$2,255.78
L6120	Elbow mold doub splt soc ste	A				\$2,832.18
L6130	Elbow stump activated lock h	A				\$3,055.62
L6200	Elbow mold outsid lock hinge	A				\$3,293.86
L6205	Elbow molded w/ expand inter	A				\$4,034.21
L6250	Elbow inter loc elbow forarm	A				\$2,932.70
L6300	Shlder disart int lock elbow	A				\$4,300.25
L6310	Shoulder passive restor comp	A				\$3,278.03
L6320	Shoulder passive restor cap	A				\$1,968.03
L6350	Thoracic intern lock elbow	A				\$4,940.98
L6360	Thoracic passive restor comp	A				\$3,440.68
L6370	Thoracic passive restor cap	A				\$2,194.01
L6380	Postop dsg cast chg wrst/elb	A				\$1,257.88
L6382	Postop dsg cast chg elb dis/	A				\$1,709.63
L6384	Postop dsg cast chg shlder/t	A				\$2,370.78
L6386	Postop ea cast chg & realign	A				\$433.80
L6388	Postop applicat rigid dsg on	A				\$546.12

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L6400	Below elbow prosth tiss shap	A				\$3,342.04
L6450	Elb disart prosth tiss shap	A				\$4,440.54
L6500	Above elbow prosth tiss shap	A				\$4,366.73
L6550	Shldr disar prosth tiss shap	A				\$5,461.95
L6570	Scap thorac prosth tiss shap	A				\$5,683.07
L6580	Wrist/elbow bowden cable mol	A				\$2,032.01
L6582	Wrist/elbow bowden cbl dir f	A				\$1,982.29
L6584	Elbow fair lead cable molded	A				\$2,211.00
L6586	Elbow fair lead cable dir fo	A				\$2,300.46
L6588	Shdr fair lead cable molded	A				\$3,053.26
L6590	Shdr fair lead cable direct	A				\$3,062.26
L6600	Polycentric hinge pair	A				\$202.63
L6605	Single pivot hinge pair	A				\$200.07
L6610	Flexible metal hinge pair	A				\$183.10
L6611	Additional switch, ext power	A				\$452.24
L6615	Disconnect locking wrist uni	A				\$210.90
L6616	Disconnect insert locking wr	A				\$70.07
L6620	Flexion/extension wrist unit	A				\$367.48
L6621	Flex/ext wrist w/wo friction	A				\$2,512.40
L6623	Spring-ass rot wrst w/ latch	A				\$692.92
L6624	Flex/ext/rotation wrist unit	A				\$4,136.72
L6625	Rotation wrst w/ cable lock	A				\$574.52
L6628	Quick disconn hook adapter o	A				\$689.97
L6629	Lamination collar w/ couplin	A				\$198.00
L6630	Stainless steel any wrist	A				\$232.81
L6632	Latex suspension sleeve each	A				\$93.57
L6635	Lift assist for elbow	A				\$223.77
L6637	Nudge control elbow lock	A				\$396.65
L6638	Elec lock on manual pw elbow	A				\$2,746.83
L6640	Shoulder abduction joint pai	A				\$316.85
L6641	Excursion amplifier pulley t	A				\$174.37
L6642	Excursion amplifier lever ty	A				\$234.89
L6645	Shoulder flexion-abduction j	A				\$344.84
L6646	Multipo locking shoulder jnt	A				\$3,464.38
L6647	Shoulder lock actuator	A				\$570.38
L6648	Ext pwrld shlder lock/unlock	A				\$3,573.01
L6650	Shoulder universal joint	A				\$365.63
L6655	Standard control cable extra	A				\$81.14
L6660	Heavy duty control cable	A				\$101.53

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L6665	Teflon or equal cable lining	A				\$49.74
L6670	Hook to hand cable adapter	A				\$51.80
L6672	Harness chest/shlder saddle	A				\$218.45
L6675	Harness figure of 8 sing con	A				\$129.73
L6676	Harness figure of 8 dual con	A				\$152.95
L6677	Ue triple control harness	A				\$325.85
L6680	Test sock wrist disart/bel e	A				\$265.42
L6682	Test sock elbw disart/above	A				\$289.35
L6684	Test socket shldr disart/tho	A				\$411.32
L6686	Suction socket	A				\$637.72
L6687	Frame typ socket bel elbow/w	A				\$830.78
L6688	Frame typ sock above elb/dis	A				\$572.24
L6689	Frame typ socket shoulder di	A				\$970.47
L6690	Frame typ sock interscap-tho	A				\$742.78
L6691	Removable insert each	A				\$372.88
L6692	Silicone gel insert or equal	A				\$755.82
L6693	Lockingelbow forearm cntrbal	A				\$3,118.37
L6694	Elbow socket ins use w/lock	A				\$818.46
L6695	Elbow socket ins use w/o lck	A				\$682.01
L6696	Cus elbo skt in for con/atyp	A				\$1,447.74
L6697	Cus elbo skt in not con/atyp	A				\$1,447.74
L6698	Below/above elbow lock mech	A				\$716.43
L6700	Ue add ext power myoel	A				PCT CHG
L6703	Term dev, passive hand mitt	A				\$399.52
L6704	Term dev, sport/rec/work att	A				\$777.69
L6706	Term dev mech hook vol open	A				\$499.90
L6707	Term dev mech hook vol close	A				\$1,543.82
L6708	Term dev mech hand vol open	A				\$1,075.81
L6709	Term dev mech hand vol close	A				\$1,668.21
L6711	Ped term dev, hook, vol open	A				\$738.51
L6712	Ped term dev, hook, vol clos	A				\$1,359.68
L6713	Ped term dev, hand, vol open	A				\$1,716.07
L6714	Ped term dev, hand, vol clos	A				\$1,453.47
L6715	Term device, multi art digit	A				\$3,474.77
L6721	Hook/hand, hvy dty, vol open	A				\$2,583.41
L6722	Hook/hand, hvy dty, vol clos	A				\$2,227.12
L6805	Term dev modifier wrist unit	A				\$384.68
L6810	Term dev precision pinch dev	A				\$237.83
L6880	Elec hand ind art digits	A				\$26,296.14

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L6881	Term dev auto grasp feature	A				\$4,490.51
L6882	Microprocessor control uplmb	A				\$3,406.33
L6883	Replc sockt below e/w disa	A				\$1,851.34
L6884	Replc sockt above elbow disa	A				\$2,411.60
L6885	Replc sockt shldr dis/interc	A				\$3,440.68
L6890	Prefab glove for term device	A				\$196.32
L6895	Custom glove for term device	A				\$616.49
L6900	Hand restorat thumb/1 finger	A				\$1,631.63
L6905	Hand restoration multiple fi	A				\$1,585.99
L6910	Hand restoration no fingers	A				\$1,545.08
L6915	Hand restoration replacmnt g	A				\$676.24
L6920	Wrist disarticul switch ctrl	A				\$8,763.17
L6925	Wrist disart myoelectronic c	A				\$9,451.41
L6930	Below elbow switch control	A				\$9,207.45
L6935	Below elbow myoelectronic ct	A				\$9,885.33
L6940	Elbow disarticulation switch	A				\$12,636.72
L6945	Elbow disart myoelectronic c	A				\$14,701.36
L6950	Above elbow switch control	A				\$14,363.42
L6955	Above elbow myoelectronic ct	A				\$17,202.14
L6960	Shldr disartic switch contro	A				\$17,349.65
L6965	Shldr disartic myoelectronic	A				\$18,797.39
L6970	Interscapular-thor switch ct	A				\$19,029.46
L6975	Interscap-thor myoelectronic	A				\$20,388.17
L7007	Adult electric hand	A				\$3,717.10
L7008	Pediatric electric hand	A				\$6,255.23
L7009	Adult electric hook	A				\$3,892.19
L7040	Prehensile actuator	A				\$3,045.32
L7045	Pediatric electric hook	A				\$1,745.99
L7170	Electronic elbow hosmer swit	A				\$6,645.74
L7180	Electronic elbow sequential	A				\$38,568.52
L7181	Electronic elbo simultaneous	A				\$44,011.01
L7185	Electron elbow adolescent sw	A				\$6,894.84
L7186	Electron elbow child switch	A				\$12,496.24
L7190	Elbow adolescent myoelectron	A				\$8,723.32
L7191	Elbow child myoelectronic ct	A				\$12,803.31
L7259	Electronic wrist rotator any	A				\$4,165.53
L7360	Six volt bat otto bock/eq ea	A				\$245.64
L7362	Battery chrgr six volt otto	A				\$360.86
L7364	Twelve volt battery utah/equ	A				\$430.44

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L7366	Battery chrgr 12 volt utah/e	A				\$579.83
L7367	Replacemnt lithium ionbatter	A				\$427.63
L7368	Lithium ion battery charger	A				\$554.36
L7400	Add ue prost be/wd, ultlite	A				\$336.66
L7401	Add ue prost a/e ultlite mat	A				\$376.90
L7402	Add ue prost s/d ultlite mat	A				\$406.99
L7403	Add ue prost b/e acrylic	A				\$404.50
L7404	Add ue prost a/e acrylic	A				\$610.52
L7405	Add ue prost s/d acrylic	A				\$798.44
L7406	Add to upp extr user adj mec	A				PCT CHG
L7499	Upper extremity prosthes nos	A				PCT CHG
L7510	Prosthetic device repair rep	A				\$344.78
L7520	Repair prosthesis per 15 min	A				\$18.88
L7600	Prosthetic donning sleeve	E1				
L7700	Pros soc insert gasket/seal	A				\$129.15
L7900	Male vacuum erection system	E1				
L7902	Tension ring, vac erect dev	E1				
L8000	Mastectomy bra	A				\$40.64
L8001	Breast prosthesis bra & form	A				\$137.77
L8002	Brst prsth bra & bilat form	A				\$181.22
L8015	Ext breastprosthesis garment	A				\$65.86
L8020	Mastectomy form	A				\$216.70
L8030	Breast prosthes w/o adhesive	A				\$384.55
L8031	Breast prosthesis w adhesive	A				\$384.55
L8032	Reusable nipple prosthesis	A	E1			
L8033	Nipple prosthesis custom, ea	A	E1			
L8035	Custom breast prosthesis	A				\$4,024.13
L8039	Breast prosthesis nos	A				PCT CHG
L8040	Nasal prosthesis	A				\$2,537.11
L8041	Midfacial prosthesis	A				\$3,058.19
L8042	Orbital prosthesis	A				\$3,436.17
L8043	Upper facial prosthesis	A				\$3,848.52
L8044	Hemi-facial prosthesis	A				\$4,260.83
L8045	Auricular prosthesis	A				\$2,667.91
L8046	Partial facial prosthesis	A				\$2,748.92
L8047	Nasal septal prosthesis	A				\$1,408.82
L8048	Unspec maxillofacial prosth	A				PCT CHG
L8049	Repair maxillofacial prosth	A				PCT CHG
L8300	Truss single w/ standard pad	A	E1			

