

South Dakota Medicaid Parenteral Services Fee Schedule

Effective July 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: 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)	\$ 21.12		PA Required
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 M	\$ 30.81		PA Required
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through	\$ 68.85		PA Required
B4176	Parenteral Nutrition Solution; Amino Acid, Greater Than	\$ 72.99		PA Required
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than	\$ 83.28		PA Required
B4180	Parenteral Nutrition Solution; Carbohydrates, Any Stren	\$ 30.32		PA Required
B4185	Pn Soln Nos 10 Grams Lipids	\$ 76.85		PA Required
B4187	Omegaven, 10 Grams Lipids	\$ 13.58		PA Required
B4189	Parenteral Nutrition Solution; Compounded Amino Acid An	\$ 220.93		PA Required
B4193	Parenteral Nutrition Solution; Compounded Amino Acid An	\$ 290.60		PA Required
B4197	Parenteral Nutrition Solution; Compounded Amino Acid An	\$ 347.55		PA Required
B4199	Parenteral Nutrition Solution; Compounded Amino Acid An	\$ 404.26		PA Required
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Elemen	\$ 9.59		PA Required
B4220	Parenteral Nutrition Supply Kit Premix, Per Day	\$ 11.08		
B4222	Parenteral Nutrition Supply Kit For 1 Month - Homemix	\$ 10.84		
B4224	Parenteral Nutrition Administration Kit Per Day	\$ 31.74		
B5000	Parenteral Sol Renal-Amirosy	\$ 14.78		PA Required
B5100	Parenteral Solution Hepatic	\$ 5.77		PA Required
B5200	Parenteral Sol Hepatic Fream	\$ 1.63		PA Required
B9004	Parenteral Nutrition Infusion Pump, Portable	\$ 507.15	Capped Rental	
B9006	Parenteral Nutrition Infusion Pump, Stationary	\$ 3,049.07	Capped Rental	
B9999	Miscellaneous Nutritional Therapy/Supplement	Price by report		