South Dakota

At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: Yes
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: APRN, CC, DTC, EMS, IMLC, NLC, OT, PSYPACT, PTC, SW
- Consent Requirements: Yes (RPM Medicaid)

STATE RESOURCES

1. Medicaid Program: South Dakota Medicaid
2. Administrator: South Dakota Dept. of Social Services
3. Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

Private Payer

DEFINITIONS

Last updated 04/06/2025

"Telehealth," the delivery of health care services through the use of HIPAA-compliant interactive audio-video. The term does not include the delivery of health care services through audio-only telephone, electronic mail message, text message, mail service, facsimile transmission, or any combination thereof.

SOURCE: SD Codified Laws Sec. 58-17-167. (Accessed Apr. 2025).

REQUIREMENTS

Last updated 04/06/2025

No health insurer may exclude a service for coverage solely because the service is provided through telehealth and not provided through in-person consultation or contact between a health care professional and a patient. Health care services delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided, including rules adopted by the appropriate professional licensing board having oversight of the health care professional providing the health care services. Health insurers are not required to provide coverage for health care services that are not medically necessary.

This section does not:

- Prohibit a health insurer from establishing criteria that a health care professional must meet to demonstrate the safety and efficacy of delivering a particular health care service via telehealth that the health insurer does not already reimburse other health care professionals for delivering via telehealth so long as the criteria are not unduly burdensome or unreasonable for the particular services;
- Prevent a health insurer from requiring a health care professional to agree to certain documentation or billing practices designed to protect the health insurer or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular services; or
- Prevent a health insurer from including a deductible, copayment, or coinsurance requirement for a health care service provided via telehealth, if the deductible, copayment, or coinsurance is

not in addition to and does not exceed the deductible, copayment, or coinsurance applicable if the same services were provided through in-person contact.

SOURCE: SD Codified Laws Ann. § 58-17-168. (Accessed Apr. 2025).

PARITY

Last updated 04/06/2025

SERVICE PARITY

No health insurer may exclude a service for coverage solely because the service is provided through telehealth and not provided through in-person consultation or contact between a health care professional and a patient. Health care services delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided, including rules adopted by the appropriate professional licensing board having oversight of the health care professional providing the health care services. Health insurers are not required to provide coverage for health care services that are not medically necessary.

This section does not:

- Prohibit a health insurer from establishing criteria that a health care professional must meet to demonstrate the safety and efficacy of delivering a particular health care service via telehealth that the health insurer does not already reimburse other health care professionals for delivering via telehealth so long as the criteria are not unduly burdensome or unreasonable for the particular services;
- Prevent a health insurer from requiring a health care professional to agree to certain documentation or billing practices designed to protect the health insurer or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular services; or
- Prevent a health insurer from including a deductible, copayment, or coinsurance requirement for a health care service provided via telehealth, if the deductible, copayment, or coinsurance is not in addition to and does not exceed the deductible, copayment, or coinsurance applicable if the same services were provided through in-person contact.

SOURCE: SD Codified Laws Ann. § 58-17-168. (Accessed Apr. 2025).

A health insurance policy, contract, or plan providing for third-party payment may not discriminate between coverage benefits for health care services that are provided in person and the same health care services that are delivered through telehealth as long as the services are appropriate to be provided through telehealth. Nothing in §§ 58-17-167

to 58-17-170, inclusive, prohibits a health insurer and a health care professional from entering into a contract for telehealth with terms subject to negotiation.

SOURCE: SD Codified Laws Ann. Sec. 58-17-169. (Accessed Apr. 2025).

PAYMENT PARITY

No Reference Found

Medicaid

OVERVIEW

Last updated 04/06/2025

South Dakota Medicaid provides reimbursement for live video services under some circumstances, and asynchronous teledentistry. Reimbursement is also available for audio-only behavioral heath and Telephonic Evaluation and Management Services. In October 2023, South Dakota Medicaid added reimbursement for remote patient monitoring services for certain conditions.

DEFINITIONS

Last updated 04/06/2025

“Telemedicine,” The use of an interactive telecommunications system to provide two-way, real time, interactive communication between a provider and a Medicaid recipient across a distance.

“Telehealth” – A method of delivering services, including interactive audio-visual or audio-only technology, in accordance with SDCL chapter 34-52.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 13 (Feb. 2025), SD Regulations 67:16:44:01, SD Regulations 67:61:01(45) [telehealth definition only], SD Regulations 67:62:01(35) [telehealth definition only], & Community Health Worker, pg. 10 (Oct. 2024) [telemedicine definition only]. (Accessed Apr. 2025).

Office of Adult Services and Aging

"Telehealth services," a home based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation.

SOURCE: SD Regulation 67:40:19:01(21) (Accessed Apr. 2025).

Teledentistry

"Teledentistry", the delivery of dental care while the patient and the dentist are in different locations via synchronous telecommunication technology or the transmission and review of recorded health information collected by another oral health professional and transmitted via asynchronous communication to create a treatment plan.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 4, (Jun. 2023), (Accessed Apr. 2025).

LIVE VIDEO

Last updated 04/06/2025

POLICY

Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Services provided via telemedicine are subject to the same service requirements and limitations as in person services. Providers must have and utilize appropriate equipment to provide a service via telemedicine. Telemedicine services always involve an originating site and a distant site.

Providers must bill for services at their usual and customary charge. Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate. Reimbursement for distant site telemedicine services is limited to the individual practitioner's professional fees or the encounter rate if the service qualifies as an FQHC/RHC or IHS/Tribal 638 clinic service. The maximum allowable reimbursement for distant site services is listed on the applicable fee schedule. The maximum allowable amount for services provided via telemedicine is the same as services provided in-

person. Facility related charges for distant site telemedicine providers are not reimbursable.

The following recipients are eligible for medically necessary services covered in accordance with the
limitations described in this chapter:

- Medicaid/CHIP Full Coverage
- Qualified Medicare Beneficiary – Coverage Limited (73)
- Unborn Children Prenatal Care Program (79)
- Medicaid Renal Coverage up to $5,000 (80)

Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 3 & 12 (Nov. 2024) (Accessed Apr. 2025).

Services provided via teledentistry must meet the applicable standard of care. When reporting a service completed via teledentistry, providers are certifying the services rendered to the recipient were functionally equivalent to services provided through a face-to-face visit. Services provided via teledentistry must be provided in accordance with the coverage criteria in the adult and children dental provider manuals. Synchronistic services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter.

Services provided via teledentistry should include the following additional documentation in addition to the standard of service documentation:

- If synchronistic, the name of the platform used to complete the visit; and
- Detailed clinical notes of the visit including the name and credentials of individuals involved in the teledentistry visit and their role in the visit.

SOURCE: South Dakota Medicaid Billing and Policy Manual, Teledentistry Services, pg. 3 (Jun. 2023) (Accessed Apr. 2025).

ELIGIBLE SERVICES/SPECIALTIES

Only certain procedure codes may be provided via telemedicine. Refer to the Procedure Look-Up Tool to identify if a procedure code is allowed to be provided via telemedicine. CMHC and SUD agency services are not included in the Look-Up Tool. CMHC and SUD agency providers should refer to their applicable fee schedule to determine if a service is covered or allowed to be provided as a telemedicine service for their provider type.

ABA services may be provided via telemedicine. The service must be provided by means of "real-time" interactive telecommunications system. To ensure that a patient's care needs are assessed by a healthcare provider, the Board-Certified Behavior Analyst (BCBA) must have an in-person face-to-face visit within the first 30 days and every 90 days thereafter. Please refer to the Applied Behavioral Analysis (ABA) Services manual for additional coverage information.

Audiology Services – Limited fitting and programming audiology services may be provided via telemedicine. The service must be provided by means of "real-time" interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter. The following services may be performed when the patient is in any setting, including the patient's home:

- Cochlear Implant Follow-Up/Reprogramming (CPT codes 92601-92604);
- Hearing Aid Checks (CPT codes 92592-92593), and
- Auditory Function Evaluation (CPT codes 92620, 92621, 92626, and 92627).

In addition, the following services can be provided via telemedicine when the patient is located in a clinic or other setting with a qualified health professional present:

- Tympanometry (CPT code 92550 and 92567); and
- Evoked Auditory Tests (CPT codes 92585-92588).

Please refer to the Audiology Services manual for additional coverage information.