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L8310	Truss double w/ standard pad	A	E1				
L8320	Truss addition to std pad wa	A	E1				
L8330	Truss add to std pad scrotal	A	E1				
L8400	Sheath below knee	A					\$17.00
L8410	Sheath above knee	A					\$23.65
L8415	Sheath upper limb	A					\$25.57
L8417	Pros sheath/sock w gel cushn	A					\$82.58
L8420	Prosthetic sock multi ply bk	A					\$21.01
L8430	Prosthetic sock multi ply ak	A					\$26.53
L8435	Pros sock multi ply upper lm	A					\$22.72
L8440	Shrinker below knee	A					\$45.17
L8460	Shrinker above knee	A					\$71.99
L8465	Shrinker upper limb	A					\$52.69
L8470	Pros sock single ply bk	A					\$9.61
L8480	Pros sock single ply ak	A					\$13.26
L8485	Pros sock single ply upper l	A					\$14.41
L8499	Unlisted misc prosthetic ser	A					PCT CHG
L8500	Artificial larynx	A					\$712.90
L8501	Tracheostomy speaking valve	A					\$130.49
L8505	Artificial larynx, accessory	A					PCT CHG
L8507	Trach-esoph voice pros pt in	A					\$46.00
L8509	Trach-esoph voice pros md in	A					\$119.93
L8510	Voice amplifier	A					\$277.55
L8511	Indwelling trach insert	A					\$79.88
L8512	Gel cap for trach voice pros	A					\$2.39
L8513	Trach pros cleaning device	A					\$5.72
L8514	Repl trach puncture dilator	A					\$103.58
L8515	Gel cap app device for trach	A					\$69.35
L8600	Implant breast silicone/eq	N					
L8603	Collagen imp urinary 2.5 ml	N					
L8604	Dextranomer/hyaluronic acid	N					
L8605	Inj bulking agent anal canal	N					
L8606	Synthetic implnt urinary 1ml	N					
L8607	Inj vocal cord bulking agent	N					
L8608	Arg ii ext com/sup/acc misc	N					
L8609	Artificial cornea	N	E1				
L8610	Ocular implant	N					
L8612	Aqueous shunt prosthesis	N					
L8613	Ossicular implant	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L8614	Cochlear device	N				
L8615	Coch implant headset replace	A				\$496.41
L8616	Coch implant microphone repl	A				\$115.59
L8617	Coch implant trans coil repl	A				\$100.97
L8618	Coch implant tran cable repl	A				\$28.85
L8619	Coch imp ext proc/contr rplc	A				\$9,003.18
L8621	Repl zinc air battery	A				\$0.69
L8622	Repl alkaline battery	A				\$0.35
L8623	Lith ion batt cid,non-earlvl	A				\$71.21
L8624	Lith ion batt cid, ear level	A				\$177.45
L8625	Charger coch impl/aoi battry	A				\$207.86
L8627	Cid ext speech process repl	A				\$7,626.85
L8628	Cid ext controller repl	A				\$1,376.33
L8629	Cid transmit coil and cable	A				\$197.06
L8630	Metacarpophalangeal implant	N				
L8631	Mcp joint repl 2 pc or more	N				
L8641	Metatarsal joint implant	N				
L8642	Hallux implant	N				
L8658	Interphalangeal joint spacer	N				
L8659	Interphalangeal joint repl	N				
L8670	Vascular graft, synthetic	N				
L8678	Ext sply implt neurostim	N				
L8679	Imp neurosti pls gn any type	N				
L8680	Implt neurostim elctr each	E1	A			PCT CHG
L8681	Pt prgrm for implt neurostim	A				\$1,165.34
L8682	Implt neurostim radiofq rec	N				
L8683	Radiofq trsmtr for implt neu	A				\$5,838.27
L8684	Radiof trsmtr implt scr1 neu	A				\$863.21
L8685	Implt nrostm pls gen sng rec	E1	A			PCT CHG
L8686	Implt nrostm pls gen sng non	E1	A			PCT CHG
L8687	Implt nrostm pls gen dua rec	E1	A			PCT CHG
L8688	Implt nrostm pls gen dua non	E1	A			PCT CHG
L8689	External recharg sys intern	A				\$1,898.48
L8690	Aud osseo dev, int/ext comp	N				
L8691	Aoi snd proc repl excl actua	A				\$1,895.42
L8692	Non-osseointegrated snd proc	E1				
L8693	Aud osseo dev, abutment	A				\$1,668.88
L8694	Aoi transducer/actuator repl	A				\$1,039.42
L8695	External recharg sys extern	A				\$18.34

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

L8696	Ext antenna phren nerve stim	A					\$238.56
L8698	Misc used with tot art heart	A					PCT CHG
L8699	Prosthetic implant nos	N					
L8701	Ewh s/d uprt micro sensor	A					\$30,856.00
L8702	Ewhf s/d uprt micro sensor	A					\$60,707.39
L8720	Ext low ext sens prosthe mec	Y					
L8721	Receptor sole l8720 replace	A					PCT CHG
L9900	O&p supply/accessory/service	N					
M0001	Advancing cancer care mvp	M					
M0002	Opt care kidney hlth mvp	M					
M0004	Support care neur cond mvp	M					
M0005	Promot wellness mvp	M					
M0010	Eom meos payment	M					
M0075	Cellular therapy	E1					
M0076	Prolotherapy	E1					
M0100	Intragastric hypothermia	E1					
M0201	Covid-19 vaccine home admin	S		9399	Pneumococcal, Influenza, Hepatitis B, and/or Covid-19 Vaccine Home Administration	0.4133	
M0224	Pemivibart infusion	S		1506	New Technology - Level 6 (\$401 - \$500)	5.0522	
M0235	Intrav inf, mon anti, fir do	S	E1				
M0236	Intrav inf, mon anti, sec do	S	E1				
M0237	Intrav inf, toci, first dose	S		1506	New Technology - Level 6 (\$401 - \$500)	5.0522	
M0238	Intrav inf, toci, second dos	S		1506	New Technology - Level 6 (\$401 - \$500)	5.0522	
M0249	Adm toclizu covid-19 1st	S		1506	New Technology - Level 6 (\$401 - \$500)	5.0522	
M0250	Adm toclizu covid-19 2nd	S		1506	New Technology - Level 6 (\$401 - \$500)	5.0522	
M0300	Iv chelationtherapy	E1					
M0301	Fabric wrapping of aneurysm	E1					
M1003	Tb scr 12 mo pri fst bio dz	M					
M1004	Doc med rsn no srn tb	M					
M1005	Tb scr no perf	M					
M1006	Dz not ases, no rsn	M					
M1007	>=50% total pt outpt ra enct	M					
M1008	<50% total pt outpt ra encts	M					
M1009	Dc eoc doc med rec	M					
M1010	Dc eoc doc med rec	M					
M1011	Dc eoc doc med rec	M					
M1012	Dc eoc doc med rec	M					
M1013	Dc eoc doc med rec	M					
M1014	Dc epi care doc medrec	M					
M1016	Pt dx meop or sur steri	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

M1018	Pt dx hst cr pt sk lg cr scr	M					
M1019	Adl pt mj dep ds rs 12 phq<5	M					
M1020	Adl pt mj dep ds no rs 12 mo	M					
M1021	Pt uc in pp	M					
M1027	Img head (ct or mri) obtnd	M					
M1028	Doc of pt prm hda dx and otr	M					
M1029	Doc sysm rsn img hd	M					
M1032	Adt tkng pharmthry for oud	M					
M1034	Adt 180 dys pharmthry oud	M					
M1035	Adt pd out mat pr 180 dys tx	M					
M1036	Adt no 180 dys pharmthry oud	M					
M1037	Pt dx lum sp reg cacr	M					
M1038	Pt dx lum sp reg fract	M					
M1039	Pt dx lum sp reg inf	M					
M1040	Pt dx lum idi or cong scol	M					
M1041	Pt cr ft inf lm or pt id sl	M					
M1043	Fs no odi 9-15mo	M					
M1045	Fs oks 9-15mo >= 37 >= 71	M					
M1046	Fs oks 9-15mo < 37 < 71	M					
M1049	Fs wth scr no odi pre and p	M					
M1051	Pt w/cancer scoliosis	M					
M1052	Lg pn not meas w/ vas 1yr po	M					
M1054	Pt uc in pp	M					
M1055	Aspirin used	M					
M1056	Presc antico med in pp	M					
M1057	Aspirin not used, no rsn	M					
M1058	Pt prm nurs hm res in pp	M					
M1059	Pt no prm nurs hm res in pp	M					
M1060	Pt died in pp	M					
M1067	Hspc pt prv time meam per	M					
M1068	Pt not ambulatory	M					
M1069	Pt scr ft fall rsk	M					
M1070	Pt not scrn fut fall no rsn	M					
M1106	Start eoc doc med rec	M					
M1107	Docu dx degen neuro	M					
M1108	Oc ni pt home prog	M					
M1109	Oc ni pt dc	M					
M1110	Oc not p pt selfdc	M					
M1111	Start eoc doc med rec	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

M1112	Docu dx degen neuro	M					
M1113	Oc ni pt home prog	M					
M1114	Oc ni pt dc	M					
M1115	Oc ni pt selfdc	M					
M1116	Start eoc doc med rec	M					
M1117	Docu dx degen neuro	M					
M1118	Oc ni pt home prog	M					
M1119	Oc ni pt dc	M					
M1120	Oc ni pt selfdc	M					
M1121	Start eoc doc med rec	M					
M1122	Docu dx degen neuro	M					
M1123	Oc ni pt home prog	M					
M1124	Oc ni pt dc 1-2 vis	M					
M1125	Oc ni pt selfdc 1-2 vis	M					
M1126	Start eoc doc med rec	M					
M1127	Docu dx degen neuro	M					
M1128	Oc ni pt home prog	M					
M1129	Oc ni pt dc	M					
M1130	Oc ni pt selfdc	M					
M1131	Docu dx degen neuro	M					
M1132	Oc ni pt home prog	M					
M1133	Oc ni pt dc	M					
M1134	Oc ni pt selfdc	M					
M1135	Start eoc doc med rec	M					
M1141	Fs no oks	M					
M1142	Emerge cases	M					
M1143	Ni rehab med chiro	M					
M1146	Ongoing care not ind	M					
M1147	Care not poss med rsn	M					
M1148	Pt self dschg	M					
M1149	No neck fs prom incap	M					
M1150	Lvef <=40% or mod/sev l vsf	M					
M1151	Pt w/ hx trnsplt or lvad	M					
M1152	Pt w/ hx trnsplt or lvad	M					
M1153	Pt w/ dx osteo doe	M					
M1159	Hospc serv dur meas pd	M					
M1160	Pt anphx due to mengb bef 13	M					
M1161	Pt anphx due to dtp bef 13	M					
M1162	Pt enceph due to dtp bef 13	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

