

**South Dakota Medicaid
Inpatient Hospital Services Fee Schedule
Effective July 1, 2024**

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: https://dss.sd.gov/Medicaid/providers/billing_manuals/. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Medicare Severity Diagnosis Related Group (MS-DRG) Acute Care Hospitals

City	Name	Billing NPI	DRG Base Amount	DRG Capital Amount	Rate Updated Date
Aberdeen	Avera St Luke's Hospital	1457309270	\$ 2,536.00	\$ 106.00	07/01/2024
Aberdeen	Sanford Aberdeen Medical Center	1235406455	\$ 2,491.00	\$ 517.00	07/01/2024
Brookings	Brookings Health System	1275515579	\$ 3,293.00	\$ 290.00	07/01/2024
Pierre	Avera St Mary's Hospital	1669457180	\$ 1,989.00	\$ 95.00	07/01/2024
Rapid City	Monument Health Behavioral Health	1861469587	\$ 2,386.00	\$ 139.00	07/01/2024
Rapid City	Monument Health Rapid City	1437122009	\$ 2,575.00	\$ 150.00	07/01/2024
Sioux Falls	Avera Heart Hospital of South Dakota	1023003969	\$ 2,462.00	\$ 498.00	07/01/2024
Sioux Falls	Avera McKennan Hospital	1568460772	\$ 2,218.00	\$ 128.00	07/01/2024
Sioux Falls	Avera McKennan Hospital Psych	1164445250	\$ 3,552.00	\$ 206.00	07/01/2024
Sioux Falls	Sanford USD Medical Center	1821017880	\$ 2,561.00	\$ 158.00	07/01/2024
Spearfish	Monument Health Spearfish Hospital	1033183942	\$ 2,497.00	\$ 204.00	07/01/2024
Watertown	Prairie Lakes Healthcare, Inc.	1659316214	\$ 2,032.00	\$ 122.00	07/01/2024
Yankton	Avera Sacred Heart Hospital	1770693954	\$ 1,787.00	\$ 142.00	07/01/2024

In-state Critical Access Hospitals - MS-DRG Peer Group

City	Name	Billing NPI	DRG Base Amount	DRG Capital Amount	Rate Updated Date
Chamberlain	Sanford Chamberlain Medical Center	1134140825	\$ 2,854.00	\$ 108.00	07/01/2024
Deadwood	Monument Health Lead Deadwood	1174590806	\$ 2,854.00	\$ 101.00	07/01/2024
Gregory	Avera Gregory Hospital	1275562027	\$ 2,772.00	\$ 59.00	07/01/2024
Huron	Huron Regional Medical Center	1154312429	\$ 2,449.00	\$ 212.00	07/01/2024
Madison	Madison Regional Health System	1588644058	\$ 2,854.00	\$ 215.00	07/01/2024
Martin	Bennett County Hospital	1437187044	\$ 2,156.00	\$ 53.00	07/01/2024
Milbank	Avera Milbank Area Hospital	1548272818	\$ 2,854.00	\$ 56.00	07/01/2024
Mitchell	Avera Queen Of Peace Hospital	1992466635	\$ 2,616.00	\$ 110.00	07/01/2024
Mobridge	Mobridge Regional Hospital	1871554311	\$ 2,426.00	\$ 249.00	07/01/2024
Parkston	Avera St. Benedict Health Center	1356443725	\$ 2,013.00	\$ 170.00	07/01/2024
Sisseton	Coteau Des Prairies Hospital	1417051517	\$ 2,473.00	\$ 95.00	07/01/2024
Sturgis	Monument Health Sturgis Hospital	1083681712	\$ 2,314.00	\$ 174.00	07/01/2024
Tyndall	St. Michael's Hospital	1730123522	\$ 2,141.00	\$ 119.00	07/01/2024
Vermillion	Sanford Vermillion Medical Center	1790721280	\$ 2,394.00	\$ 186.00	07/01/2024
Wagner	Wagner Community Memorial Hospital	1326030974	\$ 2,532.00	\$ 75.00	07/01/2024
Winner	Winner Regional Healthcare	1538233549	\$ 2,009.00	\$ 105.00	07/01/2024

