

**South Dakota Medicaid
Home Health Services Fee Schedule**

Effective July 1, 2024

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at:

<https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

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

Code	Description	Fee
99503	Home Visit Resp Therapy	\$ 15.38
99506	Home Visit Im Injection	\$ 40.63
G0151	Home Health, Physical Therapy, 15 Min	\$ 29.67
G0152	Home Health, Occupational Therapy, 15 Min	\$ 29.67
G0153	Home Health, Speech And Language Therapy, 15 Min	\$ 23.52
G0155	Services Of Clinical Social Worker	\$ 32.57
G0156	Home Health, Home Health Aide Visit, 15 Min	\$ 10.88
G0157	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	\$ 25.68
G0158	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	\$ 25.68
G0299	Hhs/Hospice Of Rn Ea 15 Mins	\$ 22.60
G0300	Hhs/Hospice Of Lpn Ea 15 Min	\$ 18.83