Certain Substance Use Disorder (SUD) Agency, Community Mental Health Center (CMHC), and Independent Mental Health Practitioner (IMHP) procedure codes may be provided via telemedicine.

CMHC and SUD agency providers should refer to their applicable fee schedule to determine if a service is covered is allowed to be provided as a telemedicine service for their provider type.

IMHP services not specifically identified as “allowable via telemedicine” on the Procedure Look-Up Tool are not allowed to be provided via telemedicine or audio-only technology. An IMHP cannot bill the following CPT codes: 98966, 98967, and 98968.

Diabetes Self-Management Training (DSMT) – When applicable, the distant site practitioner must confirm that the recipient has received or will receive 1 hour of in-person DSMT services for purposes of injection training when it is indicated during the year following the initial DSMT service or any calendar year’s 2 hours of follow-up training.

Please refer to the Diabetes Self-Management Training Services manual for additional coverage information.

DSMT: When applicable, the distant site practitioner must confirm that the recipient has received or will receive 1 hour of in-person DSMT services for purposes of injection training when it is indicated during the year following the initial DSMT service or any calendar year’s 2 hours of follow-up training. Please refer to the Diabetes Self-Management Training Services manual for additional coverage information.

Doula Services – Care coordination, prenatal, and postpartum doula service may be provided face-to-face or via telemedicine. Services may be provided via two-way audio-only when the recipient does not have access to audio/visual telemedicine technology. The limitation necessitating audio-only services must be documented in the recipient’s record.

End-Stage Renal Disease (ESRD) Services – ESRD services must include at least 1 visit per month be furnished face-to-face “hands on” to examine the vascular access site by a physician other licensed practitioner. Telemedicine may be used for providing additional visits

Emergency Department or Initial Inpatient Consultation – The intent of an inpatient or emergency department telemedicine consultation service is that a physician or other licensed practitioner or other appropriate source is asking another physician or other licensed practitioner for advice, opinion, a recommendation, suggestion, direction, or counsel, etc. in evaluating or treating a patient because that individual has expertise in a specific medical area beyond the requesting professional’s knowledge.

A request for an inpatient or emergency department telemedicine consultation from an appropriate source and the need for an inpatient or emergency department telemedicine consultation (i.e., the reason for a consultation service) shall be documented by the consultant in the patient's medical record and included in the requesting physician or other licensed practitioner plan of care in the patient's medical record.

Inpatient and Nursing Facility Telemedicine – Inpatient telemedicine consultations furnished to recipients in hospitals or skilled nursing facilities via telemedicine must be at the request of the physician of record, the attending physician, or another appropriate source. The physician or practitioner who furnishes the initial inpatient consultation via telemedicine cannot be the physician or practitioner of record or the attending physician or practitioner, and the initial inpatient telemedicine consultation would be distinct from the care provided by the physician or practitioner of record or the attending physician or practitioner. Counseling and coordination of care with other providers or agencies is included as well, consistent with the nature of the problem(s) and the patient's needs.

Teledentistry Services – Please refer to the Teledentistry Services manual for information regarding coverage of teledentistry services.

Therapy Services – Physical therapy, occupational therapy, and speech language therapy services may be provided via telemedicine. The service must be provided by means of "real-time" interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter.

Telemedicine service for electric stimulation attended, code 97032, is limited to one unit. Providers must document any treatment modifications used to support delivering services via telemedicine. Please refer to the Therapy Services manual for additional coverage information.

Targeted Case Management for Justice Involved Youth – Targeted case management services should be provided face-to-face or via telemedicine with both audio and visual component. In limited circumstances, services may also be provided via audio-only such as a telephone. Please refer to the Targeted Case Management for Justice Involved Youth manual for additional coverage information.

School District Services – School district providers may provide physical and occupational therapy via telemedicine using CPT code 97799 for physical therapy and CPT code 97139 for occupational therapy. Speech-language pathology services continue

to be allowed when provided via telemedicine and should be billed using CPT code 92507. The service must be provided by means of “real-time” interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter.

Psychology services may also be provided via telemedicine or real time, two-way audio-only using CPT code 90899. Audio-only services must be provided in accordance with the independent mental health practitioner coverage criteria stated in this manual.

Please refer to the School District Services manual for additional coverage information.

Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Telemedicine services not specifically identified as “allowable via telemedicine” on the Procedure LookUp Tool or specified on the CMHC or SUD agency fee schedules are considered non-covered. Claims
submitted by a non-eligible originating site will be denied. Birth to Three services do not qualify for an originating site reimbursement unless provided at an eligible originating site location. Distant sites located outside of the United States are not covered.

Refer to the Procedure Look-Up Tool to identify if a procedure code is allowed to be provided as distant site telemedicine services. CMHC and SUD agency services are not included in the Look-Up Tool. CMHC and SUD agency providers should refer to their applicable fee schedule to determine if a service is covered is allowed to be provided as a telemedicine service for their provider type. Providers should refer to the provider manuals for detailed coverage information and limitations.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Feb. 2025). (Accessed Apr. 2025).

ABA services may be provided via telemedicine. The service must be provided by means of “real-time” interactive telecommunications system. To ensure that a patient’s care needs are assessed by a health care provider, the Board-Certified Behavior Analyst (BCBA) must have an in-person face-to-face visit within the first 30 days and every 90 days thereafter. Refer to the Telemedicine manual for a list of ABA services that may be provided via telemedicine.

Can ABA services be provided via telemedicine? Yes, South Dakota Medicaid allows ABA services to be provided via telemedicine. Refer to the Telemedicine manual for coverage details.

SOURCE: SD Medicaid Billing and Policy Manual: Applied Behavior Analysis, p. 4, 7 (Feb. 2025). (Accessed Apr. 2025).

Can speech therapy be provided via telemedicine? Yes, speech therapy services may be provided via telemedicine once an initial in-person contact has been completed. An in-person contact must occur every 90 days thereafter. The telemedicine service must be provided by means of "real-time" interactive telecommunications system.

SOURCE: SD Medicaid Billing and Policy Manual: Therapy Services, pg. 8, (Dec. 2023), (Accessed Apr. 2025).

Speech language pathologist services can be provided via telemedicine if it meets the requirements in the in the Telemedicine manual. The service must be provided by means of "real-time" interactive telecommunications system. To ensure that a patient's care needs are assessed by a health care provider in person and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter.

SOURCE: SD Medicaid Billing and Policy Manual: Birth to Three Non-School District Providers, p. 3, (Oct. 2024), (Accessed Feb. 2025).

Refer to the Telemedicine manual regarding speech language pathology, occupational therapy, physical therapy, and psychology services that may be provided via telemedicine.

SOURCE: SD Medicaid and Policy Manual: School Districts, pg. 5, (Aug. 2024), (Accessed Feb. 2025).

Services provided via teledentistry must meet the applicable standard of care. When reporting a service completed via teledentistry, providers are certifying the services rendered to the recipient were functionally equivalent to services provided through a face-to-face visit. Services provided via teledentistry must be provided in accordance with the coverage criteria in the adult and children dental provider manuals. Synchronistic services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter.

See manual for list of codes.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 2, (Jun. 2023), (Accessed Feb. 2025).

CHW Services must be related to an intervention outlined in the individual's CHW Service Plan. Service may be provided face-to-face, via telemedicine, or via two-way audio-only when the recipient does not have access to audio/visual telemedicine technology. All telemedicine visits with audio-visual must be billed with the "GT"

modifier and POS “02” when the recipient is not in their home. When the recipient is in their home and audio-visual is used, POS “10” must be used. All telemedicine visits conducted via audio-only must be billed with the “93” modifier. The limitation necessitating audio-only services must be documented in the recipient’s record. Up to five (5) units of individual services may be performed in a medical setting in a plan year to allow for the initial establishment of CHW/recipient relationship after which services are only allowed to be provided in a home or community setting. A CHW may attend medical appointments with a recipient. Group services may take place in a meeting room of a medical setting. The CHW Service Plan must be finalized prior to CHW services being rendered. Covered services include:

Covered services include:

- Health system navigation and resource coordination
- Health promotion and coaching
- Health education

See manual for details of each.

Services may be provided to the parent or legal guardian of a recipient 18 or younger if the service is for the direct benefit of the recipient, in accordance with the recipient’s needs and CHW Service Plan objectives, and for the purpose of addressing the diagnosis identified in the CHW Service Plan.

