

**South Dakota Medicaid**  
**Enteral Therapy for Individuals Under 21 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.

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
B4158	Ef Ped Complete Intact Nut	\$ 1.31		
B4159	Ef Ped Complete Soy Based	\$ 1.14		
B4160	Ef Ped Caloric Dense>/=0.7Kc	\$ 0.93		
B4161	Ef Ped Hydrolyzed/Amino Acid	\$ 2.40		
B4162	Ef Ped Specmetabolic Inherit	\$ 2.65		
B9002	Enteral Nutrition Infusion Pump - With Alarm	\$ 105.13	Capped Rental	
E0776	IV Pole	\$ 11.55	Capped Rental	