

## PARENTERAL THERAPY

Effective Date: 04/01/2019

Rates displayed below do not reflect rates for codes billed containing modifiers.  
For information on how modifiers will affect payment see ARSD § 67:16:02:03.02.

CODE	PROCEDURE	PRIOR AUTH STATUS	FEE
B4164	50% Dextrose Solution, (500ML = 1 Unit)	PA Required	\$17.86
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 M	PA Required	\$25.12
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through	PA Required	\$59.23
B4176	Parenteral Nutrition Solution; Amino Acid, Greater Than	PA Required	\$62.78
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than	PA Required	\$71.64
B4185	Parenteral Sol 10 Gm Lipids	PA Required	\$66.11
B4193	Parenteral Nutrition Solution; Compounded Amino Acid An	PA Required	\$249.97
B4199	Parenteral Nutrition Solution; Compounded Amino Acid An	PA Required	\$347.75
B4220	Parenteral Nutrition Supply Kit Premix, Per Day		\$9.53
B4224	Parenteral Nutrion Administration Kit, Per Day		\$27.30
B5200	Parenteral Nutrition Solution: Compounded Amino Acid An	PA Required	\$1.40
B9004	Parenteral Nutrition Infusion Pump, Portable	Capped Rental	\$436.25

A provider may request South Dakota Medicaid review a procedure code for a possible rate adjustment. A provider may also request the inclusion or exclusion of a procedure code from the fee schedule. Changes must be requested through the provider portal, which can be accessed at :

<https://dss.sd.gov/medicaid/portal.aspx>

Under the communications tab on the provider portal, select "reviews and requests." Please include relevant documentation with your requests that supports the need for your requested change.