

**South Dakota Medicaid
Parenteral Services 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: The following list of services is not exhaustive. Absence of a specific service on the fee schedule does not mean that service is not covered.

| Code | Description | Fee | Rental Status | Prior Auth Status |
|-------|---|-----------------|---------------|-------------------|
| B4164 | 50% Dextrose Solution, (500MI = 1 Unit) | \$ 21.67 | | PA Required |
| B4168 | Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 M | \$ 31.61 | | PA Required |
| B4172 | Parenteral Nutrition Solution; Amino Acid, 5.5% Through | \$ 71.60 | | PA Required |
| B4176 | Parenteral Nutrition Solution; Amino Acid, Greater Than | \$ 67.94 | | PA Required |
| B4178 | Parenteral Nutrition Solution: Amino Acid, Greater Than | \$ 81.53 | | PA Required |
| B4180 | Parenteral Nutrition Solution; Carbohydrates, Any Stren | \$ 31.11 | | PA Required |
| B4185 | Pn Soln Nos 10 Grams Lipids | \$ 19.89 | | PA Required |
| B4187 | Omegaven, 10 Grams Lipids | \$ 14.32 | | PA Required |
| B4189 | Parenteral Nutrition Solution; Compounded Amino Acid An | \$ 226.67 | | PA Required |
| B4193 | Parenteral Nutrition Solution; Compounded Amino Acid An | \$ 292.89 | | PA Required |
| B4197 | Parenteral Nutrition Solution; Compounded Amino Acid An | \$ 356.59 | | PA Required |
| B4199 | Parenteral Nutrition Solution; Compounded Amino Acid An | \$ 407.46 | | PA Required |
| B4216 | Parenteral Nutrition; Additives (Vitamins, Trace Elemen | \$ 9.85 | | PA Required |
| B4220 | Parenteral Nutrition Supply Kit Premix, Per Day | \$ 11.08 | | |
| B4222 | Parenteral Nutrition Supply Kit For 1 Month - Homemix | \$ 12.59 | | |
| B4224 | Parenteral Nutrition Administration Kit Per Day | \$ 31.88 | | |
| B5000 | Parenteral Sol Renal-Amirosoy | \$ 15.17 | | PA Required |
| B5100 | Parenteral Solution Hepatic | \$ 5.92 | | PA Required |
| B5200 | Parenteral Sol Hepatic Fream | \$ 1.70 | | PA Required |
| B9004 | Parenteral Nutrition Infusion Pump, Portable | \$ 509.34 | Capped Rental | |
| B9006 | Parenteral Nutrition Infusion Pump, Stationary | \$ 3,217.51 | Capped Rental | |
| B9999 | Miscellaneous Nutritional Therapy/Supplement | Price by Report | | |