In-state Critical Access Hospitals - 95 Percent of Charge Peer Group

City	Name	Billing NPI	Percent of Charge	Rate Updated Date
Armour	Douglas County Memorial Hospital	1336144021	95.00%	06/01/1989
Bowdle	Bowdle Hospital	1669418877	95.00%	07/01/1988
Britton	Marshall County Healthcare Center	1558360388	95.00%	07/01/1988
Burke	Community Memorial Hospital	1902849516	95.00%	07/01/1988
Canton	Sanford Canton Inwood Medical	1740244540	95.00%	01/01/2009
Clear Lake	Sanford Clear Lake Medical Center	1851305296	95.00%	05/01/1999
Custer	Custer Regional Hospital	1871560516	95.00%	07/01/2005
De Smet	Avera De Smet Memorial Hospital	1710155460	95.00%	07/01/2008
Dell Rapids	Avera Dells Area Hospital	1154350064	95.00%	03/01/2002
Eureka	Eureka Community Health Services	1629152749	95.00%	07/01/1988
Faulkton	Faulkton Hospital	1245212877	95.00%	07/01/1988
Flandreau	Avera Flandreau Hospital	1295747608	95.00%	05/01/1999

Freeman	Freeman Medical Center	1003818006	95.00%	07/01/1988
Gettysburg	Avera Missouri River Health	1003887266	95.00%	07/01/1988
Hot Springs	Fall River Hospital	1679544555	95.00%	06/18/2001
Miller	Avera Hand County Memorial Hosp	1922277060	95.00%	01/01/2008
Philip	Hans P Peterson Memorial Hospital	1750300646	95.00%	07/01/1988
Platte	Platte Health Center Avera	1235133109	95.00%	07/01/1988
Redfield	Community Memorial Hospital	1548232747	95.00%	10/01/1995
Viborg	Pioneer Memorial Hospital	1598713281	95.00%	07/01/1988
Webster	Sanford Hospital Webster	1831103449	95.00%	10/01/1998
Wessington Springs	Avera Weskota Memorial Hospital	1316942204	95.00%	06/01/2000

Rehabilitation Hospital Units

City	Name	Billing NPI	Per Diem	Rate Updated Date
Rapid City	Rehabilitation And Critical Care	1801573969	\$ 1,290.21	07/01/2024
Sioux Falls	Avera McKennan Hospital Rehab	1215951629	\$ 1,374.59	07/01/2024
Sioux Falls	Encompass Health Rehabilitation	1245870682	\$ 1,259.22	07/01/2024
Sioux Falls	Lifescape - Medically Complex Rehabilitation	1629278353	\$ 1,652.08	07/01/2024
Sioux Falls	Lifescape - Rehabilitation Transition Unit	1932744547	\$ 1,132.30	07/01/2024
Sioux Falls	Sanford Medical Center	1932123452	\$ 1,162.84	07/01/2024

Psychiatric Hospitals and Units

City	Name	Billing NPI	Per Diem	Rate Updated Date
Aberdeen	Avera St Lukes Hospital Psychiatric Unit	1003867029	\$ 862.68	07/01/2024
Aberdeen	Avera St Luke's Psychiatric Hospital - Awaiting Discharge	1003867029	\$ 431.34	07/01/2024
Rapid City	Monument Health Behavioral Health Center - Awaiting Discharge	1861469587	\$ 431.34	07/01/2024
Sioux Falls	Avera McKennan Psychiatric Hospital - Awaiting Discharge	1881804458	\$ 431.34	07/01/2024
Yankton	SD Human Services Center - Psychiatric Hospital	1124027586	\$ 1,253.16	07/01/2024
Yankton	SD Human Services Center - Psychiatric Hospital Unit	1124027586	\$ 1,253.16	07/01/2024

Perinatal Hospitals

City	Name	Billing NPI	Per Diem	Rate Updated Date
Rapid City	Monument Health Neonatal	1437122009	\$ 2,163.93	07/01/2024
Sioux Falls	Avera McKennan Hospital Neonatal	1437122009	\$ 1,342.49	07/01/2024
Sioux Falls	Sanford Neonatal	1841471521	\$ 1,770.27	07/01/2024

Other Inpatient Hospitals

Hospital Type	Method	Rate	Rate Updated Date
Specialized Surgical Hospital Ambulatory Services	Percent of Charge	66.00%	N/A
Specialized Surgical Hospital Room and Board	Percent of Charge	60.00%	N/A
Out of State Inpatient Hospitals	Percent of Charge	44.15%	N/A
Long Term Care Hospital	Per Diem	\$ 2,186.56	07/01/2024
Indian Health Service Inpatient Hospitals	Per Diem	\$ 5,083.00	01/01/2024
Cherry County Hospital	N/A	Priced by NE Medicaid	