

**ENTERAL THERAPY FOR ADULTS
INDIVIDUALS 21 YEARS OLD AND OLDER**

Effective Date: 04/01/2019

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.

NOTE: One unit per month is billable for capped rental items. The item is considered purchased after 12 units have been paid by South Dakota Medicaid without a break in rental payments of three or more consecutive months.

CODE	PROCEDURE	PRIOR AUTH STATUS	RENTAL STATUS	FEE
B4034	Enteral Feeding Supply Kit;-Syringe			\$6.24
B4035	Enteral Feeding Supply Kit - Pump Fed (Day)			\$12.23
B4036	Enteral Feeding Supply Kit; Gravity Fed (Monthly)			\$8.47
B4081	Nasogastric Tubing With Stylet (E.G., Trivasorb, Entrif			\$24.47
B4082	Nasogastric Tubing Without Stylet			\$16.12
B4083	Stomach Tube - Levine Type			\$2.79
B4087	Gastro/Jejuno Tube, Std			\$37.21
B4088	Gastro/Jejuno Tube, Low-Pro			\$102.01
B4100	Food Thickener Oral			\$4.25
B4102	Ef Adult Fluids And Electro	PA Required		\$1.33
B4103	Ef Ped Fluid And Electrolyte			\$3.78
B4104	Additive For Enteral Formula			\$9.10
B4149	Ef Blenderized Foods	PA Required		\$1.58
B4150	Enteral Formulae; Category I: Intact Protein/Protein Is	PA Required		\$0.83
B4152	Enteral Formulae; Category Ii: Intact Protein/Protein I	PA Required		\$0.59
B4153	Enteral Formulae; Category Iii: Hydrolized Protein/Amin	PA Required		\$2.36
B4154	Enteral Formulae Category Iv: Defined Formula For Speci	PA Required		\$1.73
B4155	Enteral Formulae; Category V: Modular Components (Prote	PA Required		\$1.11
B4157	Ef Special Metabolic Inherit	PA Required		\$0.83
B9002	Enteral Nutrition Infusion Pump - With Alarm		Capped Rental	\$103.07
E0776	IV Pole		Capped Rental	\$11.32

A provider may request South Dakota Medicaid review a procedure code for a possible rate adjustment. A provider may also request the inclusion or exclusion of a procedure code from the fee schedule. Changes must be requested through the provider portal, which can be accessed at :

<https://dss.sd.gov/medicaid/portal.aspx>

Under the communications tab on the provider portal, select “reviews and requests.” Please include relevant documentation with your requests that supports the need for your requested change.