

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

DEFINITIONS OF CLAIMS FOR COVERED SERVICES

TYPE OF SERVICE

1. Acute general, psychiatric, and rehabilitation hospital inpatient
2. Crippled Children's Hospital inpatient
3. Outpatient hospital
4. Nursing home
5. Home health
6. Pharmacy
7. Medical equipment and prosthetic devices
8. Lab and x-ray
9. Transportation
10. Physicians
11. Physical therapists
12. Vision
13. Ambulance
14. Dental
15. Personal care
16. Cross-over
17. Screening

DEFINITION OF CLAIM

An invoice
A line item of an invoice
An invoice
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An invoice