M1163	Pt anphx due to hpv bef 13	M					
M1164	Pt w/ dementia any time	M					
M1165	Pt use hspc dur meas pd	M					
M1166	Path rpt tis spec wle/reexc	M					
M1167	Hspc dur meas pd	M					
M1168	Pt recd flu vax 7/1-6/30	M					
M1169	Doc med rsn no flu vax	M					
M1170	Pt w/o flu vax 7/1-6/30	M					
M1171	Pt recd 1 td/tdap 9yrs prior	M					
M1172	Doc med rsn no td/tdap	M					
M1173	Pt no rec td/tdap 9yrs prior	M					
M1174	Pt w/ 1 hzv lv or 2 hzv recm	M					
M1175	Doc med rsn no hzv	M					
M1176	Pt w/o hzv on/aft age 50	M					
M1177	Pt recd pcv on/aft 60	M					
M1178	Doc med rsn no pcv	M					
M1179	No pcv recd	M					
M1180	Pt imm ckpt inhib therapy	M					
M1181	Gr 2 or> dia or gr2 or> col	M					
M1182	Not elg pre ex ibd/uc/crohn	M					
M1183	Doc imm ckpt inhib hld	M					
M1184	Doc med rsn no cst/ist rx	M					
M1185	Imm ckpt inhib not hld no rx	M					
M1186	Pt w/ rx for hspc/plltv care	M					
M1187	Pt w/ esrd	M					
M1188	Pt w/ ckd stg 5	M					
M1189	Doc khe pef w/efgr/uacr	M					
M1190	Doc khe not pef w/efgr/uacr	M					
M1191	Hspc svc any time in meas pd	M					
M1192	Pt w/ dx sq cell ca of esoph	M					
M1193	Rpts w/ imp/con mmr/msi	M					
M1194	Med rsn no imp/con mmr/msi	M					
M1195	Rpt wo imp/con mmr/msi	M					
M1196	Ixv nrs vrs iqa >=4	M					
M1197	Isa red >=2 fr ixv	M					
M1198	Isa not red 2pts fr ixv	M					
M1199	Pt rec'g rrt	M					
M1200	Ace-i/arb rx	M					
M1201	Med rsn no ace-i/arb rx	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

M1202	Pt rsn no ace-i/arb rx	M					
M1203	No rsn ace-i/arb rx	M					
M1204	lxv nrs vrs iqa >=4	M					
M1205	lsa red >=2 fr ixv	M					
M1206	lsa not red 2pts fr ixv	M					
M1207	#pts scrn sdoh	M					
M1208	#pts no scrn sdoh	M					
M1209	>=2 same hi-rsk med w/o diag	M					
M1210	>=2 same meds tbl4 not ord	M					
M1211	Hemoglobin a1c level >9.0%	M					
M1212	Missing hb a1c level	M					
M1213	No hx spiro prs spiro>=70%	M					
M1214	Spiro results wth obs doc	M					
M1215	Med rsn for no doc spiro	M					
M1216	No spiro doc no res doc	M					
M1217	Sys rsn no doc spiro	M					
M1218	Pt copd symptoms	M					
M1220	Dre wth interp rtnophy	M					
M1221	Dre w/o rtnophy	M					
M1222	Glaucoma pln of care not doc	M					
M1223	Glaucoma plan of care doc	M					
M1224	lop dec <20% from base	M					
M1225	lop dec>=20% from base	M					
M1226	lop not doc	M					
M1227	Eb therapy prescribed	M					
M1228	Pt + hcv aby +vir w/ rx 3 mo	M					
M1229	Pt w/ +hcv +vir ref win 1 mo	M					
M1230	Pt hcv rctv aby no f/u tst	M					
M1231	Pt hcv tst no reactive res	M					
M1232	Pt hcv tst reactive result	M					
M1233	Pt no hcv aby or result	M					
M1234	Pt hcv rctv aby f/u neg	M					
M1235	Doc pt hcv aby rna tst	M					
M1236	Baseline mrs > 2	M					
M1237	Pt rsn no scrn	M					
M1238	Doc 2nd recom hzv 2-6 mo int	M					
M1239	Pt no resp heard	M					
M1240	Pt no resp best int	M					
M1241	Pt no resp seen as person	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

M1242	Pt no resp imprt to me	M					
M1243	Pt othr thn true heard	M					
M1244	Pt othr thn true best int	M					
M1245	Pt othr thn true person	M					
M1246	Pt othr thn true imprt to me	M					
M1247	Pt resp true best int	M					
M1248	Pt resp true seen as person	M					
M1249	Pt resp true imprt to me	M					
M1250	Pt resp true heard	M					
M1251	Pts proxy cmplt hu surv	M					
M1252	Pts no cmplt hu survey	M					
M1253	Pts hu surv no amb plltv	M					
M1254	Pts deceased prior hu surv	M					
M1255	Pts w/ othr rsn vst,+prg tst	M					
M1256	Prior history of known cvd	M					
M1257	Cvd risk assess not perf	M					
M1258	Cvd risk assess perf	M					
M1259	Pt kid transplt wtlist lv don	M					
M1260	Pt no kd trnsplt wtlist lv do	M					
M1261	Pts on wtlist bef dialysis	M					
M1262	Pts transplt bef dialysis	M					
M1263	Pts hosp dialysis dt	M					
M1265	Cms 2728 completed	M					
M1266	Pts admit snf	M					
M1267	Pt no act kid transplt wtlist	M					
M1268	Pt ac stat kid trnsplt wtlist	M					
M1269	Rec'd esrd mcp 1st day of mo	M					
M1270	Pts no kid transplt wtlist	M					
M1271	Pts dem any time/dur mo	M					
M1272	Pts kid transplt wtlist	M					
M1273	Pts snf 1 yr dialysis	M					
M1274	Pts snf exl mo	M					
M1275	Pts hosp exl	M					
M1276	Calc bmi out nrm param nof/u	M					
M1277	Colorectal ca screen doc rev	M					
M1278	Pre-htn or htn doc, f/u indc	M					
M1279	Pre-htn/htn, no f/u, not gvn	M					
M1280	Bilat mast/hx bi /unilat mas	M					
M1281	Bp scrn no perf at interval	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

M1282	Pt scrn tbco id as non user	M					
M1283	Pt scrn tbco and id as user	M					
M1284	Pt 66+ snp or ltc pos > 90d	M					
M1285	Scrn mam perf rsIts not doc	M					
M1286	Bmi doc onl fup not cmpltD	M					
M1287	Calc bmi blw low param f/u	M					
M1288	Doc rsn no hbp scrn or f/u	M					
M1289	No pt tbco cess interv rng	M					
M1290	Pt not eli d/t act dig htn	M					
M1291	Pt 66+ frailty and med dem	M					
M1292	Pt 66+ frail inpt adv ill	M					
M1293	Calc bmi abv up param f/u	M					
M1294	Bp scrn perf rec interval	M					
M1295	Pt hx tot col or colon ca	M					
M1296	Calc bmi norm parameters	M					
M1297	Bmi not doc medrsn ptref	M					
M1298	Doc pt preg dur msrmt pd	M					
M1299	Flu immunize order/admin	M					
M1300	Flu imm no admin doc rea	M					
M1301	Pt recv tbco cess interv	M					
M1302	Scrn mam perf rsIts doc	M					
M1303	Hospc serv dur meas pd	M					
M1304	No pneum vax admin 19+	M					
M1305	Pneum vax admin 19+	M					
M1306	Pt anphx due to pneum	M					
M1307	Doc pt pal or hospice	M					
M1308	Flu immunize no admin	M					
M1309	Pall serv during meas	M					
M1310	Pt scr tob & cess int	M					
M1311	Aphlx to vax bef enc	M					
M1312	No pt tbco scrn rng	M					
M1313	No tob scr/cess int	M					
M1314	Bmi not calculated	M					
M1315	Crc no doc no rsn	M					
M1316	Tobacco non-user	M					
M1317	Pts counsl cpt opt out	M					
M1318	Pts no csp doc contact	M					
M1319	Pts csp doc contact	M					
M1320	Pts scrn + hrsn	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

M1321	Pts no 7wk inj,no iop,iop>25	M					
M1322	Pts 7wk inj, scrn iop =<25	M					
M1323	Pts 7wk inj, scrn iop >25	M					
M1324	Pts intravitreal/pci	M					
M1325	Doc med rsn not seen	M					
M1326	Pts dx hypotony	M					
M1327	Pts no eval ini xm no 8 wks	M					
M1328	Pts dx acute vitreous hem	M					
M1329	Pts act pvd 2 wks 8 wks	M					
M1330	Doc pts rsn no f/u xm	M					
M1331	Pts eval ini xm 8 wks	M					
M1332	Pts no eval ini xm no 2 wks	M					
M1333	Acute vitreous hemorrhage	M					
M1334	Pts act pvd 2 wks 2 wks	M					
M1335	Doc pts rsn no f/u xm	M					
M1336	Pts eval ini xm 2 wks	M					
M1337	Acute pvd	M					
M1338	Pt f/u 30-180 dys no + imprv	M					
M1339	Pts f/u 30-180 dys + improv	M					
M1340	Indx whodas 2.0 or sds	M					
M1341	Pt no f/u 30-180 dys	M					
M1342	Pts died perf per	M					
M1343	Pt pam lvl 4 base or srt lin	M					
M1344	Pts no bsln or 2nd pam score	M					
M1345	Pt bsln pam, 2nd scr 6-12 mo	M					
M1346	Pts no pam 6 pts 6-12 mo	M					
M1347	Pt pam incr 3 pt 6-12 mo	M					
M1348	Pt pam incr 6 pt 6-12 mo	M					
M1349	Pt no pam 3 pts 6-12 mo	M					
M1350	Pt w/ suic saf pln init rev	M					
M1351	Pt cmplt suidc saf pln 120dy	M					
M1352	Suicd c-srs assessment, equ	M					
M1353	Pts no cmplt suidc saf pln	M					
M1354	Pt no suidc saf pln 120dy	M					
M1355	Suicd based clin eval	M					
M1356	Pt died dur meas pd	M					
M1357	Pt w/red suic idea 120 days	M					
M1358	Pts no <suicd idea 120 dys	M					
M1359	Indx suidc idea, no 0 scr	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

M1360	Suicd c-ssrs assessment	M					
M1361	Suicd based clin eval	M					
M1362	Pt died dur meas pd	M					
M1363	Pts no f/u 120 dys	M					
M1364	Ascvd risk >=20pct	M					
M1365	Hosp+pall care spec code 17	M					
M1366	Focus on women's health mvp	M					
M1367	Qual care ent disorder mvp	M					
M1368	Prev trt inf d/o hiv/hep mvp	M					
M1369	Qualcare mental hlth/sud mvp	M					
M1370	Rehab support msk care mvp	M					
M1371	Mst rec gsa<7	M					
M1372	Mst rec gsa >=7 and<8	M					
M1373	Mst rec gsa >=8 and <=9	M					
M1374	Ra dx enc 90 days dur per pd	M					
M1375	Ra dx enc 90 days dur per pd	M					
M1376	Ra dx enc 90 days dur per pd	M					
M1377	Fu colscop 10 yr doc w/ disc	M					
M1378	Med rsn no 10 yr fu colscope	M					
M1379	10 yr fu no rec rsn not giv	M					
M1380	2 rx in perf pd any com meds	M					
M1381	Pt sec strk wthin 5 days	M					
M1382	Enc dur perf pd pos 11	M					
M1383	Acute pvd	M					
M1384	Pt died dur perf pd	M					
M1385	Pt rsn not seen 2nd pam	M					
M1386	Exc sx melmn or mlnm is	M					
M1387	Pt died dur perf pd	M					
M1388	Pt doc exm rec melmn	M					
M1390	Pt no doc exm for rec	M					
M1391	All pt dx w/ rec mlnm	M					
M1392	Pt rsn no exm or 1st to fu	M					
M1393	Pr no dx rec mlnm	M					
M1394	Stg i-iii br ca	M					
M1395	Init chemo w/def dur ec grp	M					
M1396	Pt ther clin trial	M					
M1397	Pt w/ recur/prog	M					
M1398	Bslne and fu promis doc	M					
M1399	Pt lve prac	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