SOURCE: SD Medicaid Billing and Policy Manual: Community Health Worker, pg. 4-5, (Jan. 2025). (Accessed Apr. 2025).

Non-covered service

- Mental health treatment provided without the recipient physically present in a face-to-face or telehealth session with the mental health provider except for telehealth treatment and collateral contacts.

Mental health services provided after the third face-to-face or telehealth session with the recipient without a supporting treatment plan meeting the above requirements of this section are non-covered services.

A provider may not submit a claim for mental health services provided after the third face-to-face or telehealth session with a recipient and before the effective date of the treatment plan

"Psychotherapy," the face-to-face or telehealth treatment of a recipient through a psychological or psychiatric method. The treatment is a planned, structured program based on a primary diagnosis of mental disorder and is directed to influence and produce a response for a mental disorder and to accomplish measurable goals and objectives specified in the recipient's individual treatment plan;

May psychotherapy be provided via telehealth? Does telehealth meet the definition of face-to-face?

Yes, telehealth services are considered face-to-face. Psychotherapy is allowed to be provided via telehealth. Please review the telehealth chapter for more information about telehealth requirements.

SOURCE: SD Medicaid Billing and Policy Manual: Independent Mental Health Practitioners (Feb. 2025), (Accessed Apr. 2025).

An encounter for the initial ordering of durable medical equipment may occur through telehealth.

SOURCE: SD Medicaid Billing and Policy Manual: Durable Medical Equipment, Prosthetics, Orthotics and Supplies, pg. 2. Jun. 2024. (Accessed Apr. 2025).

A face-to-face encounter for physician recertification for hospice may occur via telemedicine.

SOURCE: SD Medicaid Billing and Policy Manual: Hospice, p. 2 (Sept. 2024), (Accessed Apr. 2025).

Telemedicine consultation services are covered as outpatient hospital services.

SOURCE: SD Medicaid Billing and Policy Manual: Outpatient Hospital Services, p. 2 (Jun. 2024), (Accessed Apr. 2025).

"Visit," a face-to-face or telehealth encounter between a federally qualified health center or rural health clinic patient and a physician, physician assistant, nurse practitioner, nurse midwife, visiting nurse, mental health provider listed in ARSD 67:16:41:03, dentist, or an accredited substance use disorder provider.

SOURCE: SD Medicaid Billing and Policy Manual: FQHC and RHC Services, pg. 7, (Jun. 2024), (Accessed Apr. 2025).

Home Health

For the initial order for home health services, a physician or other licensed practitioner must document a face-to-face encounter related to the primary reason the beneficiary

requires the services. The encounter may occur through telemedicine. The encounter must occur within the 90 days before or 30 days after the start of the services.

SOURCE: SD Medicaid Billing and Policy Manual: Home Health Agency Services, p. 2 (Feb. 2024). (Accessed Apr. 2025).

Physician Administered Drugs – Pediatric Vaccination Counseling

A total of six counseling sessions (three for each code) per recipient, per calendar, year are reimbursable. Counseling may be provided via telemedicine. Counseling may also be provided via audio only if the visit was initiated by the recipient and the recipient does not have access to face-to-face audio/visual telemedicine technology. Telemedicine and audio only services must be billed in accordance with the Telemedicine Services billing manual.

SOURCE: SD Medicaid Billing and Policy Manual: Physician Administered Drugs, p. 5 (Dec. 2024). (Accessed Apr. 2025).

Diabetes Self-Management Training

Refer to the Telemedicine manual for guidance regarding providing services via telemedicine.

SOURCE: SD Medicaid Billing and Policy Manual: Diabetes Self-Management Training, pg. 2, (Jan. 2024), (Accessed Apr. 2025).

CHOICES Waiver

Supported living services are reimbursed at a 15-minute unit rate. Please refer to the CHOICES Fee Schedule for detailed rates.

A portion of this service can be delivered virtually, which includes but is not limited to:

- The use of telephonic/virtual supports through FaceTime, Zoom, Echo or other means of telecommunication to provide verbal prompting for a participant and/or their support person to provide personal care supports to perform activities of daily living.
- The use of telephonic/virtual supports through FaceTime, Zoom, or Echo other means of telecommunication to continue to support participants with medication management.
- Check-in phone calls are considered a case management function and would not be considered telephonic/virtual habilitative supports.

Remote Day Services are reserved for outstanding circumstances that restrict a participant's access to Facility and/or Community Support Day Services. The following examples are types of virtual day services:

- The use of telephonic/virtual supports through Facetime, Zoom, Echo, or means of telecommunication to promote socialization that aligns with ISP goals. CSPs can use technology to promote and support social interaction through “virtual hangouts” for participants to engage with their friends and other natural supports.
- Utilizing technology to support individuals to access community events that they previously engaged in. Examples of this may include supporting participants to access online church services, remote book clubs, etc.

SOURCE: SD Medicaid Billing and Policy Manual, CHOICES Waiver, p. 10, (Feb. 2024), (Accessed Apr. 2025).

Advanced care planning services, CPT codes 99497 and 99498, are allowed by a physician and other licensed practitioners in any care setting including an office, hospital, nursing home, or via telemedicine. The codes are separately reimbursable to the billing health care provider in both facility and non-facility settings and are not limited to specific physician specialties. Advanced care planning services are separately billable service if provided during an annual preventative visit if the servicing provider has met the requirements for billing both the preventative visit code and the advanced care planning code. See manual for criteria.

SOURCE: SD Medicaid Billing and Policy Manual, Physician Services, p. 6, (Feb. 2025), (Accessed Apr. 2025).

ELIGIBLE PROVIDERS

The distant site is the physical location of the practitioner providing the service via telemedicine.

In order to receive payment, all eligible servicing and billing provider’s National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

Distant site locations must be in the United States. The physician or practitioner at the distant site must be licensed to provide the service in both the state of the originating site and state of the distant site. Services should be provided at a location consistent with any applicable laws or regulations regarding where services may be provided. The distant site and the originating site cannot be the same clinic/facility location. Unless prohibited by law or regulation the distant site location may be a provider's home. South Dakota Medicaid does not require the distant site location be listed on their provider enrollment record. All services provided via telemedicine at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine.

The following providers can provide services via telemedicine at a distant site:

- Audiologists
- Behavior Analyst
- Board-Certified Assistant Behavior Analyst (BCaBA)
- Certified Nurse Anesthetist
- Certified Social Worker – PIP
- Certified Social Worker – PIP Candidate
- Clinical Nurse Specialists
- Community Health Worker (CHW)
- Community Mental Health Centers
- Dentists
- Diabetes Education Program
- Dieticians
- Federally Qualified Health Center (FQHC)
- Indian Health Services (IHS) Clinics
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor – MH
- Licensed Professional Counselor – working toward MH designation
- Nurse-midwife
- Nurse Practitioners

- Nutritionists
- Occupational Therapists
- Physical Therapists
- Physicians
- Physician Assistants
- Podiatrists
- Psychologist
- Radiologist
- Registered Behavior Technician (RBT)
- Rural Health Clinic (RHC)
- Speech Language Pathologists
- Substance Use Disorder Agencies
- Tribal 638 facilities

Telemedicine provided at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine/audio-only. Failure to comply with this requirement may lead to payment recoupment or other action as decided by South Dakota Medicaid.

Documentation – The distant site must document the physical location of the recipient and provider at the time the services were provided. The distant site provider must document all services rendered in accordance with the requirements in the Documentation and Record Keeping manual.

Providers must bill for services at their usual and customary charge. Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate. Reimbursement for distant site telemedicine services is limited to the individual practitioner's professional fees or the encounter rate if the service qualifies as an FQHC/RHC or IHS/Tribal 638 clinic service. The maximum allowable reimbursement for distant site services is listed on the applicable fee schedule. The maximum allowable amount for services provided via telemedicine is the same as services provided in-person. Facility related charges for distant site telemedicine providers are not reimbursable.

Telemedicine provided at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine/audio-only. Failure to comply with this
requirement may lead to payment recoupment or other action as decided by South Dakota Medicaid.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 3,-4, 13 (Feb. 2025). (Accessed Apr. 2025).

