

**South Dakota Medicaid**  
**Enteral Therapy for Individuals 21 and Older Fee Schedule**

Effective July 1, 2023

Updated October 1, 2023

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.

The rate of payment for "Price by Report" is generally 60% of the usual and customary charge for nutritional formulas and 90% of the usual and customary charge for supplies and administration kits as established in [ARSD 67:16:42:09](#).

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	\$ 7.25		
B4035	Enteral Feeding Supply Kit - Pump Fed (Day)	\$ 14.22		
B4036	Enteral Feeding Supply Kit; Gravity Fed (Monthly)	\$ 9.85		
B4081	Nasogastric Tubing With Stylet (E.G., Trivasorb, Entrif	\$ 28.44		
B4082	Nasogastric Tubing Without Stylet	\$ 18.73		
B4083	Stomach Tube - Levine Type	\$ 3.26		
B4087	Gastro/Jejuno Tube, Std	\$ 43.25		
B4088	Gastro/Jejuno Tube, Low-Pro	\$ 118.59		
B4100	Food Thickener Oral	\$ 4.95		
B4102	Ef Adult Fluids And Electro	\$ 1.54		PA Required
B4103	Ef Ped Fluid And Electrolyte	\$ 4.40		
B4104	Additive For Enteral Formula	\$ 10.57		
B4148	Enteral Feeding Supply Kit; Elastomeric Control Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape	Price by report		PA Required
B4149	Ef Blenderized Foods	\$ 1.84		PA Required
B4150	Enteral Formulae; Category I: Intact Protein/Protein Is	\$ 0.97		PA Required
B4152	Enteral Formulae; Category Ii: Intact Protein/Protein I	\$ 0.68		PA Required
B4153	Enteral Formulae; Category Iii: Hydrolized Protein/Amin	\$ 2.74		PA Required
B4154	Enteral Formulae Category Iv: Defined Formula For Special Metabolic Needs	\$ 2.01		PA Required
B4155	Enteral Formulae; Category V: Modular Components	\$ 1.29		PA Required
B4157	Ef Special Metabolic Inherit	\$ 0.97		PA Required
B9002	Enteral Nutrition Infusion Pump - With Alarm	\$ 119.82	Capped Rental	
B9998	Noc For Enteral Supplies	Price by report		
B9999	Miscellaneous Nurtritional Therapy/Supplement.	Price by report		
E0776	IV Pole	\$ 13.35	Capped Rental	