

South Dakota Medicaid
Personal Care Agency Fee Schedule
Effective July 1, 2026

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.

Code	Description	Modifier	Rate
S5130	Homemaker-Per 15 min		\$ 11.17
T1000	Nursing-Per 15 min (RN)	TD	\$ 23.20
T1000	Nursing-Per 15 min (LPN)	TE	\$ 19.34
T1019	Personal Care-Per 15 min		\$ 11.17