Indian Health Services and Tribal 638 Providers

IHS clinics are eligible to serve as an originating site for telemedicine services. IHS/Tribal 638s may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided. A distant site is the physical location of the practitioner providing the service via telemedicine.

Effective January 1, 2025, clinic services furnished outside the four walls of the clinic for IHS/Tribal clinics are covered.

IHS is eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services.

- An originating site is the physical location of the Medicaid recipient at the time the service is provided.
- A distant site is the physical location of the practitioner providing the service via telemedicine.

Please refer to the Telemedicine manual for additional information.

Any services rendered by a contracted provider are reimbursed through their contract with IHS and may not be billed directly to Medicaid.

“Encounter,” a face-to-face or telemedicine contact between a health care professional and a Medicaid recipient for the provision of Medicaid or CHIP services through an IHS or Tribal 638 facility within a 24-hour period ending at midnight.

Telemedicine Distant Site Claim – If IHS or a Tribal 638 is providing distant site telemedicine services, the services should be billed on the applicable claim form for the service. For services billed on a CMS 1500 or 837P, the provider should include the GT modifier. For claims billed on a UB-04 or 837I, the following information should be entered in the applicable locator on a UB-04 claim or its equivalent on an electronic claim:

- Locator 42 – Enter appropriate Rev Code (example: 450 for outpatient)

- Locator 43 – Enter the appropriate description of the Rev Code
- Locator 44 – Enter one of the allowable HCPCS procedures codes listed in the Telemedicine

Services Manual and include the GT modifier.

SOURCE: SD Medicaid Billing and Policy Manual: IHS and Tribal 638 Providers, p. 5 & 12-13 (Mar. 2025), (Accessed Apr. 2025).

FQHC/RHC

FQHC/RHCs are eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided. A distant site is the physical location of the practitioner providing the service via telemedicine. Please refer to the Telemedicine manual for additional information.

SOURCE: SD Medicaid Billing and Policy Manual: FQHC and RHC Services, pg. 7, (Jun. 2024), (Accessed Apr. 2025).

UB-04 Claim Instructions

Non-OPPC modifier that must be billed primary modifier on the claim: Claim procedure code modifier: GT must be used with telemedicine revenue code 780 for inpatient claims.

SOURCE: SD Medicaid Billing and Policy Manual: UB-04 Claim Instructions, pg. 8, (Mar. 2024), Third Party Claims (Mar. 2025), & UB-04 Crossover Claims (Jul. 2024), (Accessed Apr. 2025).

ELIGIBLE SITES

An originating site is the physical location of the Medicaid recipient at the time the service is provided.

South Dakota Medicaid covers telemedicine services even if the recipient and the provider are located in the same community. The decision of whether it is appropriate to deliver the service via telemedicine should be determined by the provider and the recipient.

Telemedicine originating sites for services provided via telemedicine include any site in the U.S. where the patient is at the time of the telemedicine service, including a person's home. Originating sites listed below are eligible to receive a facility fee for each completed telemedicine transaction for a covered distant site telemedicine service. Sites not listed may also serve as an originating site but are not eligible for a facility fee

reimbursement. Originating sites are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the telemedicine service. The originating site fee is not reimbursable for audio-only services and should not be billed for these services. An originating site fee also is not reimbursable if the service could be provided onsite at the originating site, but the service is being provided via telemedicine solely due to patient preference to see a provider that is not located at the originating site.

Originating sites must be an enrolled provider to be reimbursed by South Dakota Medicaid. The following providers are eligible to be reimbursed a facility fee for serving as an originating site:

- Office of a physician or practitioner;
- Outpatient Hospital;
- Inpatient Hospital
- Critical Access Hospital;
- Rural Health Clinic (RHC);
- Federally Qualified Health Center (FQHC);
- Indian Health Service Clinic;
- A Hospital-Based or Critical Access Hospital-Based Renal Dialysis Center
- Community Mental Health Center (CMHC);
- Substance Use Disorder Agency;
- Nursing Facilities; and
- Schools

Documentation – Originating site documentation is required for originating sites that are eligible for reimbursement. South Dakota Medicaid does not require documentation to be maintained for originating sites that are not eligible for reimbursement. The originating site must document the physical location of the recipient and provider at the time the services were provided. The originating site must also document if a nurse or other health care professionals were present and provided any services such as checking vitals.

For distant site services billed on a CMS 1500 or 837P providers must bill;

- “02” for telemedicine services provided other than in patient’s home;

- "10" for telemedicine services provided in the patient's home; or
- "77" for audio-only services.

[POS information listed in several provider manuals.]

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Feb. 2025). (Accessed Apr. 2025).

02 and 10 telemedicine POS Codes listed in several Claims Instructions documents.

SOURCE: SD Medicaid, Provider Manuals, Claims Instructions, & CMS 1500 Claims Instructions, (Accessed Apr. 2025).

FQHC/RHCs

FQHC/RHCs are eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided.

Reimbursement for the telemedicine facility fee is limited to the amount listed on the Physician Services fee schedule.

A claim for a telemedicine originating site fee should be billed under the FQHC/RHC's NPI. As indicated above, payment is limited to the fee schedule amount.

SOURCE: SD Medicaid Billing and Policy Manual: FQHC and RHC Services, (Jun. 2024) (Accessed Apr. 2025).

Indian Health Services and Tribal 638 Providers

IHS clinics are eligible to serve as an originating site for telemedicine services. IHS/Tribal 638s may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided.

IHS is eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services.

- An originating site is the physical location of the Medicaid recipient at the time the service is provided.
- A distant site is the physical location of the practitioner providing the service via telemedicine.

Please refer to the Telemedicine manual for additional information.

Effective January 1, 2025, clinic services furnished outside the four walls of the clinic for IHS/Tribal clinics are covered.

Any services rendered by a contracted provider are reimbursed through their contract with IHS and may not be billed directly to Medicaid.

If IHS is an originating site for a telemedicine service, the originating site fee should be billed on the applicable claim form for the service. For services billed on a CMS 1500 or 837P, IHS should bill for the originating site fee using HCPCS code Q3014. For claims billed on a UB-04 or 837I, the following information should be entered in the applicable locator or its equivalent on an electronic claim:

- Locator 42 – Rev Code 780
- Locator 43 – Telemedicine
- Locator 44 – Q3014

SOURCE: SD Medicaid Billing and Policy Manual: IHS and Tribal 638 Providers, p. 5, 13 (Mar. 2025), (Accessed Apr. 2025).

GEOGRAPHIC LIMITS

South Dakota Medicaid covers telemedicine services even if the recipient and the provider are located in the same community. The decision of whether it is appropriate to deliver the service via telemedicine should be determined by the provider and the recipient.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 4 (Feb. 2025), (Accessed Apr. 2025).

FACILITY/TRANSMISSION FEE

Telemedicine originating sites for services provided via telemedicine include any site in the U.S. where the patient is at the time of the telemedicine service, including a person's home. Originating sites listed below are eligible to receive a facility fee for each completed telemedicine transaction for a covered distant site telemedicine service. Sites not listed may also serve as an originating site but are not eligible for a facility fee reimbursement. Originating sites are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the telemedicine service. The originating site fee is not reimbursable for audio-only services and should not be billed for these services. An originating site fee also is not reimbursable if the service could be provided onsite at the originating site, but the

service is being provided via telemedicine solely due to patient preference to see a provider that is not located at the originating site.

Originating sites must be an enrolled provider to be reimbursed by South Dakota Medicaid. The following providers are eligible to be reimbursed a facility fee for serving as an originating site:

- Office of a physician or practitioner;
- Outpatient Hospital;
- Inpatient Hospital;
- Critical Access Hospital;
- Rural Health Clinic (RHC);
- Federally Qualified Health Center (FQHC);
- Indian Health Service Clinic;
- A Hospital-Based or Critical Access Hospital-Based Renal Dialysis Center
- Community Mental Health Center (CMHC);
- Substance Use Disorder Agency;
- Nursing Facilities; and
- Schools

The maximum rate for originating site facility fee is listed on the physician fee schedule under procedure code Q3014. The facility fee is reimbursed on a fee for service basis including for providers paid at an encounter rate or other methodology. providers. There is no additional reimbursement for equipment, technicians, technology, or personnel utilized in the performance of telemedicine services. The originating site fee is not reimbursable for audio-only services and should not be billed for these services.

