

**South Dakota Medicaid
Parenteral Services Fee Schedule**

Effective July 1, 2020

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.

Code	Description	Fee	Rental Status	Prior Auth Status
B4164	50% Dextrose Solution, (500MI = 1 Unit)	\$ 18.22		PA Required
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 M	\$ 25.62		PA Required
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through	\$ 60.41		PA Required
B4176	Parenteral Nutrition Solution; Amino Acid, Greater Than	\$ 64.04		PA Required
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than	\$ 73.07		PA Required
B4185	Parenteral Sol 10 Gm Lipids	\$ 67.43		PA Required
B4193	Parenteral Nutrition Solution; Compounded Amino Acid An	\$ 254.97		PA Required
B4199	Parenteral Nutrition Solution; Compounded Amino Acid An	\$ 354.71		PA Required
B4220	Parenteral Nutrition Supply Kit Premix, Per Day	\$ 9.72		
B4222	Parenteral Nutrition Supply Kit, Home Mix, Per Day	\$ 10.84		
B4224	Parenteral Nutrition Administration Kit, Per Day	\$ 27.85		
B5200	Parenteral Nutrition Solution: Compounded Amino Acid An	\$ 1.43		PA Required
B9004	Parenteral Nutrition Infusion Pump, Portable	\$ 444.98	Capped Rental	