M1400	Pt died dur perf pd	M					
M1401	Stg i-iii br ca	M					
M1402	Init chemo w/def dur ec grp	M					
M1403	Bslnr and fu promis doc	M					
M1404	Pt ther clin trial	M					
M1405	Pt w/ recur/prog	M					
M1406	Pt lve prac	M					
M1407	Pt died dur perf pd	M					
M1408	Gmln brca bef dx ca	M					
M1409	Recd gmln brca1/brca2 couns	M					
M1410	No gmln brca1/brca2 couns	M					
M1411	1st ln ici no chemo	M					
M1412	Met nsclc w/ egfr alk oth ab	M					
M1413	Pos pdl1 bef init ici tx	M					
M1414	Med rsn no pdl1 bef 1st ther	M					
M1415	No pos pdl1 bef ici ther	M					
M1416	Pt rec hosp	M					
M1417	Pt up to date cov	M					
M1418	Med rsn not up to date cov	M					
M1419	Pt not up to date cov	M					
M1420	Complete ophthalmologic mvp	M					
M1421	Dermatological care mvp	M					
M1422	Gastroenterology care mvp	M					
M1423	Opt care urologic cnd mvp	M					
M1424	Pulmonology care mvp	M					
M1425	Surgical care mvp	M					
P2028	Cephalin flocculation test	A					PCT CHG
P2029	Congo red blood test	A					PCT CHG
P2031	Hair analysis	E1					
P2033	Blood thymol turbidity	A					PCT CHG
P2038	Blood mucoprotein	A					PCT CHG
P3000	Screen pap by tech w md supv	A	E1				
P3001	Screening pap smear by phys	B					
P7001	Culture bacterial urine	E1					
P9010	Whole blood for transfusion	R		9510	Whole blood for transfusion	2.5246	
P9011	Blood split unit	R		9520	Blood split unit	1.5902	
P9012	Cryoprecipitate each unit	R		9511	Cryoprecipitate each unit	0.7129	
P9016	Rbc leukocytes reduced	R		9512	RBC leukocytes reduced	2.0411	
P9017	Plasma 1 donor frz w/in 8 hr	R		9508	Plasma 1 donor frz w/in 8 hr	0.9453	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

P9019	Platelets, each unit	R		9515	Platelets, each unit	0.8519	
P9020	Platelet rich plasma unit	R		9516	Platelet rich plasma unit	6.2502	
P9021	Red blood cells unit	R		9517	Red blood cells unit	1.6185	
P9022	Washed red blood cells unit	R		9518	Washed red blood cells unit	4.4508	
P9023	Frozen plasma, pooled, sd	R		9509	Frozen plasma, pooled, sd	0.6988	
P9025	Plasma cryo redu path each	R		9538	Plasma cryo redu path each	1.5157	
P9026	Cryo fib comp path redu each	R		9539	Cryo fib comp path redu each	3.5188	
P9027	Rbc o2 co2 reduced	R		9541	Rbc o2 co2 reduced	5.4627	
P9031	Platelets leukocytes reduced	R		9526	Platelets leukocytes reduced	1.4105	
P9032	Platelets, irradiated	R		9500	Platelets, irradiated	1.5227	
P9033	Platelets leukoreduced irradi	R		9521	Platelets leukoreduced irradi	2.3034	
P9034	Platelets, pheresis	R		9507	Platelets, pheresis	4.4537	
P9035	Platelet pheres leukoreduced	R		9501	Platelet pheres leukoreduced	5.4627	
P9036	Platelet pheresis irradiated	R		9502	Platelet pheresis irradiated	6.5903	
P9037	Plate pheres leukoredu irradi	R		9530	Plate pheres leukoredu irradi	7.5773	
P9038	Rbc irradiated	R		9505	RBC irradiated	1.6734	
P9039	Rbc deglycerolized	R		9504	RBC deglycerolized	7.3315	
P9040	Rbc leukoreduced irradiated	R		9522	RBC leukoreduced irradiated	2.8687	
P9041	Albumin (human),5%, 50ml	N					
P9043	Plasma protein fract,5%,50ml	R		9514	Plasma protein fract,5%,50ml	0.0905	
P9044	Cryoprecipitatereducedplasma	R		9523	Cryoprecipitatereducedplasma	1.6519	
P9045	Albumin (human), 5%, 250 ml	K		0963	Albumin (human), 5%, 250 ml	0.5952	
P9046	Albumin (human), 25%, 20 ml	K		0964	Albumin (human), 25%, 20 ml	0.2381	
P9047	Albumin (human), 25%, 50ml	N					
P9048	Plasma protein fract,5%,250ml	R		9519	Plasma protein fract,5%,250ml	0.8267	
P9050	Granulocytes, pheresis unit	E2					
P9051	Blood, l/r, cmv-neg	R		9524	Blood, l/r, cmv-neg	1.9312	
P9052	Platelets, hla-m, l/r, unit	R		9525	Platelets, hla-m, l/r, unit	8.7193	
P9053	Plt, pher, l/r cmv-neg, irr	R		9531	Plt, pher, l/r cmv-neg, irr	5.1501	
P9054	Blood, l/r, froz/degly/wash	R		9527	Blood, l/r, froz/degly/wash	2.7189	
P9055	Plt, aph/pher, l/r, cmv-neg	R		9528	Plt, aph/pher, l/r, cmv-neg	2.5485	
P9056	Blood, l/r, irradiated	R		9529	Blood, l/r, irradiated	0.9439	
P9057	Rbc, frz/deg/wsh, l/r, irradi	R		9532	RBC, frz/deg/wsh, l/r, irradi	5.4433	
P9058	Rbc, l/r, cmv-neg, irradi	R		9533	RBC, l/r, cmv-neg, irradi	2.4993	
P9059	Plasma, frz between 8-24hour	R		9513	Plasma, frz between 8-24hour	0.7973	
P9060	Fr frz plasma donor retested	R		9503	Fr frz plasma donor retested	0.5487	
P9070	Pathogen reduced plasma pool	R		9534	Pathogen reduced plasma pool	0.6292	
P9071	Pathogen reduced plasma sing	R		9535	Pathogen reduced plasma sing	3.2806	
P9073	Platelets pheresis path redu	R		9536	Platelets pheresis path redu	6.5861	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

P9099	Blood component/product noc	R		9537	Blood component/product noc	0.5487	
P9100	Pathogen test for platelets	S		5733	Level 3 Minor Procedures	0.6661	
P9603	One-way allow prorated miles	A	E1				
P9604	One-way allow prorated trip	A	E1				
P9612	Catheterize for urine spec	A					PCT CHG
P9615	Urine specimen collect mult	N					
Q0035	Cardiokymography	Q1		5732	Level 2 Minor Procedures	0.4402	
Q0081	Infusion ther other than che	B					
Q0083	Chemo by other than infusion	B					
Q0084	Chemotherapy by infusion	B					
Q0085	Chemo by both infusion and o	B					
Q0091	Obtaining screen pap smear	S		5731	Level 1 Minor Procedures	0.2747	
Q0092	Set up port xray equipment	N	E1				
Q0111	Wet mounts/ w preparations	A					\$18.19
Q0112	Potassium hydroxide preps	A					\$5.83
Q0113	Pinworm examinations	A					\$4.27
Q0114	Fern test	A					\$9.74
Q0115	Post-coital mucous exam	A					\$25.00
Q0138	Ferumoxytol, non-esrd	K		1297	Ferumoxytol, non-esrd	0.0036	
Q0139	Ferumoxytol, esrd use	K		1485	Ferumoxytol, esrd use	0.0036	
Q0144	Azithromycin dihydrate, oral	E1	A				PCT CHG
Q0155	Dronabinol (syndros) 0.1 mg	N					
Q0161	Chlorpromazine hcl 5mg oral	N					
Q0162	Ondansetron oral	N					
Q0163	Diphenhydramine hcl 50mg	N					
Q0164	Prochlorperazine maleate 5mg	N					
Q0166	Granisetron hcl 1 mg oral	N					
Q0167	Dronabinol 2.5mg oral	N					
Q0169	Promethazine hcl 12.5mg oral	N					
Q0173	Trimethobenzamide hcl 250mg	N					
Q0174	Thiethylperazine maleate10mg	E2					
Q0175	Perphenazine 4mg oral	N					
Q0177	Hydroxyzine pamoate 25mg	N					
Q0180	Dolasetron mesylate oral	N					
Q0181	Unspecified oral anti-emetic	N					
Q0224	Inj, pemivibart, 4500 mg	L					\$7,239.00
Q0235	Inj, monoclon antibody, 1 mg	L	E1				
Q0237	Inj, tocilizumab-anoh, hospi	L					PCT CHG
Q0249	Tocilizumab for covid-19	L					\$7.57