An originating site eligible for reimbursement must bill for the service using the HCPCS code Q3014 for CMS 1500 Claims or Revenue code 780 for UB-04 Claims. For group services with multiple recipients in the same originating site location, only one originating site fee is billable per physical location of the recipients. For Division of Behavioral Health block grant contract providers, the originating site fee should only be billed to Medicaid if the group includes both Medicaid recipients and individuals ineligible for Medicaid.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Feb. 2025). (Accessed Apr. 2025).

Skilled Nursing Facility and Nursing Facility Services

The telemedicine originating site fee is reimbursed at the lesser of the provider's usual and customary charge and the fee for HCPCS code Q3014 listed on the Physician Services Fee Schedule.

The telemedicine originating site fee must be billed using revenue code 780. Refer to the Telemedicine manual for additional information regarding the telemedicine originating site fee.

SOURCE:SD Medicaid Billing and Policy Manual: Skilled Nursing Facility and Nursing Facility Services, p. 10-11, (Jul. 2024), (Accessed Apr. 2025).

Teledentistry

"Originating site", physical location of the Medicaid recipient at the time the synchronous teledentistry service is provided.

An originating site is the physical location of the patient at the time a synchronous (live, two-way interaction between a patient and a provider using audiovisual telecommunications technology) teledentistry service is provided. A distant site is the physical location of the practitioner providing the service via synchronous teledentistry.

Enrolled dental providers, such as a dental office, FQHC/RHC, or IHS facility, are eligible to receive an originating site facility fee for acting as an originating site if the service being provided from the distant site is a covered teledentistry service. Other sites not listed may also serve as an originating site but are not eligible for an originating site facility fee reimbursement. Asynchronous services are not eligible for an originating site fee.

The maximum rate for originating site facility fee is listed on the physician fee schedule under procedure code Q3014. The facility fee is reimbursed on a fee for service basis for eligible encounter-based providers. There is no additional reimbursement for equipment, technicians, technology, or personnel utilized during services provided via teledentistry.

The originating site must submit a CMS 1500 or 837P claim to South Dakota Medicaid. For more information on originating sites please refer to the Telemedicine manual. Originating site are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the teledentistry service. For more information on originating sites please refer to the Telemedicine manual.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 4-6, (Jun. 2023), (Accessed Apr. 2025).

FQHC/RHC

Reimbursement for the telemedicine facility fee is limited to the amount listed on the Physician Services fee schedule.

A claim for a telemedicine originating site fee should be billed under the FQHC/RHC's NPI. As indicated above, payment is limited to the fee schedule amount.

SOURCE: SD Medicaid Billing and Policy Manual: FQHC and RHC Services, p. 8 & 10 (Jun. 2024). (Accessed Apr. 2025).

School District Services

Q3014: Telehealth Originating Site Fee – For OT, PT, SLP, and psychology telehealth services only.

The telehealth originating site fee (Q3014) is not a time-based code. Providers should refer to the Telemedicine manual for additional billing guidance.

SOURCE: SD Medicaid and Policy Manual: School Districts, pg. 4 & 7 (Aug. 2024), (Accessed Apr. 2025).

STORE-AND-FORWARD

Last updated 12/11/2024

POLICY

"Store-and-Forward," is the asynchronous electronic transmission of medical information to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction.

Store and forward services do not meet the definition of "telemedicine" and are generally not covered with the exception of radiology services.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 13 (Feb. 2025), (Accessed Apr. 2025).

Services provided via teledentistry must meet the applicable standard of care. When reporting a service completed via teledentistry, providers are certifying the services rendered to the recipient were functionally equivalent to services provided through a face-to-face visit. Services provided via teledentistry must be provided in accordance with the coverage criteria in the adult and children dental provider manuals.

Synchronistic services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter.

“Asynchronous (store and forward)”, transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a dentist, who uses the information to evaluate a patient’s condition or render a service outside of a real-time or live interaction.

“Teledentistry”, the delivery of dental care while the patient and the dentist are in different locations via synchronous telecommunication technology or the transmission and review of recorded health information collected by another oral health professional and transmitted via asynchronous communication to create a treatment plan.

SOURCE: South Dakota Medicaid Billing and Policy Manual, Teledentistry Services, pg. 4. (Jun. 2023), (Accessed Apr. 2025).

ELIGIBLE SERVICES/SPECIALTIES

Services provided via teledentistry must meet the applicable standard of care. When reporting a service completed via teledentistry, providers are certifying the services rendered to the recipient were functionally equivalent to services provided through a face-to-face visit. Services provided via teledentistry must be provided in accordance with the coverage criteria in the adult and children dental provider manuals. Synchronistic services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter.

The following coverage limitations apply:

- Reimbursement is limited to only one reading or interpretation of diagnostic tests such a x-rays, lab tests and diagnostic assessment.
- Transmission of materials is not separately reimbursable.
- Only D0140, limited oral exam, is covered for providers that primarily or only see South Dakota Medicaid recipients via teledentistry.

CDT codes not included in this list may not be provided via teledentistry.

Reimbursement for services provided via teledentistry is the same as reimbursement for services provided at a face-to-face visit. When services are provided via teledentistry, CDT

D9995 or D9996 must be reported with the CDT codes for the services provided on the date of service.

In addition to the applicable CDT code(s), a claim for services provided via teledentistry must include one of the following codes:

- D9995 – Teledentistry, synchronistic; real-time encounter; and
- D9996 – Teledentistry, asynchronistic; information stored and forwarded to dentist for subsequent review.

D9995 and D9996 should never be reported alone on a claim form. Services that are not covered when provided via teledentistry must not be reported on the same claim as D9995 or D9996.

See manual for a list of covered services.

SOURCE: South Dakota Medicaid Billing and Policy Manual, Teledentistry Services, pg. 2-4 (Jun. 2023) (Accessed Apr. 2025).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 04/06/2025

POLICY

Effective October 1, 2023, South Dakota Medicaid added permanent coverage of remote patient monitoring of physiologic functions when medically necessary for recipients with acute or chronic conditions when ordered and billed by providers who are eligible to bill Medicaid for E/M services. Certain criteria must be met (see below).

See table on page 7-9 for eligible codes.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Feb. 2025) (Accessed Apr. 2025).

The Office of Adult Services and Aging

"Telehealth services," a home based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation.

SOURCE: SD Regulation 67:40:19:01(21) (Accessed Apr. 2025).

Home Health

For the initial order for home health services, a physician or other licensed practitioner must document a face-to-face encounter related to the primary reason the beneficiary requires the services. The encounter may occur through telemedicine. The encounter must occur within the 90 days before or 30 days after the start of the services

SOURCE: SD Medicaid Billing and Policy Manual: Home Health Services, p. 2 (Feb. 2024). (Accessed Apr. 2025).

Continuous Glucose Monitoring

South Dakota Medicaid covers continuous 72-hour glucose monitoring provided by an endocrinologist or an advanced practice provider working with an endocrinologist through the endocrinologist's office no more than twice annually with a prior authorization.

SOURCE: SD Medicaid Billing and Policy Manual: Physician Services, p. 9 (Feb. 2025), (Accessed Apr. 2025).

CONDITIONS

The recipient must be diagnosed with at least one of the following conditions:

- Asthma
- Congestive Heart Failure
- Cardiac monitoring
- Hypertension or Hypotension
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Gestational Diabetes

- COVID-19 post infection monitoring

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, pg. 6 (Feb. 2025) (Accessed Apr. 2025).

PROVIDER LIMITATIONS

Only a physician, physician assistant, nurse practitioner, or certified nurse midwife are allowed to order RPM and bill for the services.

FQHC/RHC

FQHC/RHC providers may bill for these services on a fee for service basis using their non-Prospective Payment System (PPS) NPI if the service is ordered by one of the allowable practitioner types.

IHS and Tribal 638

IHS and Tribal 638 facilities can bill the encounter rate for remote patient monitoring CPT codes 99091, 99457, and 99458 as long as these services meet the definition of an encounter and are in accordance with the "Four Walls" requirement under 42 CFR 440.90 as provided in the IHS and Tribal 638 Facilities manual.

School District Services

School district providers may provide physical and occupational therapy via telemedicine using CPT code 97799 for physical therapy and CPT code 97139 for occupational therapy. Speech-language pathology services continue to be allowed when provided via telemedicine and should be billed using CPT code 92507. The service must be provided by means of "real-time" interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter.

