

**South Dakota Medicaid
Parenteral Services Fee Schedule**
Effective July 1, 2022

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.

***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) | \$ 19.78 | | PA Required |
| B4168 | Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 M | \$ 27.80 | | PA Required |
| B4172 | Parenteral Nutrition Solution; Amino Acid, 5.5% Through | \$ 65.57 | | PA Required |
| B4176 | Parenteral Nutrition Solution; Amino Acid, Greater Than | \$ 69.51 | | PA Required |
| B4178 | Parenteral Nutrition Solution: Amino Acid, Greater Than | \$ 79.31 | | PA Required |
| B4180 | Parenteral Nutrition Solution; Carbohydrates, Any Stren | \$ 28.08 | | PA Required |
| B4185 | Pn Soln Nos 10 Grams Lipids | \$ 73.19 | | PA Required |
| B4187 | Omegaven, 10 Grams Lipids | \$ 12.93 | | PA Required |
| B4189 | Parenteral Nutrition Solution; Compounded Amino Acid An | Price By Report | | PA Required |
| B4193 | Parenteral Nutrition Solution; Compounded Amino Acid An | \$ 276.76 | | PA Required |
| B4197 | Parenteral Nutrition Solution; Compounded Amino Acid An | Price By Report | | PA Required |
| B4199 | Parenteral Nutrition Solution; Compounded Amino Acid An | \$ 385.01 | | PA Required |
| B4216 | Parenteral Nutrition; Additives (Vitamins, Trace Elemen | \$ 8.88 | | PA Required |
| B4220 | Parenteral Nutrition Supply Kit Premix, Per Day | \$ 10.55 | | |
| B4222 | Parenteral Nutrition Supply Kit For 1 Month - Homemix | \$ 10.84 | | |
| B4224 | Parenteral Nutrition Administration Kit Per Day | \$ 30.23 | | |
| B5000 | Parenteral Sol Renal-Amirosy | \$ 13.70 | | PA Required |
| B5100 | Parenteral Solution Hepatic | \$ 5.34 | | PA Required |
| B5200 | Parenteral Sol Hepatic Fream | \$ 1.55 | | PA Required |
| B9004 | Parenteral Nutrition Infusion Pump, Portable | \$ 483.00 | Capped Rental | |
| B9006 | Parenteral Nutrition Infusion Pump, Stationary | \$ 2,903.88 | Capped Rental | |
| B9999 | Miscellaneous Nutritional Therapy/Supplement | Price By Report | | |