

South Dakota Medicaid
DDD Family Support Services Fee Schedule

Effective July 1, 2023

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 should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions:

Code	Description	Fee	Monthly Maximum Limitation
A9900	Specialized Medical Equipment, not otherwise specified, waiver	Billed Charges	\$10,000
B4222	Nutritional Supplements	Billed Charges	\$1,000
S5125	Personal Care Services 15 minutes	Billed Charges	\$3,500
S5165	Home Modifications, per service	Billed Charges	\$15,000
T1005	Respite Care Services 15 minutes	Billed Charges	\$2,500
T1016	Service Coordination 15 minutes	\$20.61	n/a
T1019	Personal Care 2 Services 15 minutes	Billed Charges	\$1,500
T1020	Companion Care, adult 15 minutes	Billed Charges	\$3,500
T2018	Habilitation, supported employment, waiver; 15 minutes	Billed Charges	\$2,000
T2039	Vehicle modifications, waiver; per service	Billed Charges	\$25,000

Code	Description	Fee	Annual Maximum Limitation
G0176	Specialized Therapies	Billed Charges	\$1,500