Psychology services may also be provided via telemedicine or real time, two-way audio-only using CPT code 90899. Audio-only services must be provided in accordance with the independent mental health practitioner coverage criteria stated in this manual.

Please refer to the School District Services manual for additional coverage information.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Feb. 2025) (Accessed Apr. 2025).

OTHER RESTRICTIONS

The recipient must be cognitively capable of operating the remote monitoring equipment or must be assisted by a caregiver capable of operating the equipment.

The recipient's condition must be unmanaged or require frequent and on-going monitoring during a period where:

- The recipient is newly diagnosed with the condition in the last 6 months and is learning to manage the condition;
- The recipient has a chronic condition that has become difficult to manage in the last 6 months; or
- The recipient has had 2 or more episodes that required either emergency department care, hospitalization, or emergency intervention in the last 6 months.

The medical device supplied to a recipient as part of RPM services must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act, that the device must be reliable and valid, and that the data must be electronically (i.e., automatically) collected and transmitted rather than self-reported.

RPM is only allowed for established patients who are under the active care of a provider.

The provider must document the medical necessity of the service.

The provider must obtain consent from the recipient to furnish RPM services.

The provider must prescribe a care plan that denotes the need for remote monitoring and the impact on treatment and management of the recipient . The care plan must also address actions taken by the provider and/or care team to improve or address the recipient's ability to self manage the condition including patient education.

Prior Authorization

The out-of-state prior authorization requirement does not apply if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State. If the service otherwise requires a prior authorization, the provider is still required to obtain prior authorization prior to providing the service.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Feb. 2025), (Accessed Apr. 2025).

EMAIL, PHONE & FAX

Last updated 04/06/2025

For distant site services billed on a CMS 1500 or 837P providers must bill;

- "02" for telemedicine services provided other than in patient's home;
- "10" for telemedicine services provided in the patient's home; or
- "77" for audio-only services.

Telemedicine Modifiers – Telemedicine provided at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine/audio-only. Failure to comply with this requirement may lead to payment recoupment or other action as decided by South Dakota Medicaid.

Audio-Only Modifier

- CMHC and SUD Agencies: Bill modifier GT in addition to the POS code 77.
- All other providers allowed to bill audio only services: Bill modifier 93 in addition to the POS code 77.

Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

IMHP services not specifically identified as "allowable via telemedicine" on the Procedure Look-Up Tool are not allowed to be provided via telemedicine or audio-only technology. An IMHP cannot bill the following CPT codes: 98966, 98967, and 98968.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Nov. 2024) (Accessed Dec. 2024).

Audio-Only Behavioral Health Services

South Dakota Medicaid covers real time, two-way audio-only behavioral health services delivered by a Substance Use Disorder (SUD) Agency or a Community Mental Health Center (CMHC) when the recipient does not have access to face-to-face audio/visual telemedicine technology.

SUD agencies and CMHCs, and IMHPs must utilize traditional audio/visual telemedicine technology when possible. Audio-only services are not covered when used for the convenience of the provider or recipient. The provider must document in the medical record that the use real time video/audio technology was not possible or was unsuccessful.

Covered Services – CMHCs and SUD agencies may only provide two-way audio-only covered services listed in the Audio-Only Procedure Code table in the Appendix when the

coverage requirements are met. Contact the Division of Behavioral Health for questions regarding unlisted codes.

For the purpose of this manual, an IMHP includes mental health providers who meet the requirements in ARSD 67:16:41:03 and licensed physicians or psychiatrists that provide behavioral health services. IMHPs may provide applicable services listed in the Audio-Only Procedure Code table in the Appendix via audio-only technology when the coverage requirements are met

FQHCs/RHCs and IHS/Tribal 638 Providers – SUD agency services may also be provided via audio-only if the provider is an accredited and enrolled agency. Audio-only behavioral health services are reimbursed at the encounter rate.

Non-covered Services – Services other than those specifically stated as covered when provided via an audio-only modality are considered non-covered if provided via an audio-only modality and must not be billed to South Dakota Medicaid.

Claim Instructions – Audio-only services will need the GT modifier and place of service 77. Any additional modifiers must be coded alphabetically as shown on the CMHC and SUD fee schedules.

Audio-Only Community Health Worker Services – Community Health Worker (CHW) services must be related to an intervention outlined in the individual's CHW Service Plan. Service may be provided via two-way audio-only when the recipient does not have access to audio/visual telemedicine technology. The limitation necessitating audio-only services must be documented in the recipient's record.

Services must be billed using CPT codes 98960, 98961, and 98962. Audio-only visits must be billed with the "93" modifier.

Payment for services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's Community Health Worker Services fee schedule.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Feb. 2025), pg. 9-10, (Accessed Apr. 2025).

Audio-Only Evaluation and Management Services

Audio-only evaluation and management services are covered for established patients if the recipient does not have access to face-to-face audio/visual telemedicine technology.

The provider must document in the medical record that the use of real time video/audio technology was not possible or was unsuccessful.

The service must be initiated by the recipient. The service should include patient history and/or assessment, and some degree of decision making. Telephonic evaluation and management services are only allowed to be provided by a physician, podiatrist, nurse practitioner, physician assistant, or optometrist. The service must be 5 minutes or longer. Services may be provided via telephone or via another device or service that allows real-time audio communication.

Audio-only evaluation and management services are not to be billed if clinical decision-making dictates a need to see the patient for an office visit, including a telemedicine office visit, within 24 hours or at the next available appointment time. In those circumstances, the telephone service is considered a part of the subsequent office visit. If the telephone call follows a billable office visit performed in the past seven calendar days for the same or a related diagnosis, then the telephone services are considered part of the previous office visit and are not separately billable. Telephone services provided by an RN or LPN are not billable.

Non-Covered Services: Audio-only services are only covered if initiated by a recipient and the recipient did not have access to face-to-face audio/visual telemedicine technology.

Claims Instructions: Services must be billed using CPT codes 98966, 98967, and 98968. Providers should select the appropriate code based on the time associated with the service. Do not bill for these services using CPT codes 99441, 99442, or 99443 even if you believe the code description is more applicable. Billing with 99441, 99442, or 99443 will result in your claim being denied.

Reimbursement – Payment for services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's Physician Services fee schedule. FQHC/RHC and IHS/Tribal 638 providers may bill for audio-only evaluation and management services using codes 98966, 98967, and 98968 and be reimbursed at the fee schedule rate. These services must be submitted using the FQHC/RHCs non-PPS billing NPI. For more information regarding billing with a non-PPS NPI please refer to the FQHC/RHC Service Manual.

Billing a Recipient – There is no cost share for this service. Please refer to our Billing a Recipient Manual for additional requirements a provider must meet to bill a recipient.

Audio-Only Modifiers

- CMHC and SUD Agencies: Bill modifier GT in addition to the POS code 77.
- All other providers allowed to bill audio only services: Bill modifier 93 in addition to the POS code 77.

Substance Use Disorder (SUD) Audio-only Covered Procedure Codes: The following services are covered when provided as audio-only behavioral health services delivered by a Substance Use Disorder (SUD) Agency when the recipient does not have access to face-to-face audio/visual telemedicine technology (including smart phone, tablet, computer, or WIFI/internet access). Providers should refer to their applicable fee schedule to determine if the service is covered for their provider type. See manual.

Independent Mental Health Provider (IMHP) Audio-only Covered Procedure Codes: The following services are covered when provided as audio-only behavioral health services delivered by an Independent Mental Health Provider (IMHP) when the recipient does not have access to face-to-face audio/visual telemedicine technology (including smart phone, tablet, computer, or WIFI/internet access). Providers should refer to their applicable fee schedule to determine if the service is covered for their provider type. See manual for codes.

Community Mental Health Center (CMHC) Audio-only Covered Procedure Codes: The following services are covered when provided as audio-only behavioral health services delivered by a Community Mental Health Center (CMHC) when the recipient does not have access to face-to-face audio/visual telemedicine technology (including smart phone, tablet, computer, or WIFI/internet access). Providers should refer to their applicable fee schedule to determine if the service is covered for their provider type. See manual.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 11-12 (Feb. 2025), (Accessed Apr. 2025).

