

South Dakota Medicaid
Enteral Therapy for Individuals 21 and Older Fee Schedule
Effective July 1, 2024

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 | \$ 4.56 | | |
| B4035 | Enteral Feeding Supply Kit - Pump Fed (Day) | \$ 8.10 | | |
| B4036 | Enteral Feeding Supply Kit; Gravity Fed (Monthly) | \$ 6.26 | | |
| B4081 | Nasogastric Tubing With Stylet (E.G., Travasorb, Entrif | \$ 22.48 | | |
| B4082 | Nasogastric Tubing Without Stylet | \$ 16.55 | | |
| B4083 | Stomach Tube - Levine Type | \$ 2.43 | | |
| B4087 | Gastro/Jejuno Tube, Std | \$ 38.15 | | |
| B4088 | Gastro/Jejuno Tube, Low-Pro | \$ 44.86 | | |
| B4100 | Food Thickener Oral | \$ 5.15 | | |
| B4102 | Ef Adult Fluids And Electro | \$ 1.60 | | PA Required |
| B4103 | Ef Ped Fluid And Electrolyte | \$ 4.58 | | |
| B4104 | Additive For Enteral Formula | \$ 10.99 | | |
| B4148 | Enteral Feeding Supply Kit; Elastomeric Control Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape | \$ 6.20 | | PA Required |
| B4149 | Ef Blenderized Foods | \$ 1.51 | | PA Required |
| B4150 | Enteral Formulae; Category I: Intact Protein/Protein Is | \$ 0.56 | | PA Required |
| B4152 | Enteral Formulae; Category Ii: Intact Protein/Protein I | \$ 0.46 | | PA Required |
| B4153 | Enteral Formulae; Category Iii: Hydrolized Protein/Amin | \$ 1.86 | | PA Required |
| B4154 | Enteral Formulae Category Iv: Defined Formula For Special Metabolic Needs | \$ 1.01 | | PA Required |
| B4155 | Enteral Formulae; Category V: Modular Components | \$ 1.08 | | PA Required |
| B4157 | Ef Special Metabolic Inherit | \$ 1.01 | | PA Required |
| B9002 | Enteral Nutrition Infusion Pump - With Alarm | \$ 93.29 | Capped Rental | |
| B9998 | Noc For Enteral Supplies | Price by Report | | |
| B9999 | Miscellaneous Nurtritional Therapy/Supplement. | Price by Report | | |
| E0776 | IV Pole | \$ 13.70 | Capped Rental | |