

South Dakota Medicaid
Enteral Therapy for Individuals Under 21 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](#).

Code	Description	Fee	Rental Status
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape	\$ 4.56	
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape	\$ 8.10	
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape	\$ 6.26	
B4081	Nasogastric Tubing With Stylet	\$ 22.48	
B4082	Nasogastric Tubing Without Stylet	\$ 16.55	
B4083	Stomach Tube - Levine Type	\$ 2.43	
B4087	Gastrostomy/Jejunostomy Tube, Standard, Any Material, Any Type, Each	\$ 38.15	
B4088	Gastrostomy/Jejunostomy Tube, Low-Profile, Any Material, Any Type, Each	\$ 44.86	
B4100	Food Thickener, Administered Orally, Per Ounce	\$ 5.15	
B4102	Enteral Formula, For Adults, Used To Replace Fluids And Electrolytes (E.G. Clear Liquids), 500 MI = 1 Unit	\$ 1.60	
B4103	Enteral Formula, For Pediatrics, Used To Replace Fluids And Electrolytes (E.G. Clear Liquids), 500 MI = 1 Unit	\$ 4.58	
B4104	Additive For Enteral Formula (E.G. Fiber)	\$ 10.99	
B4105	In-Line Cartridge Containing Digestive Enzyme(S) For Enteral Feeding, Each	Price by Report	
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	
B4149	Enteral Formula, Manufactured Blenderized Natural Foods With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit	\$ 1.51	
B4150	Enteral Formula, Nutritionally Complete With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit	\$ 0.56	
B4152	Enteral Formula, Nutritionally Complete, Calorically Dense (Equal To Or Greater Than 1.5 Kcal/MI) With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100	\$ 0.46	
B4153	Enteral Formula, Nutritionally Complete, Hydrolyzed Proteins (Amino Acids And Peptide Chain), Includes Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit	\$ 1.86	
B4154	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs, Excludes Inherited Disease Of Metabolism, Includes Altered Composition Of Proteins, Fats, Carbohydrates, Vitamins And/Or Minerals, May Include Fiber, Administered Through An Enteral Feeding T	\$ 1.01	
B4155	Enteral Formula, Nutritionally Incomplete/Modular Nutrients, Includes Specific Nutrients, Carbohydrates (E.G. Glucose Polymers), Proteins/Amino Acids (E.G. Glutamine, Arginine), Fat (E.G. Medium Chain Triglycerides) Or Combination, Administered Through An Ente	\$ 1.08	

B4157	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs For Inherited Disease Of Metabolism, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories =	\$ 1.01	
B4158	Enteral Formula, For Pediatrics, Nutritionally Complete With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber And/Or Iron, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit	\$ 1.55	
B4159	Enteral Formula, For Pediatrics, Nutritionally Complete Soy Based With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber And/Or Iron, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit	\$ 1.35	
B4160	Enteral Formula, For Pediatrics, Nutritionally Complete Calorically Dense (Equal To Or Greater Than 0.7 Kcal/MI) With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Ente	\$ 1.10	
B4161	Enteral Formula, For Pediatrics, Hydrolyzed/Amino Acids And Peptide Chain Proteins, Includes Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit	\$ 2.85	
B4162	Enteral Formula, For Pediatrics, Special Metabolic Needs For Inherited Disease Of Metabolism, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit	\$ 3.13	
B9002	Enteral Nutrition Infusion Pump, Any Type	\$ 93.29	Capped Rental
B9998	Noc For Enteral Supplies	Price by Report	
B9999	Miscellaneous Nurtitional Therapy/Supplement.	Price by Report	
E0776	Iv Pole	\$ 13.70	Capped Rental