

**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.

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, (500ml = 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-Amirosoy	\$ 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		