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q0477	Pwr module pt cable lvad rpl	A					\$853.90
Q0478	Power adapter, combo vad	A					\$202.25
Q0479	Power module combo vad, rep	A					\$13,185.23
Q0480	Driver pneumatic vad, rep	A					\$89,999.94
Q0481	Microprcsr cu elec vad, rep	A					\$15,992.73
Q0482	Microprcsr cu combo vad, rep	A					\$5,009.22
Q0483	Monitor elec vad, rep	A					\$20,635.74
Q0484	Monitor elec or comb vad rep	A					\$4,007.34
Q0485	Monitor cable elec vad, rep	A					\$386.94
Q0486	Mon cable elec/pneum vad rep	A					\$322.00
Q0487	Leads any type vad, rep only	A					\$375.67
Q0488	Pwr pack base elec vad, rep	A					PCT CHG
Q0489	Pwr pck base combo vad, rep	A					\$17,890.07
Q0490	Emr pwr source elec vad, rep	A					\$773.82
Q0491	Emr pwr source combo vad rep	A					\$1,216.58
Q0492	Emr pwr cbl elec vad, rep	A					\$98.00
Q0493	Emr pwr cbl combo vad, rep	A					\$279.09
Q0494	Emr hd pmp elec/combo, rep	A					\$236.16
Q0495	Charger elec/combo vad, rep	A					\$4,597.30
Q0496	Battery elec/combo vad, rep	A					\$1,650.03
Q0497	Bat clps elec/comb vad, rep	A					\$515.27
Q0498	Holster elec/combo vad, rep	A					\$565.33
Q0499	Belt/vest elec/combo vad rep	A					\$183.67
Q0500	Filters elec/combo vad, rep	A					\$33.59
Q0501	Shwr cov elec/combo vad, rep	A					\$562.09
Q0502	Mobility cart pneum vad, rep	A					\$715.57
Q0503	Battery pneum vad replacemnt	A					\$1,431.20
Q0504	Pwr adpt pneum vad, rep veh	A					\$755.21
Q0506	Lith-ion batt elec/pneum vad	A					\$940.04
Q0507	Misc sup/acc ext vad	A					PCT CHG
Q0508	Mis sup/acc imp vad	A					PCT CHG
Q0509	Mis sup/ac imp vad nopay med	A					PCT CHG
Q0510	Dispens fee immunosuppressive	M					
Q0511	Sup fee antiem,antica,immuno	M					
Q0512	Px sup fee anti-can sub pres	M					
Q0513	Disp fee inhal drugs/30 days	M					
Q0514	Disp fee inhal drugs/90 days	M					
Q0515	Sermorelin acetate injection	E1					
Q0521	Supply fee hiv prep fda appr	M					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q1004	Ntiol category 4	E1	A				PCT CHG
Q1005	Ntiol category 5	E1	A				PCT CHG
Q2004	Bladder calculi irrig sol	N					
Q2009	Fosphenytoin inj pe	N					
Q2017	Teniposide, 50 mg	E2					
Q2026	Radiesse injection	K	E1				
Q2028	Inj, sculptra, 0.5mg	K	A				PCT CHG
Q2034	Agriflu vaccine	L	E1				
Q2035	Afluria vacc, 3 yrs & >, im	L	E1				
Q2036	Flulaval vacc, 3 yrs & >, im	L	E1				
Q2037	Fluvirin vacc, 3 yrs & >, im	L	E1				
Q2038	Fluzone vacc, 3 yrs & >, im	L	E1				
Q2039	Influenza virus vaccine, nos	L	E1				
Q2041	Axicabtagene ciloleucel car+	K		9035	Axicabtagene ciloleucel car+	5979.995	
Q2042	Tisagenlecleucel car-pos t	K		9194	Tisagenlecleucel car-pos t	6636.0080	
Q2043	Sipuleucel-t auto cd54+	K		9273	Sipuleucel-T auto CD54+	619.8603	
Q2049	Imported lipodox inj	K		1421	Imported lipodox inj	5.931	
Q2050	Doxorubicin inj 10mg	K		7046	Doxorubicin inj 10mg	1.2164	
Q2052	Ivig demo, services/supplies	A	E1				
Q2053	Brexucabtagene car pos t	K		9391	Brexucabtagene car pos t	5487.3847	
Q2054	Lisocabtagene mara car pos t	K		9413	lisocabtagene car pos t	6308.6744	
Q2055	Idecabtagene vicleucel car	K		9422	Idecabtagene vicleucel car	6250.131	
Q2056	Ciltacabtagene car-pos t	K		9498	Ciltacabtagene car-pos t	6346.0277	
Q2057	Afamitresgene autoleucel	G		2067	Afamitresgene autoleucel	8642.2411	
Q2058	Obechtge autol up to 400 mil	G		0831	Obechtge autol up to 400 mil	3120.4791	
Q3001	Brachytherapy radioelements	B					
Q3014	Telehealth facility fee	A					\$32.11
Q3027	Inj beta interferon im 1 mcg	K		1472	Inj beta interferon im 1 mcg	0.6605	
Q3028	Inj beta interferon sq 1 mcg	E1	A				PCT CHG
Q3031	Collagen skin test	N					
Q4001	Cast sup body cast plaster	B					
Q4002	Cast sup body cast fiberglas	B					
Q4003	Cast sup shoulder cast plstr	B					
Q4004	Cast sup shoulder cast fbrgl	B					
Q4005	Cast sup long arm adult plst	B					
Q4006	Cast sup long arm adult fbrg	B					
Q4007	Cast sup long arm ped plster	B					
Q4008	Cast sup long arm ped fbrgl	B					
Q4009	Cast sup sht arm adult plstr	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q4010	Cast sup sht arm adult fbrgl	B					
Q4011	Cast sup sht arm ped plaster	B					
Q4012	Cast sup sht arm ped fbrglas	B					
Q4013	Cast sup gauntlet plaster	B					
Q4014	Cast sup gauntlet fiberglass	B					
Q4015	Cast sup gauntlet ped plster	B					
Q4016	Cast sup gauntlet ped fbrgls	B					
Q4017	Cast sup lng arm splint plst	B					
Q4018	Cast sup lng arm splint fbrg	B					
Q4019	Cast sup lng arm splnt ped p	B					
Q4020	Cast sup lng arm splnt ped f	B					
Q4021	Cast sup sht arm splint plst	B					
Q4022	Cast sup sht arm splint fbrg	B					
Q4023	Cast sup sht arm splnt ped p	B					
Q4024	Cast sup sht arm splnt ped f	B					
Q4025	Cast sup hip spica plaster	B					
Q4026	Cast sup hip spica fiberglass	B					
Q4027	Cast sup hip spica ped plstr	B					
Q4028	Cast sup hip spica ped fbrgl	B					
Q4029	Cast sup long leg plaster	B					
Q4030	Cast sup long leg fiberglass	B					
Q4031	Cast sup lng leg ped plaster	B					
Q4032	Cast sup lng leg ped fbrgls	B					
Q4033	Cast sup lng leg cylinder pl	B					
Q4034	Cast sup lng leg cylinder fb	B					
Q4035	Cast sup lngleg cylndr ped p	B					
Q4036	Cast sup lngleg cylndr ped f	B					
Q4037	Cast sup shrt leg plaster	B					
Q4038	Cast sup shrt leg fiberglass	B					
Q4039	Cast sup shrt leg ped plster	B					
Q4040	Cast sup shrt leg ped fbrgls	B					
Q4041	Cast sup lng leg splnt plstr	B					
Q4042	Cast sup lng leg splnt fbrgl	B					
Q4043	Cast sup lng leg splnt ped p	B					
Q4044	Cast sup lng leg splnt ped f	B					
Q4045	Cast sup sht leg splnt plstr	B					
Q4046	Cast sup sht leg splnt fbrgl	B					
Q4047	Cast sup sht leg splnt ped p	B					
Q4048	Cast sup sht leg splnt ped f	B					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q4049	Finger splint, static	B					
Q4050	Cast supplies unlisted	B					
Q4051	Splint supplies misc	B					
Q4074	Iloprost non-comp unit dose	Y					
Q4081	Epoetin alfa, 100 units esrd	N					
Q4082	Drug/bio noc part b drug cap	B					
Q4100	Skin substitute, nos	N					
Q4101	Apligraf	N					
Q4102	Oasis wound matrix	N					
Q4103	Oasis burn matrix	N					
Q4104	Integra bmwd	N					
Q4105	Integra drt or omnigraft	N					
Q4106	Dermagraft	N					
Q4107	Graftjacket	N					
Q4108	Integra matrix	N					
Q4110	Primatrix	N					
Q4111	Gammagraft	N					
Q4112	Cymetra injectable	N					
Q4113	Graftjacket xpress	N					
Q4114	Integra flowable wound matri	N					
Q4115	Alloskin	N					
Q4116	Alloderm	N					
Q4117	Hyalomatrix	N					
Q4118	Matristem micromatrix	N					
Q4121	Theraskin	N					
Q4122	Dermacell, awm, porous sq cm	N					
Q4123	Alloskin	N					
Q4124	Oasis tri-layer wound matrix	N					
Q4125	Arthroflex	N					
Q4126	Memoderm/derma/tranz/integup	N					
Q4127	Talymed	N					
Q4128	Flexhd/allopatchhd/sq cm	N					
Q4130	Strattice tm	N					
Q4132	Grafix core, grafixpl core	N					
Q4133	Grafix stravax prime pl sqcm	N					
Q4134	Hmatrix	N					
Q4135	Mediskin	N					
Q4136	Ezderm	N					
Q4137	Amnioexcel biodexcel 1sq cm	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q4138	Biodfence dryflex, 1cm	N					
Q4139	Amnio or biodmatrix, inj 1cc	N					
Q4140	Biodfence 1cm	N					
Q4141	Alloskin ac, 1 cm	N					
Q4142	Xcm biologic tiss matrix 1cm	N					
Q4143	Repriza, 1cm	N					
Q4145	Epifix, inj, 1mg	N					
Q4146	Tensix, 1cm	N					
Q4147	Architect ecm px fx 1 sq cm	N					
Q4148	Neox neox rt or clarix cord	N					
Q4149	Excellagen, 0.1 cc	N					
Q4150	Allowrap ds or dry 1 sq cm	N					
Q4151	Amnioband, guardian 1 sq cm	N					
Q4152	Dermapure 1 square cm	N					
Q4153	Dermavest, plurivest sq cm	N					
Q4154	Biovance 1 square cm	N					
Q4155	Neoxflo or clarixflo 1 mg	N					
Q4156	Neox 100 or clarix 100	N					
Q4157	Revitalon 1 square cm	N					
Q4158	Kerecis omega3, per sq cm	N					
Q4159	Affinity1 square cm	N					
Q4160	Nushield 1 square cm	N					
Q4161	Bio-connekt per square cm	N					
Q4162	Wndex flw, bioskn flw, 0.5cc	N					
Q4163	Woundex, bioskin, per sq cm	N					
Q4164	Helicoll, per square cm	N					
Q4165	Keramatrix, kerasorb sq cm	N					
Q4166	Cytal, per square centimeter	N					
Q4167	Truskin, per sq centimeter	N					
Q4168	Amnioband, 1 mg	N					
Q4169	Artacent wound, per sq cm	N					
Q4170	Cygnus, per sq cm	N					
Q4171	Interfyl, 1 mg	N					
Q4173	Palingen or palingen xplus	N					
Q4174	Palingen or promatrux	N					
Q4175	Miroderm	N					
Q4176	Neopatch or therion, 1 sq cm	N					
Q4177	Floweramniolfo, 0.1 cc	N					
Q4178	Floweramniopatch, per sq cm	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q4179	Flowerderm, per sq cm	N					
Q4180	Revita, per sq cm	N					
Q4181	Amnio wound, per square cm	N					
Q4182	Transcyte, per sq centimeter	N					
Q4183	Surgigraft, 1 sq cm	N					
Q4184	Cellesta or duo per sq cm	N					
Q4185	Cellesta flowab amnion 0.5cc	N					
Q4186	Epifix 1 sq cm	N					
Q4187	Epicord 1 sq cm	N					
Q4188	Amnioarmor 1 sq cm	N					
Q4189	Artacent ac, 1 mg	N					
Q4190	Artacent ac 1 sq cm	N					
Q4191	Restorigin 1 sq cm	N					
Q4192	Restorigin, 1 cc	N					
Q4193	Coll-e-derm 1 sq cm	N					
Q4194	Novachor 1 sq cm	N					
Q4195	Puraply 1 sq cm	N					
Q4196	Puraply am 1 sq cm	N					
Q4197	Puraply xt 1 sq cm	N					
Q4198	Genesis amnio membrane 1sqcm	N					
Q4199	Cygnus matrix, per sq cm	N					
Q4200	Skin te 1 sq cm	N					
Q4201	Matrion 1 sq cm	N					
Q4202	Keroxx (2.5g/cc), 1cc	N					
Q4203	Derma-gide, 1 sq cm	N					
Q4204	Xwrap 1 sq cm	N					
Q4205	Membrane graft or wrap sq cm	N					
Q4206	Fluid flow or fluid gf 1 cc	N					
Q4208	Novafix per sq cm	N					
Q4209	Surgraft per sq cm	N					
Q4211	Amnion bio or axobio sq cm	N					
Q4212	Allogen, per cc	N					
Q4213	Ascent, 0.5 mg	N					
Q4214	Cellesta cord per sq cm	N					
Q4215	Axolotl ambient, cryo 0.1 mg	N					
Q4216	Artacent cord per sq cm	N					
Q4217	Woundfix biowound plus xplus	N					
Q4218	Surgicord per sq cm	N					
Q4219	Surgigraft dual per sq cm	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q4220	Bellacell hd, surederm sq cm	N					
Q4221	Amniowrap2 per sq cm	N					
Q4222	Progenamatrix, per sq cm	N					
Q4224	Hhf10-p per sq cm	N					
Q4225	Amniobind, per sq cm	N					
Q4226	Myown harv prep proc sq cm	N					
Q4227	Amniocore per sq cm	N					
Q4229	Cogenex amnio memb per sq cm	N					
Q4230	Cogenex flow amnion 0.5 cc	N					
Q4232	Corplex, per sq cm	N					
Q4233	Surfactor /nudyn per 0.5 cc	N					
Q4234	Xcellerate, per sq cm	N					
Q4235	Amniorepair or altiply sq cm	N					
Q4236	Carepatch per sq cm	N					
Q4237	Cryo-cord, per sq cm	N					
Q4238	Derm-maxx, per sq cm	N					
Q4239	Amnio-maxx or lite per sq cm	N					
Q4240	Corecyte topical only 0.5 cc	N					
Q4241	Polycyte, topical only 0.5cc	N					
Q4242	Amniocyte plus, per 0.5 cc	N					
Q4245	Amniotext, per cc	N					
Q4246	Coretext or protext, per cc	N					
Q4247	Amniotext patch, per sq cm	N					
Q4248	Dermacyte amn mem allo sq cm	N					
Q4249	Amniply, per sq cm	N					
Q4250	Amnioamp-mp per sq cm	N					
Q4251	Vim, per square centimeter	N					
Q4252	Vendaje, per square centimet	N					
Q4253	Zenith amniotic membrane psc	N					
Q4254	Novafix dl per sq cm	N					
Q4255	Reguard, topical use per sq	N					
Q4256	Mlg complet, per sq cm	N					
Q4257	Relese, per sq cm	N					
Q4258	Enverse, per sq cm	N					
Q4259	Celera per sq cm	N					
Q4260	Signature apatch, per sq cm	N					
Q4261	Tag, per square centimeter	N					
Q4262	Dual layer impax, per sq cm	N					
Q4263	Surgraft tl, per sq cm	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q4264	Cocoon membrane, per sq cm	N					
Q4265	Neostim tl per sq cm	N					
Q4266	Neostim per sq cm	N					
Q4267	Neostim dl per sq cm	N					
Q4268	Surgraft ft per sq cm	N					
Q4269	Surgraft xt per sq cm	N					
Q4270	Complete sl per sq cm	N					
Q4271	Complete ft per sq cm	N					
Q4272	Esano a, per sq cm	N					
Q4273	Esano aaa, per sq cm	N					
Q4274	Esano ac, per sq cm	N					
Q4275	Esano aca, per sq cm	N					
Q4276	Orion, per sq cm	N					
Q4278	Epieffect, per sq cm	N					
Q4279	Vendaje ac, per sq cm	N					
Q4280	Xcell amnio matrix per sq cm	N					
Q4281	Barrera slor dl per sq cm	N					
Q4282	Cygnus dual per sq cm	N					
Q4283	Biovance tri or 3l, sq cm	N					
Q4284	Dermabind sl, per sq cm	N					
Q4285	Nudyn dl or dl mesh pr sq cm	N					
Q4286	Nudyn sl or slw, per sq cm	N					
Q4287	Dermabind dl, per sq cm	N					
Q4288	Dermabind ch, per sq cm	N					
Q4289	Revoshield+ amnio, per sq cm	N					
Q4290	Membrane wrap hydr per sq cm	N					
Q4291	Lamellas xt, per sq cm	N					
Q4292	Lamellas, per sq cm	N					
Q4293	Acesso dl, per sq cm	N					
Q4294	Amnio quad-core, per sq cm	N					
Q4295	Amnio tri-core, per sq cm	N					
Q4296	Rebound matrix, per sq cm	N					
Q4297	Emerge matrix, per sq cm	N					
Q4298	Amnicore pro, per sq cm	N					
Q4299	Amnicore pro+, per sq cm	N					
Q4300	Acesso tl, per sq cm	N					
Q4301	Activate matrix, per sq cm	N					
Q4302	Complete aca, per sq cm	N					
Q4303	Complete aa, per sq cm	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q4304	Grafix plus, per sq cm	N					
Q4305	Amer am ac tri-lay per sq cm	N					
Q4306	Americ amnion ac per sq cm	N					
Q4307	American amnion, per sq cm	N					
Q4308	Sanopellis, per sq cm	N					
Q4309	Via matrix, per sq cm	N					
Q4310	Procenta, per 100 mg	N					
Q4311	Acesso, per sq cm	N					
Q4312	Acesso ac, per sq cm	N					
Q4313	Dermabind fm, per sq cm	N					
Q4314	Reeva, per sq cm	N					
Q4315	Regenelink amniotic mem allo	N					
Q4316	Amchoplast, per sq cm	N					
Q4317	Vitograft, per sq cm	N					
Q4318	E-graft, per sq cm	N					
Q4319	Sanograft, per sq cm	N					
Q4320	Pellograft, per sq cm	N					
Q4321	Renograft, per sq cm	N					
Q4322	Caregraft, per sq cm	N					
Q4323	Alloply, per sq cm	N					
Q4324	Amniotx, per sq cm	N					
Q4325	Acapatch, per sq cm	N					
Q4326	Woundplus, per sq cm	N					
Q4327	Duoamnion, per sq cm	N					
Q4328	Most, per sq cm	N					
Q4329	Singlay, per sq cm	N					
Q4330	Total, per sq cm	N					
Q4331	Axolotl graft, per sq cm	N					
Q4332	Axolotl dualgraft, per sq cm	N					
Q4333	Ardeograft, per sq cm	N					
Q4334	Amnioplast 1, per sq cm	N					
Q4335	Amnioplast 2, per sq cm	N					
Q4336	Artecent c, per sq cm	N					
Q4337	Artecent trident, per sq cm	N					
Q4338	Artacent velos, per sq cm	N					
Q4339	Artacent vericlen, per sq cm	N					
Q4340	Simpligraft, per sq cm	N					
Q4341	Simplimax, per sq cm	N					
Q4342	Theramend, per sq cm	N					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q4343	Dermacyte ac matr per sq cm	N					
Q4344	Tri membrane wrap, per sq cm	N					
Q4345	Matrix hd allogrft per sq cm	N					
Q4346	Shelter dm matrix per sq cm	N					
Q4347	Rampart dl matrix per sq cm	N					
Q4348	Sentry sl matrix per sq cm	N					
Q4349	Mantle dl matrix per sq cm	N					
Q4350	Palisade dm matrix per sq cm	N					
Q4351	Enclose tl matrix, per sq cm	N					
Q4352	Overlay sl matrix, per sq cm	N					
Q4353	Xceed tl matrix per sq cm	N					
Q4354	Palingen dual-layer sq cm	N					
Q4355	Abio xpl abio xpl hy p sq cm	N					
Q4356	Abio mem abio hyd per sq cm	N					
Q4357	Xwrap plus, per sq cm	N					
Q4358	Xwrap dual, per sq cm	N					
Q4359	Choriplay, per sq cm	N					
Q4360	Amchoplast fd per sq cm	N					
Q4361	Epixpress, per sq cm	N					
Q4362	Cygnus disk, per sq cm	N					
Q4363	Am bur mem hydro per sq cm	N					
Q4364	Am bur xp mem xpl hy p sq cm	N					
Q4365	Amnio bur dl mem per sq cm	N					
Q4366	DI amnio bur x-mem per sq cm	N					
Q4367	Amniocore sl, per sq cm	N					
Q4368	Amchothick per sq cm	N	E1				
Q4369	Amnioplast 3 per sq cm	N	E1				
Q4370	Aeroguard per sq cm	N	E1				
Q4371	Neoguard per sq cm	N	E1				
Q4372	Amchoplast excl per sq cm	N	E1				
Q4373	Membrane wrp lt per sq cm	N	E1				
Q4375	Duograft ac per sq cm	N	E1				
Q4376	Duograft aa per sq cm	N	E1				
Q4377	Trigraft ft per sq cm	N	E1				
Q4378	Renew ft matrix per sq cm	N	E1				
Q4379	Amniodefend ft per sq cm	N	E1				
Q4380	Advograft one per sq cm	N	E1				
Q4382	Advograft dual per sq cm	N	E1				
Q4383	Axolotl graft ult per sq cm	N	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q4384	Axolotl dual ult per sq cm	N	E1				
Q4385	Apollo ft per sq cm	N	E1				
Q4386	Acesso trifaca per sq cm	N	E1				
Q4387	Neothelium ft per sq cm	N	E1				
Q4388	Neothelium 4l per sq cm	N	E1				
Q4389	Neothelium 4l+ per sq cm	N	E1				
Q4390	Ascendion per sq cm	N	E1				
Q4391	Amnioplast double per sq cm	N	E1				
Q4392	Grafix duo per sq cm	N	E1				
Q4393	Surgraft ac per sq cm	N	E1				
Q4394	Surgraft aca per sq cm	N	E1				
Q4395	Acelagraft per sq cm	N	E1				
Q4396	Natalin per sq cm	N	E1				
Q4397	Summit aaa per sq cm	N	E1				
Q5001	Hospice or home hlth in home	B					
Q5002	Hospice/home hlth in asst lv	B					
Q5003	Hospice in lt/non-skilled nf	B					
Q5004	Hospice in snf	B					
Q5005	Hospice, inpatient hospital	B					
Q5006	Hospice in hospice facility	B					
Q5007	Hospice in ltch	B					
Q5008	Hospice in inpatient psych	B					
Q5009	Hospice/home hlth, place nos	B					
Q5010	Hospice home care in hospice	B					
Q5098	Inj ustekinumab-srlf, 1 mg	E2					
Q5099	Inj ustekinumab-stba, 1 mg	K		0855	Inj ustekinumab-stba, 1 mg	0.1418	
Q5100	Inj ustekinumab-kfce, 1 mg	G		0857	Inj ustekinumab-kfce, 1 mg	0.2801	
Q5101	Injection, zarxio	K	E1				
Q5103	Injection, inflectra	K		1847	Injection, inflectra	0.2242	
Q5104	Injection, renflexis	K		9036	Injection, renflexis	0.3028	
Q5105	Inj retacrit esrd on dialysi	K		9096	Inj retacrit esrd on dialysi	0.0088	
Q5106	Inj retacrit non-esrd use	K		9097	Inj retacrit non-esrd use	0.088	
Q5107	Inj mvasi 10 mg	K		9329	Inj mvasi 10 mg	0.3125	
Q5108	Injection, fulphila	K	E1				
Q5109	Injection, ixifi, 10 mg	E2					
Q5110	Nivestym	K		9193	Nivestym	0.0034	
Q5111	Injection, udenyca 0.5 mg	K		9195	Injection, udenyca 0.5 mg	1.1925	
Q5112	Inj ontruzant 10 mg	K		9382	Inj ontruzant 10 mg	0.2131	
Q5113	Inj herzuma 10 mg	K		9349	Inj herzuma 10 mg	0.7779	