Crisis assessment and intervention services. An immediate therapeutic response available 24 hours a day 7 days a week that involves direct telephone or face-to-face contact with a recipient exhibiting acute psychiatric symptoms and/or inappropriate behavior that left untreated, presents an immediate threat to the recipient or others.

SOURCE: SD Medicaid Billing and Policy Manual: Community Mental Health Center Services, p. 5 (Feb. 2025), (Accessed Apr. 2025).

Collateral Contacts are telephone, telemedicine or face-to-face contact with an individual other than the recipient receiving treatment in an outpatient setting. The contact may be with a spouse, family member, guardian, friend, teacher, healthcare

professional, or other individual who is knowledgeable of the recipient receiving treatment. Collateral must be for the direct benefit of the beneficiary.

SOURCE: SD Medicaid Billing and Policy Manual: Community Mental Health Center Services, p. 8 (Feb. 2025) & Substance Use Disorder Agency Services, p. 8 (Feb. 2025) (Accessed Apr. 2025).

Physician Services:

- Anticoagulant management (CPT codes 93792 and 93793), physician telephone patient services (CPT codes 99441-99443), online medical evaluation (CPT code 99444), interprofessional telephone/internet/electronic health record consultations (CPT codes 99446-99449 and 99451-99452), disability evaluation services (CPT codes 99450, 99455, 99456), care management services (CPT codes 99487-99496), and behavioral health integration care management (CPT code 99484);

SOURCE: SD Medicaid Billing and Policy Manual: Physician Services, p. 12 (Feb. 2025), (Accessed Apr. 2025).

Teledentistry

Synchronous teledentistry services may not be provided via email, audio-only, or facsimile transmissions.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 4, (Jun. 2023), (Accessed Apr. 2025).

Primary Care Provider Program

PCPs must provide 24-hour, 7 day a week access by telephone which will immediately page an on-call medical professional to handle medical situations during non-office hours. If affiliated with a calling network to serve as the non-office hour's contact, this may not be utilized for PCP referral. Any referrals given to recipients through these calling networks (e.g., referring individuals to seek medical attention at the emergency room) must be approved by the recipient's PCP or the Designated Covering Provider (DCP). Referrals may be made by the recipient's PCP or DCP retroactively if appropriate. Refer to the Referrals manual for additional information.

SOURCE: SD Medicaid Billing and Policy Manual, Primary Care Provider Program, p. 2, (Jun. 2024), (Accessed Apr. 2025).

CHOICES Waiver

Supported living services are reimbursed at a 15-minute unit rate. Please refer to the CHOICES Fee Schedule for detailed rates.

A portion of this service can be delivered virtually, which includes but is not limited to:

- The use of telephonic/virtual supports through FaceTime, Zoom, Echo or other means of telecommunication to provide verbal prompting for a participant and/or their support person to provide personal care supports to perform activities of daily living.
- The use of telephonic/virtual supports through FaceTime, Zoom, or Echo other means of telecommunication to continue to support participants with medication management.
- Check-in phone calls are considered a case management function and would not be considered telephonic/virtual habilitative supports.

Remote Day Services are reserved for outstanding circumstances that restrict a participant's access to Facility and/or Community Support Day Services. The following examples are types of virtual day services:

- The use of telephonic/virtual supports through Facetime, Zoom, Echo, or means of telecommunication to promote socialization that aligns with ISP goals. CSPs can use technology to promote and support social interaction through "virtual hangouts" for participants to engage with their friends and other natural supports.
- Utilizing technology to support individuals to access community events that they previously engaged in. Examples of this may include supporting participants to access online church services, remote book clubs, etc.

SOURCE: SD Medicaid Billing and Policy Manual, CHOICES Waiver, p. 5-6 & 10, (Feb. 2024), (Accessed Apr. 2025).

Inpatient Hospital Services

An individual's psychiatric care is a covered service if the hospital received authorization for the admission under ARSD 67:16:40:04 and the following conditions are met:

- A physician completed a medical assessment of the individual and had at least a telephone consultation with a psychiatrist. The psychiatric consultation or diagnosis must include a treatable mental health condition. An admission is not allowed on the basis of a previous diagnosis if symptoms associated with the diagnosis are not active at the time of the admission (see manual for more requirements)

SOURCE: SD Medicaid Billing and Policy Manual, Inpatient Hospital Services, p. 7, (Sept. 2024), (Accessed Apr. 2025).

Independent Mental Health Practitioners

Collateral Contacts are telephone, telemedicine, or face-to-face contact with an individual other than the recipient receiving treatment in an outpatient setting. The contact may be with a spouse, family member, guardian, friend, teacher, healthcare professional external to behavioral health, or other individual who is knowledgeable of

the recipient receiving treatment. Collateral must be for the direct benefit of the beneficiary.

IMHP Non-Covered Services

- Mental health treatment provided without the recipient physically present in a face-to-face or telehealth session with the mental health provider except for telehealth treatment and collateral contacts. ...
- Telephone consultations with or on behalf of the recipient except for collateral contact.

SOURCE: SD Medicaid Billing and Policy Manual: Independent Mental Health Practitioners (Feb. 2025), (Accessed Apr. 2025).

Pharmacy Services

South Dakota regulation does not require a pharmacist to document counseling that was accepted or offered. The absence of a record signifies counseling was accepted and provided or that an offer was made. Failure to complete counseling shall be recorded for the following instances. ...

- Counseling could not be accomplished by telephone contact.

SOURCE: SD Medicaid Billing and Policy Manual: Pharmacy Services (Feb. 2025), pg. 6, (Accessed Apr. 2025).

CONSENT REQUIREMENTS

Last updated 04/06/2025

Remote Patient Monitoring

The provider must obtain consent from the recipient to furnish RPM services.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 7 (Feb. 2025), (Accessed Apr. 2025).

OUT OF STATE PROVIDERS

Last updated 12/11/2024

The out-of-state prior authorization requirement does not apply to telemedicine services if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State. If the service otherwise requires a prior authorization, the provider is still required to obtain prior authorization prior to providing the service.

SOURCE: SD Medicaid Billing and Policy Manual: Out-of-State Providers, Jan. 2024, p. 5, (Accessed Apr. 2025).

Most out-of-state services require prior authorization. The out-of-state prior authorization requirement does not apply to telemedicine services if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State.

SOURCE: SD Medicaid Billing and Policy Manual: Prior Authorization Requests, Feb. 2024, p. 1, (Accessed Apr. 2025).

Distant sites located outside of the United States are not covered.

An originating site is located in South Dakota, but the distant site is an enrolled provider located out-of-state, does the distant site provider need an out of state prior authorization?

No, the distant site provider does not need an out-of-state prior authorization for services delivered via telemedicine. If the service otherwise requires a prior authorization, the provider is still required to obtain prior authorization prior to providing the service.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Feb. 2025) (Accessed Apr. 2025).

Indian Health Service (IHS) Servicing Providers Licensure and Referrals

Per 42 CFR 431.110, servicing providers who practice at an Indian Health Service (IHS) facility may do so with a South Dakota license or an equivalent license from another state as long as the individual otherwise meets South Dakota Medicaid's provider eligibility requirements.

Referrals made to non-IHS providers by IHS physicians and other licensed practitioners who are solely licensed out-of-state are considered valid referrals under federal regulation. Non-IHS providers should accept referrals by IHS providers on the same basis as they accept referrals from non-IHS providers.

Certain exceptions apply for Indian Health Service providers. See Medicaid Out of State section for details.

SOURCE: SD Department of Social Services, Indian Health Service (IHS) Servicing Providers Licensure and Referrals, May 25, 2022, (Accessed Apr. 2025).

MISCELLANEOUS

Last updated 04/06/2025

HIPAA Compliant Platform – South Dakota Medicaid requires telemedicine services are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations as enforced by The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS).

Prior Authorization – The out-of-state prior authorization requirement does not apply if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State. If the service otherwise requires a prior authorization, the provider is still required to obtain prior authorization prior to providing the service.

See manual for documentation requirements.

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Feb. 2025). (Accessed Apr. 2025).

Teledentistry

See manual for documentation, reimbursement and claim requirements.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 3-4, (Jun. 2023) (Accessed Apr. 2025).

