South Dakota Medicaid
Transportation Services 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.

Ground Ambulance – Basic Life Support (BLS)

Code	Description	Fee
A0428	Non-emergent ground ambulance base fee, BLS	$ 280.09
A0428-TK	Additional recipient	$ 140.04
A0429	Emergent ground ambulance base fee, including one attendant, BLS (May be billed for BLS treatement in place)	$ 448.15
A0429-TK	Additional recipient	$ 224.07
A0425	Loaded ground mileage, per whole mile. *Round to the nearest whole mile. Do not use decimals.*	$ 9.00

Ground Ambulance – Advanced Life Support (ALS)

Code	Description	Fee
A0426	Non-emergent ground ambulance base fee, ALS Level 1	$ 336.11
A0426-TK	Additional recipient	$ 168.05
A0427	Emergent ground ambulance base fee, including one attendant, ALS Level 1 (May be billed for ALS Level 1 treatement in place)	$ 532.18
A0427-TK	Additional recipient	$ 266.09
A0425	Ground loaded mileage, per whole mile *Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 9.00
A0433	Emergent ground ambulance base fee, including one attendant, ALS Level 2 (May be billed for ALS Level 2 treatement in place)	$ 770.25
A0434	Specialty care transport (SCT)	$ 910.30

Emergency Air Ambulance

Code	Description	Fee
A0430	Fixed wing emergency air ambulance base fee, including one attendant	$ 3,089.30
A0430-TK	Additional recipient	$ 1,544.65
A0431	Rotary wing emergency air ambulance base fee, including one attendant	$ 3,591.77
A0431-TK	Additional recipient	$ 1,795.88
A0435	Fixed wing loaded air mileage, per air mile *Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 10.96
A0436	Rotary wing loaded air mileage, per air mile *Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 23.38

Secure Transportation

Code	Description	Fee
A0130	Secure van	$ 43.39
A0130-TK	Additional recipient	$ 21.69
A0130-QM	Secure van hospital transfer	$ 65.09
A0130-QM-TK	Additional recipient	$ 32.54
T2001	Non-Emergency Transportation; Patient Attendent/Escort	$ 2.60
T2005	Stretcher van	$ 109.66
T2005-TK	Additional recipient	$ 54.83
S0209	Loaded secured van mileage, per whole mile *Only billable for trips outside of city limits. Mileage must be calculated from the point the trip goes outside of city limits to the destination. Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 2.61
T2049	Loaded stretcher van mileage, per whole mile *Only billable for trips outside of city limits. Mileage must be calculated from the point the trip goes outside of city limits to the destination. Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 2.61

Community Transportation

Code	Description	Fee
A0100	Taxi - one way trip	$ 5.20
A0100-TK	Additional recipient	$ 2.60
A0120	Mini-bus or other transportation system, in city - one way trip	$ 5.20
A0120-TK	Additional recipient, in city	$ 2.60
A0120-TN	Mini-bus or other transportation system, outside city - one way trip	$ 7.80
A0120-TN-TK	Additional recipient, outside city	$ 3.90
S0215	Community transportation mileage, per mile *Only billable for trips outside of the city of 21 miles or more one way. Only one mileage allowance is billable per trip regardless of the number of passengers. Round to the nearest whole mile. Do not use decimals.*	$ 1.04
T2001	Non-Emergency Transportation; Patient Attendent/Escort	$ 2.60

Recipient, Escort, Volunteer Driver, or Non-Profit Service Organization

Service		Fee
Mileage	*Rate Effective: December 1, 2025*	$0.70 per mile
Overnight - Meals No Lodging*		
In-State	*Rate Effective: August 1, 2024*	$40.00 per day**
Out-Of-State	*Rate Effective: August 1, 2024*	$40.00 per day**
Overnight - Meals With Lodging*		
In-State	*Rate Effective: November 1, 2024*	$150.00 per day**
Out-Of-State	*Rate Effective: November 1, 2024*	$150.00 per day**

*Overnight rates are only reimbursable when the provider is at least 150 miles from the recipient's city of residence and travel is to obtain specialty care or treatment resulting in an overnight stay.

**An additional $40.00 per day will be paid for medically necessary escort, except when the recipient is an in-patient in a hospital or medical facility.