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q5114	Inj ogivri 10 mg	K		9341	Inj ogivri 10 mg	0.4519	
Q5115	Inj truxima 10 mg	K		9336	Inj truxima 10 mg	0.3295	
Q5116	Inj., trazimera, 10 mg	K		9350	Inj., trazimera, 10 mg	0.3139	
Q5117	Inj., kanjinti, 10 mg	K		9330	Inj., kanjinti, 10 mg	0.5332	
Q5118	Inj., zirabev, 10 mg	K		9348	Inj., zirabev, 10 mg	0.289	
Q5119	Inj ruxience, 10 mg	K		9367	Inj ruxience, 10 mg	0.3123	
Q5120	Inj pegfilgrastim-bmez 0.5mg	K		9345	Inj pegfilgrastim-bmez 0.5mg	0.3401	
Q5121	Inj. avsola, 10 mg	K		9381	Inj. avsola, 10 mg	0.2288	
Q5122	Inj, nyvepria	K		9406	Inj, nyvepria	1.4709	
Q5123	Inj. riabni, 10 mg	K		9411	Inj. riabni, 10 mg	0.2973	
Q5124	Inj. byooviz, 0.1 mg	G		9017	Inj. byooviz, 0.1 mg	0.693	
Q5125	Inj, releuko 1 mcg	K		9447	Inj, releuko 1 mcg	0.0042	
Q5126	Inj alymsys 10 mg	K		9048	Inj, alymsys, 10 mg	0.4241	
Q5127	Inj, stimufend, 0.5 mg	K		9129	Inj, stimufend, 0.5 mg	2.0737	
Q5128	Inj, cimerli, 0.1 mg	G		9117	Inj, cimerli, 0.1 mg	0.9662	
Q5129	Inj, vegzelma, 10 mg	G		9159	Inj, vegzelma, 10 mg	0.4482	
Q5130	Inj, fylnetra, 0.5 mg	G		9118	Inj, fylnetra, 0.5 mg	1.5472	
Q5133	Inj, tofidence, 1 mg	G		0786	Inj, tofidence, 1 mg	0.0621	
Q5134	Inj, tyruko, 1 mg	E2					
Q5135	Inj, tyenne, 1 mg	G		0784	Inj, tyenne, 1 mg	0.0495	
Q5136	Inj. denosumab-bbdz, 1 mg	K		0872	Inj. denosumab-bbdz, 1 mg	0.3088	
Q5137	Inj, wezlana, sub cu, 1 mg	E2					
Q5138	Inj, wezlana, iv, 1 mg	K		0912	Inj, wezlana, iv, 1 mg	0.1306	
Q5140	Inj adalimumab-fkjp, 1 mg	K		0826	Inj adalimumab-fkjp, 1 mg	0.1479	
Q5141	Inj adalimumab-aaty, 1 mg	K		0828	Inj adalimumab-aaty, 1 mg	0.1542	
Q5142	Inj adalimumab-ryvk, 1 mg	K		0829	Inj adalimumab-ryvk, 1 mg	0.1174	
Q5143	Inj adalimumab-adbm, 1 mg	K		0830	Inj adalimumab-adbm, 1 mg	0.117	
Q5144	Inj, idacio, 1 mg	K		0833	Inj, idacio, 1 mg	0.0863	
Q5145	Inj, abrilada, 1 mg	K		0834	Inj, abrilada, 1 mg	0.2183	
Q5146	Inj, hercessi, 10 mg	K		0865	Inj, hercessi, 10 mg	0.4489	
Q5147	Inj, aflibercept-ayyh, 1 mg	G		2068	Inj, aflibercept-ayyh, 1 mg	9.6375	
Q5148	Inj, nyposi 1 mcg	G		0811	Inj, nypozi, 1 mcg	0.0062	
Q5149	Inj, aflibercept-abzv, 1 mg	E2					
Q5150	Inj, aflibercept-mrbb, 1 mg	E2					
Q5151	Inj, eculizumab-aagh, 2 mg	G		0852	Inj, eculizumab-aagh, 2 mg	0.3516	
Q5152	Inj, eculizumab-aeeb, 2 mg	G		0846	Inj, eculizumab-aeeb, 2 mg	0.4521	
Q5153	Inj, aflibercept-yszy, 1 mg	E2					
Q5154	Inj, omlyclo, 5 mg	E2					
Q5155	Inj, aflibercept-jbvf, 1 mg	E2					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

