

South Dakota Medicaid
Enteral Therapy for Individuals 21 and Older Fee Schedule
 Effective July 1, 2020

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.

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	Description	Fee	Rental Status	Prior Auth Status
B4034	Enteral Feeding Supply Kit;-Syringe	\$ 6.36		
B4035	Enteral Feeding Supply Kit - Pump Fed (Day)	\$ 12.47		
B4036	Enteral Feeding Supply Kit; Gravity Fed (Monthly)	\$ 8.64		
B4081	Nasogastric Tubing With Stylet (E.G., Trivasorb, Entrif	\$ 24.96		
B4082	Nasogastric Tubing Without Stylet	\$ 16.44		
B4083	Stomach Tube - Levine Type	\$ 2.85		
B4087	Gastro/Jejuno Tube, Std	\$ 37.95		
B4088	Gastro/Jejuno Tube, Low-Pro	\$ 104.05		
B4100	Food Thickener Oral	\$ 4.34		
B4102	Ef Adult Fluids And Electro	\$ 1.36		PA Required
B4103	Ef Ped Fluid And Electrolyte	\$ 3.86		
B4104	Additive For Enteral Formula	\$ 9.28		
B4149	Ef Blenderized Foods	\$ 1.61		PA Required
B4150	Enteral Formulae; Category I: Intact Protein/Protein Is	\$ 0.85		PA Required
B4152	Enteral Formulae; Category Ii: Intact Protein/Protein I	\$ 0.60		PA Required
B4153	Enteral Formulae; Category Iii: Hydrolized Protein/Amin	\$ 2.40		PA Required
B4154	Enteral Formulae Category Iv: Defined Formula For Speci	\$ 1.76		PA Required
B4155	Enteral Formulae; Category V: Modular Components (Prote	\$ 1.13		PA Required
B4157	Ef Special Metabolic Inherit	\$ 0.85		PA Required
B9002	Enteral Nutrition Infusion Pump - With Alarm	\$ 105.13	Capped Rental	
E0776	IV Pole	\$ 11.55	Capped Rental	