

**South Dakota Medicaid  
Parenteral Services Fee Schedule**  
Effective July 1, 2021

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, (500ML = 1 Unit)	\$ 18.66		PA Required
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 M	\$ 26.23		PA Required
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through	\$ 61.86		PA Required
B4176	Parenteral Nutrition Solution; Amino Acid, Greater Than	\$ 65.58		PA Required
B4178	Parenteral Nutrition Solution; Amino Acid, Greater Than	\$ 74.82		PA Required
B4180	Parenteral Nutrition Solution; Carbohydrates, Any Stren	\$ 26.49		PA Required
B4185	Pn Soln Nos 10 Grams Lipids	\$ 69.05		PA Required
B4187	Omegaven, 10 Grams Lipids	\$ 12.20		PA Required
B4189	Parenteral Nutrition Solution; Compounded Amino Acid An	Price By Report		PA Required
B4193	Parenteral Nutrition Solution; Compounded Amino Acid An	\$ 261.09		PA Required
B4197	Parenteral Nutrition Solution; Compounded Amino Acid An	Price By Report		PA Required
B4199	Parenteral Nutrition Solution; Compounded Amino Acid An	\$ 363.22		PA Required
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Elemen	\$ 8.38		PA Required
B4220	Parenteral Nutrition Supply Kit Premix, Per Day	\$ 9.95		
B4222	Parenteral Nutrition Supply Kit For 1 Month - Homemix	\$ 10.84		
B4224	Parenteral Nutrition Administration Kit Per Day	\$ 28.52		
B5000	Parenteral Sol Renal-Amirosy	\$ 12.92		PA Required
B5100	Parenteral Solution Hepatic	\$ 5.04		PA Required
B5200	Parenteral Sol Hepatic Fream	\$ 1.46		PA Required
B9004	Parenteral Nutrition Infusion Pump, Portable	\$ 455.66	Capped Rental	
B9006	Parenteral Nutrition Infusion Pump, Stationary	\$ 2,739.51	Capped Rental	
B9999	Miscellaneous Nutritional Therapy/Supplement	Price By Report		