Professional Requirements

DEFINITIONS

Last updated 04/06/2025

"Telehealth," the use of secure electronic information, imaging, and communication technologies by a health care professional to deliver health care services to a patient, including interactive audio-video, interactive audio with store and forward, store-and-forward technology, and remote patient monitoring. Telehealth does not include the delivery of health care services through electronic means under the provisions of chapter 27A-10.

SOURCE: SD Codified Laws Sec. 34-52-1 (Accessed Apr. 2025).

"Telehealth services," a home based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation.

SOURCE: SD Regulation 67:40:19:01(21) (Accessed Apr. 2025).

"Telehealth," a method of delivering services, including interactive audio-visual or audio-only technology, in accordance with SDCL chapter 34-52.

SOURCE: SD Admin Code § 67:61:01:01 (Accessed Apr. 2025).

Mental Health Procedures in Criminal Justice

"Telehealth," a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers.

SOURCE: SD Codified Laws Ann. § 23A-50-1 (Accessed Apr. 2025).

CONSENT REQUIREMENTS

Last updated 04/06/2025

A health care professional using telehealth shall follow any applicable state or federal statute or rule for informed consent.

SOURCE: SD Codified Laws Sec. 34-52-7. (Accessed Apr. 2025).

ONLINE PRESCRIBING

Last updated 04/06/2025

Any health care professional who utilizes telehealth shall ensure that a proper health provider-patient relationship is established and includes:

- Verifying and authenticating the location and, to the extent reasonable, identifying the requesting patient;

- Disclosing and validating the health care professional's identity and applicable credentials, as appropriate;
- Obtaining appropriate consent for treatment from a requesting patient after disclosure regarding the delivery models and treatment methods or limitations;
- Establishing a diagnosis through the use of acceptable medical practices, including patient history, mental status examination, physical examination, and appropriate diagnostic and laboratory testing;
- Discussing with the patient the diagnosis and its evidentiary basis and the risks and benefits of various treatment options;
- Ensuring appropriate follow-up care for the patient;
- Providing a visit summary to the patient or consult note; and
- Utilizing technology sufficient to evaluate or diagnose and appropriately treat a patient for the condition as presented in accordance with the applicable standard of care.

Exceptions to the requirements of this section include on-call, cross coverage situations, and consultation with another health care professional who has an ongoing health care provider relationship with the patient and agrees to supervise the patient's care and emergency treatment.

SOURCE: SD Codified Laws Sec. 34-52-3 (Accessed Apr. 2025).

A health care professional using telehealth to provide medical care to any patient located in the state shall provide an appropriate face-to-face examination using real-time audio and visual technology prior to diagnosis and treatment of the patient, if a face-to-face encounter would otherwise be required in the provision of the same service not delivered via telehealth.

SOURCE: SD Codified Laws Sec. 34-52-5. (Accessed Apr. 2025).

Without a proper provider-patient relationship, a health care professional using telehealth may not prescribe a controlled drug or substance, as defined by § 34-20B-3, solely in response to an internet questionnaire or consult, including any encounter via telephone.

SOURCE: SD Codified Laws Sec. 34-52-6. (Accessed Apr. 2025).

Mifepristone and Misoprostol must be prescribed and dispensed by a licensed physician in a licensed abortion facility consistent with chapter 34-23A and in compliance with the applicable requirements in chapter 36-4.

SOURCE: SD Codified Laws Sec. 36-4-47. (Accessed Apr. 2025).

CROSS-STATE LICENSING

Last updated 04/06/2025

An applicant who holds a valid medical license issued by another state may be licensed by reciprocity in South Dakota under the provisions of SDCL 36-4-19 only if the applicant has completed a residency program in the United States or Canada; has passed one of the following licensure examinations within the time and manner required by SDCL 36-4-17 and 36-4-17.1, as applicable: examination administered by any state medical licensing board, the Federal Licensure Examination, National Board of Medical Examiners Endorsement of Certification, Osteopathic Medical Licensing Examination – USA, Licentiate of the Medical Council of Canada, or the United States Medical Licensing Examination; has not had any allegations of misconduct or proceedings instituted for the cancellation, conditioning, suspension or revocation of the applicant's license in any state; and completion of a state and federal criminal background investigation.

SOURCE: SD Regulation 20:78:03:12. (Accessed Apr. 2025).

Any health care professional treating a patient in the state through telehealth shall be:

- Fully licensed to practice in the state or employed by a licensed health care facility, an accredited prevention or treatment facility, a community support provider, a nonprofit mental health center, or a licensed child welfare agency under § 36-32-76; and
- Subject to any rule adopted by the applicable South Dakota licensing body.

Consultation between a resident health care professional and a nonresident health care professional under this chapter is governed by § 36-2-9.

SOURCE: SD Codified Laws Sec. 34-52-2. (Accessed Apr. 2025).

LICENSURE COMPACTS

Last updated 12/11/2024

Member of APRN Compact

SOURCE: APRN Compact, About Compact, Map, (Accessed Apr. 2025).

Member of Counseling Compact

SOURCE: Counseling Compact, Compact Map, (Accessed Apr. 2025).

Member of Dietitian Compact

SOURCE: House Bill 1144 (2025 Legislative Session) & Dietitian Compact, Compact Map. (Accessed Apr. 2025).

Member of the EMS Compact.

SOURCE: EMS Compact Map. (Accessed Apr. 2025).

Member of Interstate Medical Licensure Compact.

SOURCE: Interstate Medical Licensure Compact. (Accessed Apr. 2025).

Member of Nurse Licensure Compact.

SOURCE: Nurse Licensure Compact. (Accessed Apr. 2025).

Member of Occupational Therapy Compact

SOURCE: Occupational Therapy Licensure Compact, Compact Map, (Accessed Apr. 2025).

Member of Physical Therapy Compact.

SOURCE: PT Compact. (Accessed Apr. 2025).

Member of Psychology Interjurisdictional Compact (PSYPACT)

SOURCE: PSYPACT, Compact Map, (Accessed Apr. 2025).

Member of Social Work Compact

SOURCE: Social Work Compact, Compact Map, (Accessed Apr. 2025).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 04/06/2025

Any person who is licensed pursuant to this chapter may provide speech-language pathology services via telehealth. Services delivered via telehealth must be equivalent to the quality of services delivered face-to-face.

For the purposes of this section, the term, telehealth, has the meaning provided in § 34-52-1.

SOURCE: SD Codified Laws Sec. 36-37-7, (Accessed Apr. 2025).

A licensed hearing aid dispenser or audiologist may provide services via telehealth pursuant to chapter 34-52. Any service delivered via telehealth must be equivalent to the

quality of services delivered face-to-face.

SOURCE: SD Codified Laws Sec. 36-24-48, (Accessed Apr. 2025).

MISCELLANEOUS

Last updated 04/06/2025

A health care professional or the originating site treating a patient through telehealth shall:

- Maintain a complete record of the patient's care;
- Disclose the record to the patient consistent with state and federal laws; and
- Follow applicable state and federal statutes and regulations for medical record retention and confidentiality.

SOURCE: SD Codified Laws Sec. 34-52-8. (Accessed Apr. 2025).

Office of Adult Service and Aging

In-home services or adult day services may be provided to an individual who demonstrates a need for long-term supports and services through the assessment and meets the following criteria:

- The individual is residing at home;
- The individual is age 60 or older or is age 18 or older with a disability; and
- The individual is not eligible for other programs which provide the same type of service.

SOURCE: SD Regulation 67:40:19:04. (Accessed Apr. 2025).

Mental Health

Reimbursable services are limited to face–to-face and telehealth contacts for the purpose of providing comprehensive mental health treatment pursuant to § 67:62:10:02.

SOURCE: SD Regulation 67:62:10:03. (Accessed Apr. 2025).

Substance Use Disorder

Telehealth interaction included in the definition for "family counseling," "group counseling," and "individual counseling."

"Telehealth," a method of delivering services, including interactive audio-visual or audio-only technology, in accordance with SDCL chapter 34-52 [included in the definition for

"family counseling," "group counseling," and "individual counseling."]

SOURCE: SD Regulation 67:61:01:01. (Accessed Apr. 2025).

Grants

SD allocated $5,000,000 to the Department of Health, for purposes of providing grants to assisted living centers and nursing facilities, licensed in accordance with chapter 34-12, to purchase and install technology and infrastructure for telemedicine.

SOURCE: Senate Bill 209 (2024 Session), (Accessed Apr. 2025).