

## PARENTERAL THERAPY

Effective Date: 07/01/2014

Updated: 08/21/2014

Rates displayed below do not reflect rates for codes billed containing modifiers.  
For information on how modifiers will affect payment see ARSD § 67:16:02:03.02.

CODE	PROCEDURE	FEE
B4164	50% DEXTROSE SOLUTION, (500 ML = 1 UNIT)	\$16.77
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%,	\$23.59
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5%	\$55.61
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% - 8.5%	\$58.95
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, >8.5%	\$67.27
B4180	PARENTERAL NUTRITION SOLUTION; DEXTROSE > 50%	60%
B4185	PARENTERAL NUTRITION SOLUTION; PER 10 GRAMS LIPIDS	\$62.09
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID	60%
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID	60%
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID	60%
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID	60%
B4216	PARENTERAL NUTRITION; ADDITIVES; HOMEMIX PER DAY	60%
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY	60%
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOMEMIX PER DAY	60%
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	60%
B5000	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID	60%
B5100	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID	60%
B5200	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID	\$1.31
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	60%
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	60%

NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28. A provider may request that the department review a particular reimbursement rate for possible adjustment or request the inclusion or exclusion of a particular code from the list. When reviewing the requests, the department shall review paid claims information, Medicare fee schedules, national coding lists, and documentation submitted by the provider or the associated medical professional organization to determine whether a change is warranted.