Q5156	Inj, tocilizumab-anoh, 1 mg	E2					
Q5157	Inj, denosumab-bmwo, 1 mg	K		0891	Inj, denosumab-bmwo, 1 mg	0.3155	
Q5158	Inj, denosumab-bnht, 1 mg	K		0892	Inj, denosumab-bnht, 1 mg	0.3221	
Q5159	Inj, denosumab-dssb, 1 mg	E2					
Q9001	Chaplain assessment	B					
Q9002	Chaplain counsel individu	B					
Q9003	Chaplain counsel group	B					
Q9004	Va whole health partner serv	E1					
Q9950	Inj sulf hexa lipid microsph	N					
Q9951	Locm >= 400 mg/ml iodine,1ml	N					
Q9953	Inj fe-based mr contrast,1ml	N					
Q9954	Oral mr contrast, 100 ml	N					
Q9955	Inj perflexane lip micros,ml	N					
Q9956	Inj octafluoropropane mic,ml	N					
Q9957	Inj perflutren lip micros,ml	N					
Q9958	Hocm <=149 mg/ml iodine, 1ml	N					
Q9959	Hocm 150-199mg/ml iodine,1ml	N					
Q9960	Hocm 200-249mg/ml iodine,1ml	N					
Q9961	Hocm 250-299mg/ml iodine,1ml	N					
Q9962	Hocm 300-349mg/ml iodine,1ml	N					
Q9963	Hocm 350-399mg/ml iodine,1ml	N					
Q9964	Hocm>= 400mg/ml iodine, 1ml	N					
Q9965	Locm 100-199mg/ml iodine,1ml	N					
Q9966	Locm 200-299mg/ml iodine,1ml	N					
Q9967	Locm 300-399mg/ml iodine,1ml	N					
Q9968	Visualization adjunct	K		1446	Visualization adjunct	0.0978	
Q9969	Non-heu tc-99m add-on/dose	K		1442	Non-HEU TC-99M add-on/dose	0.1121	
Q9982	Flutemetamol f18 diagnostic	K		9459	Flutemetamol f18 diagnostic	20.9331	
Q9983	Florbetaben f18 diagnostic	K		9458	Florbetaben f18 diagnostic	14.2848	
Q9991	Buprenorph xr 100 mg or less	K		9073	Buprenorph xr 100 mg or less	22.6135	
Q9992	Buprenorphine xr over 100 mg	K		9239	Buprenorphine xr over 100 mg	22.6135	
Q9996	Ustekinumab- ttw sub cu inj	E2					
Q9997	Ustekinumab-ttwe iv inj 1 mg	K		0914	Ustekinumab-ttwe iv inj 1 mg	0.1042	
Q9998	Ustekinumab-aekn inj	G		0859	Inj ustekinumab-aekn, 1 mg	0.4525	
Q9999	Inj ustekinumab-aaaz 1 mg	G		0895	Inj ustekinumab-aaaz 1 mg	0.3711	
R0070	Transport portable x-ray	B					
R0075	Transport port x-ray multipl	B					
R0076	Transport portable ekg	B					
U0001	2019-ncov diagnostic p	A					\$35.92

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

U0002	Covid-19 lab test non-cdc	A					\$51.31
V2020	Vision svcs frames purchases	A					\$78.47
V2025	Eyeglasses delux frames	E1					
V2100	Lens sphr single plano 4.00	A	E1				
V2101	Single visn sphere 4.12-7.00	A	E1				
V2102	Singl visn sphere 7.12-20.00	A	E1				
V2103	Spherocylindr 4.00d/12-2.00d	A	E1				
V2104	Spherocylindr 4.00d/2.12-4d	A	E1				
V2105	Spherocylinder 4.00d/4.25-6d	A	E1				
V2106	Spherocylinder 4.00d/>6.00d	A	E1				
V2107	Spherocylinder 4.25d/12-2d	A	E1				
V2108	Spherocylinder 4.25d/2.12-4d	A	E1				
V2109	Spherocylinder 4.25d/4.25-6d	A	E1				
V2110	Spherocylinder 4.25d/over 6d	A	E1				
V2111	Spherocylindr 7.25d/.25-2.25	A	E1				
V2112	Spherocylindr 7.25d/2.25-4d	A	E1				
V2113	Spherocylindr 7.25d/4.25-6d	A	E1				
V2114	Spherocylinder over 12.00d	A	E1				
V2115	Lens lenticular bifocal	A	E1				
V2118	Lens aniseikonic single	A	E1				
V2121	Lenticular lens, single	A	E1				
V2199	Lens single vision not oth c	A					\$41.97
V2200	Lens sphr bifoc plano 4.00d	A	E1				
V2201	Lens sphere bifocal 4.12-7.0	A	E1				
V2202	Lens sphere bifocal 7.12-20.	A	E1				
V2203	Lens sphcyl bifocal 4.00d/.1	A	E1				
V2204	Lens sphcy bifocal 4.00d/2.1	A	E1				
V2205	Lens sphcy bifocal 4.00d/4.2	A	E1				
V2206	Lens sphcy bifocal 4.00d/ove	A	E1				
V2207	Lens sphcy bifocal 4.25-7d/.	A	E1				
V2208	Lens sphcy bifocal 4.25-7/2.	A	E1				
V2209	Lens sphcy bifocal 4.25-7/4.	A	E1				
V2210	Lens sphcy bifocal 4.25-7/ov	A	E1				
V2211	Lens sphcy bifo 7.25-12/.25-	A	E1				
V2212	Lens sphcyl bifo 7.25-12/2.2	A	E1				
V2213	Lens sphcyl bifo 7.25-12/4.2	A	E1				
V2214	Lens sphcyl bifocal over 12.	A	E1				
V2215	Lens lenticular bifocal	A	E1				
V2218	Lens aniseikonic bifocal	A	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

