

**South Dakota Medicaid
Pregnancy Program Fee Schedule**
Effective April 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 be enrolled as a Pregnancy Program provider to bill for the Pregnancy Program services. Enhanced payments and PMPM will be paid in addition to the FFS if the criteria is met. Please refer to the Pregnancy Program manual for more information.

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 |
|-------------|---|------------|
| NA | Care Coordination PMPM | \$ 39.80 |
| NA | Barriers to Care PMPM | \$ 10.00 |
| 96160 | Social Determinants of Health Risk Assessment | \$ 2.66 |
| S0280 | Person-centered Care Plan | \$ 100.00 |
| S0281 | Transitional Care Plan | \$ 50.00 |
| G9151 | Prenatal Care Enhanced Payment | \$ 200.00 |
| G9152 | Postpartum Visit Enhanced Payment | \$ 100.00 |