

**South Dakota Medicaid**  
**Covered Private Duty Nursing / Extended Home Health Fee Schedule**  
Effective July 1, 2020

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

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

<b>Code</b>	<b>Description</b>	<b>Fee</b>	<b>Prior Auth Status</b>
S9122	Extended Home Health Aide	\$ 29.05	PA Required
S9123	Private Duty Nursing--RN	\$ 62.26	PA Required
S9124	Private Duty Nursing--LPN	\$ 44.55	PA Required