V2219	Lens bifocal seg width over	A	E1				
V2220	Lens bifocal add over 3.25d	A	E1				
V2221	Lenticular lens, bifocal	A					\$97.31
V2299	Lens bifocal speciality	A					\$62.98
V2300	Lens sphere trifocal 4.00d	A	E1				
V2301	Lens sphere trifocal 4.12-7.	A	E1				
V2302	Lens sphere trifocal 7.12-20	A	E1				
V2303	Lens sphcy trifocal 4.0/.12-	A	E1				
V2304	Lens sphcy trifocal 4.0/2.25	A	E1				
V2305	Lens sphcy trifocal 4.0/4.25	A	E1				
V2306	Lens sphcyl trifocal 4.00/>6	A	E1				
V2307	Lens sphcy trifocal 4.25-7/.	A	E1				
V2308	Lens sphc trifocal 4.25-7/2.	A	E1				
V2309	Lens sphc trifocal 4.25-7/4.	A	E1				
V2310	Lens sphc trifocal 4.25-7/>6	A	E1				
V2311	Lens sphc trifo 7.25-12/.25-	A	E1				
V2312	Lens sphc trifo 7.25-12/2.25	A	E1				
V2313	Lens sphc trifo 7.25-12/4.25	A	E1				
V2314	Lens sphcyl trifocal over 12	A	E1				
V2315	Lens lenticular trifocal	A	E1				
V2318	Lens aniseikonic trifocal	A	E1				
V2319	Lens trifocal seg width > 28	A	E1				
V2320	Lens trifocal add over 3.25d	A	E1				
V2321	Lenticular lens, trifocal	A	E1				
V2399	Lens trifocal speciality	A					\$85.11
V2410	Lens variab asphericity sing	A					\$129.90
V2430	Lens variable asphericity bi	A					\$133.65
V2499	Variable asphericity lens	A					PCT CHG
V2500	Contact lens pmma spherical	A	E1				
V2501	Cntct lens pmma-toric/prism	A	E1				
V2502	Contact lens pmma bifocal	A	E1				
V2503	Cntct lens pmma color vision	A	E1				
V2510	Cntct gas permeable sphericl	A					\$132.30
V2511	Cntct toric prism ballast	A	E1				
V2512	Cntct lens gas permbl bifocl	A	E1				
V2513	Contact lens extended wear	A	E1				
V2520	Contact lens hydrophilic	A					\$111.39
V2521	Cntct lens hydrophilic toric	A					\$215.69
V2522	Cntct lens hydrophil bifocl	A	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

V2523	Cntct lens hydrophil extend	A	E1				
V2524	Cntct lens hydrophil photoch	A					\$128.90
V2525	Cl, hydrophilic, dual focus	E1					
V2526	Cntct lens blue violet	E1					
V2530	Contact lens gas impermeable	A					\$259.25
V2531	Contact lens gas permeable	A					\$586.21
V2599	Contact lens/es other type	A					\$27.23
V2600	Hand held low vision aids	A	E1				
V2610	Single lens spectacle mount	A	E1				
V2615	Telescop/othr compound lens	A	E1				
V2623	Plastic eye prosth custom	A					\$1,127.17
V2624	Polishing artificial eye	A					\$82.69
V2625	Enlargemnt of eye prosthesis	A					\$532.59
V2626	Reduction of eye prosthesis	A					\$236.77
V2627	Scleral cover shell	A					\$1,788.33
V2628	Fabrication & fitting	A					\$433.28
V2629	Prosthetic eye other type	A	E1				
V2630	Anter chamber intraocul lens	N					
V2631	Iris support intraoclr lens	N					
V2632	Post chmbr intraocular lens	N					
V2700	Balance lens	A	E1				
V2702	Deluxe lens feature	E1					
V2710	Glass/plastic slab off prism	A					\$84.01
V2715	Prism lens/es	A					\$12.42
V2718	Fresnell prism press-on lens	A					\$30.50
V2730	Special base curve	A	E1				
V2744	Tint photochromatic lens/es	A					\$17.71
V2745	Tint, any color/solid/grad	A	E1				
V2750	Anti-reflective coating	A					\$20.38
V2755	Uv lens/es	A	E1				
V2756	Eye glass case	E1					
V2760	Scratch resistant coating	E1					
V2761	Mirror coating	B					
V2762	Polarization, any lens	E1					
V2770	Occluder lens/es	A	E1				
V2780	Oversize lens/es	A	E1				
V2781	Progressive lens per lens	B					
V2782	Lens, 1.54-1.65 p/1.60-1.79g	A	E1				
V2783	Lens, >= 1.66 p/>=1.80 g	A	E1				

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

V2784	Lens polycarb or equal	A					\$51.29
V2785	Corneal tissue processing	F	A				PCT CHG
V2786	Occupational multifocal lens	E1					
V2787	Astigmatism-correct function	E1					
V2788	Presbyopia-correct function	E1					
V2790	Amniotic membrane	N	E1				
V2797	Vis item/svc in other code	E1					
V2799	Misc vision item or service	A					PCT CHG
V5008	Hearing screening	E1					
V5010	Assessment for hearing aid	E1					
V5011	Hearing aid fitting/checking	E1					
V5014	Hearing aid repair/modifying	E1					
V5020	Conformity evaluation	E1					
V5030	Body-worn hearing aid air	E1					
V5040	Body-worn hearing aid bone	E1					
V5050	Hearing aid monaural in ear	E1					
V5060	Behind ear hearing aid	E1					
V5070	Glasses air conduction	E1					
V5080	Glasses bone conduction	E1					
V5090	Hearing aid dispensing fee	E1					
V5095	Implant mid ear hearing pros	E1					
V5100	Body-worn bilat hearing aid	E1					
V5110	Hearing aid dispensing fee	E1					
V5120	Body-worn binaur hearing aid	E1					
V5130	In ear binaural hearing aid	E1					
V5140	Behind ear binaur hearing ai	E1					
V5150	Glasses binaural hearing aid	E1					
V5160	Dispensing fee binaural	E1					
V5171	Hearing aid monaural ite	E1	A				\$811.98
V5172	Hearing aid monaural itc	E1	A				\$811.98
V5181	Hearing aid monaural bte	E1	A				\$788.36
V5190	Hearing aid monaural glasses	E1					
V5200	Disp fee contralateral monau	E1					
V5211	Hearing aid binaural ite/ite	E1	A				\$1,411.61
V5212	Hearing aid binaural ite/itc	E1	A				\$1,411.61
V5213	Hearing aid binaural ite/bte	E1	A				\$1,411.61
V5214	Hearing aid binaural itc/itc	E1	A				\$1,411.61
V5215	Hearing aid binaural itc/bte	E1	A				\$1,411.61
V5221	Hearing aid binaural bte/bte	E1	A				\$1,411.61

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

V5230	Hearing aid binaural glasses	E1					
V5240	Disp fee contralateral binau	E1					
V5241	Dispensing fee, monaural	E1					
V5242	Hearing aid, monaural, cic	E1					
V5243	Hearing aid, monaural, itc	E1					
V5244	Hearing aid, prog, mon, cic	E1					
V5245	Hearing aid, prog, mon, itc	E1					
V5246	Hearing aid, prog, mon, ite	E1					
V5247	Hearing aid, prog, mon, bte	E1					
V5248	Hearing aid, binaural, cic	E1					
V5249	Hearing aid, binaural, itc	E1					
V5250	Hearing aid, prog, bin, cic	E1					
V5251	Hearing aid, prog, bin, itc	E1					
V5252	Hearing aid, prog, bin, ite	E1					
V5253	Hearing aid, prog, bin, bte	E1					
V5254	Hearing id, digit, mon, cic	E1					
V5255	Hearing aid, digit, mon, itc	E1					
V5256	Hearing aid, digit, mon, ite	E1					
V5257	Hearing aid, digit, mon, bte	E1					
V5258	Hearing aid, digit, bin, cic	E1					
V5259	Hearing aid, digit, bin, itc	E1					
V5260	Hearing aid, digit, bin, ite	E1					
V5261	Hearing aid, digit, bin, bte	E1					
V5262	Hearing aid, disp, monaural	E1					
V5263	Hearing aid, disp, binaural	E1					
V5264	Ear mold/insert	E1					
V5265	Ear mold/insert, disp	E1					
V5266	Battery for hearing device	E1					
V5267	Hearing aid sup/access/dev	E1					
V5268	Ald telephone amplifier	E1					
V5269	Alerting device, any type	E1					
V5270	Ald, tv amplifier, any type	E1					
V5271	Ald, tv caption decoder	E1					
V5272	Tdd	E1					
V5273	Ald for cochlear implant	E1					
V5274	Ald unspecified	E1					
V5275	Ear impression	E1					
V5281	Ald fm/dm system, monaural	E1					
V5282	Ald fm/dm system binaural	E1					

South Dakota Medicaid
Outpatient Hospital Prospective Payment System Fee Schedule
Effective November 20, 2025

V5283	Ald neck, loop ind receiver	E1					
V5284	Ald fm/dm ear level receiver	E1					
V5285	Ald fm/dm aud input receiver	E1					
V5286	Ald blu tooth fm/dm receiver	E1					
V5287	Ald fm/dm receiver, nos	E1					
V5288	Ald fm/dm transmitter ald	E1					
V5289	Ald fm/dm adapt/boot couplin	E1					
V5290	Ald transmitter microphone	E1					
V5298	Hearing aid noc	E1					
V5299	Hearing service	B					
V5336	Repair communication device	E1					
V5362	Speech screening	E1					
V5363	Language screening	E1					
V5364	Dysphagia screening	E1					
T1032	Sv doula brth wrk per 15 min	E1					
T1033	Sv doula brth wrk per diem	E1					
S3620	Newborn metabolic screen	E1	A				\$119.42
S4024	Air polymer foam per study	E1					
S9563	Ht inj immuno diem	E1					
#1	AMBULANCE SERVICES MUST BE BILLED ON 1500						
[a]	VARIES BASED ON HOSPITAL BASED VERSUS CMHC. FOR HOSPITAL BASED PHP VALUES ARE AS FOLLOWS;						
		P		5851	Intensive Outpatient (3 services) for CMHCs	1.2475	
		P		5852	Intensive Outpatient (4 or more services) for CMHCs	1.8877	
		P		5853	Partial Hospitalization (3 services) for CMHCs	1.2475	
		P		5854	Partial Hospitalization (4 or more services) for CMHCs	1.8877	
		P		5861	Intensive Outpatient (3 services) for Hospital-based IOPs	3.0189	
		P		5862	Intensive Outpatient (4 or more services) for Hospital-based IOPs	4.5817	
		P		5863	Partial Hospitalization (3 services) for Hospital-based PHPs	3.0189	
		P		5864	Partial Hospitalization (4 or more services) for Hospital-based PHPs	4.5817	