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| **Medicaid Codes and Birth to Three Rates**  **As of July 1, 2024**  This chart is not all inclusive. Please consult the South Dakota Medical Services website at  <http://dss.sd.gov/sdmedx/includes/providers/feeschedules/dss/index.aspx> for a complete list.  Important! When billing Medicaid, providers should bill their usual and customary rate, or the rate listed from the above website. Services billed to Birth to Three should use the rates as listed below, with the exception of school districts.  School districts with established Medicaid negotiated rates must bill using those rates and the corresponding procedure codes as listed in the South Dakota Medical Assistance Guide, Chapter XII, Appendix A, for both Medicaid eligible and non-Medicaid Birth to Three children. | | | |
| OCCUPATIONAL THERAPY & PHYSICAL THERAPY  See ARSD 24:14:08:11 & 12 for complete definition. | | | |
| Procedure Code | Code Description | Current Rates | Effective 7/1/2024 |
| 97110 | **PT, one or more areas each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Therapeutic exercises in one or more areas, to develop strength and endurance, range of motion and flexibility. | $21.96 | $22.84 |
| 97112 | **Neuromuscular reeducation; each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities. | $25.49 | $26.51 |
| 97113 | **Aquatic therapy with therapeutic exercises; each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $27.76 | $28.87 |
| 97116 | **Gait training (includes stair climbing); each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $21.96 | $22.84 |
| 97140 | **Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions; each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $20.19 | $21.00 |
| 97530 | **Dynamic activities to improve functional performance; each 15 minutes**.  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $28.52 | $29.66 |
| 97533 | **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $18.32 | $19.05 |
| 97750 | **Physical performance test or measurement (e.g., musculosketal, functional capacity), with written report; each 15 minutes.**  Requires direct one-on-one patient contact | $24.99 | $25.99 |
| 97760 | **Orthotic(s) management and training; first encounter; each 15 minutes.**  Including assessment and fitting when not otherwise reported. Upper extremity(s), lower extremity(s) and/or trunk | $36.35 | $37.80 |
| SPEECH THERAPY  See ARSD 24:14:08:16 for complete definition. | | |  |
| Procedure Code | Code Description | Current Rates | Rates Effective 7/1/24 |
| 92507 | **Speech/Hearing therapy – individual; each 15 minutes.**  Treatment of speech, language, voice, communication, and/or auditory processing disorder. | $22.61 | $23.51 |
| 92508 | **Speech/Hearing therapy -group; each 15 minutes.**  Treatment of speech, language, voice, communication, and/or auditory processing disorder. | $17.41 | $18.11 |

**24:14:04:16.  Services provided by assistants.** Certified occupational therapy assistants, physical therapy assistants, and speech language pathology assistants are reimbursed at 70 percent of the provider rate.

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| BIRTH TO THREE SERVICES NOT BILLABLE TO MEDICAID – Require ARSD 24:15 rule changes | | | |
| Procedure Code | Code Description | Current Rates | Rates Effective 7/1/24 |
| ARSD 24:14:04:12 | **Family training, counseling, and home visits; each 15 minutes.**  Unless medical in nature and provided by a qualified mental health professional. In those cases, the Medicaid rate applies | $18.09 | $18.81 |
| ARSD 24:14:04:12 | **Special Instruction; each 15 minutes.**  See ARSD 24:14:08:15 for complete definition | $18.09 | $18.81 |

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| ASSISTIVE TECHNOLOGY  See ARSD 24:14:08:07 for complete definition. | | |
| Procedure Code | Code description | Medicaid Rate |
| ARSD 24:14:04:12 | **Assistive Technology service and device**. This can be submitted to Medicaid and depending on their funding decision, B-3 will pay but at the typical Medicaid reimbursement rate. This is a case-by-case situation | Usual and customary charge or Medicaid rate if appropriate |
| 29000-29750  **Medicaid** | There are many more codes in this service category that apply to splints and casting of various extremities. |

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| TRAVEL | | | |
|  | Code Description | Current Rates | Rates Effective 7/1/2024 |
| ARSD 24:14:04:13 | **Reimbursement for travel.** Travel to and from service provision sites is reimbursed to the service provider at a flat rate based on actual miles traveled. | $1.05 | $1.09 |