Medicaid Codes and Birth to Three Rates

Important! When billing Medicaid, providers should bill their usual and customary rate or the rate listed from this website dss.sd.gov/sdmedx/includes/providers/feeschedules/dss/index.aspx. Birth to Three follows the below rates, with the exception of school districts. School districts, with established negotiated Medicaid 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**	8/1/2025	**Effective 7/1/2026**
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.	$26.51	$27.83
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.	$30.45	$31.37
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.	$33.18	$35.56
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.	$26.51	$27.83
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.	$24.38	$26.54
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.	$33.18	$33.64
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.	$56.54	$58.45
97750	**Physical performance test or measurement (e.g., musculosketal, functional capacity), with written report; each 15 minutes.** Requires direct one-on-one patient contact	$30.76	$32.34
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	$43.19	$44.27

24:14:04:16. Services provided by assistants. Certified OTA & PTA reimbursed at 70% of the provider rate.

SPEECH THERAPY See ARSD 24:14:08:16 for complete definition			
Procedure Code	**Code Description**	8/1/2025	**Effective 7/1/2026**
92507	**Speech/Hearing therapy – individual; per EVENT** Treatment of speech, language, voice, communication, and/or auditory processing disorder.	$33.50	$73.27 (Per Event)
C92507	**Speech/Hearing Co-therapy; each 15 minutes**		$21.98
92508	**Speech/Hearing therapy -group; each 15 minutes.** Treatment of speech, language, voice, communication, and/or auditory processing disorder.	B2T Group rates apply	
SPEECH THERAPY Assistant ARSD 24:14:04:16 Services provided by assistants. Certified SLPA, reimbursed at 70% of the provider rate.			
Procedure Code	**Code Description**	8/1/2025	**Effective 7/1/2026**
B3C130	Service Provided by SLPA; includes services, meeting; each 15 min	$23.45	$26.65

Special Instruction/Family training **See ARSD 24:14:04:12 for complete definition**			
SEIDS Code	Code Description	Effective 8/1/2025	**Effective 7/1/2026**
B3C106	**Special Instruction; each 15 minutes.** See ARSD 24:14:08:15 for complete definition	$26.80	$29.31
B3C102	**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	$26.80	$29.31

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 should be submitted to Medicaid if child is eligible, depending on Medicaid's funding decision, B-3 will pay but at the typical Medicaid reimbursement rate. This is a case-by-case situation. Providers must submit invoice	Usual and customary charge or Medicaid rate if appropriate

TRAVEL REIMBURSEMENT		
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.	**Effective 7/1/2026** $1.13