

**HOME INFUSION THERAPY****Fee Schedule effective July 1, 2012**

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

| <b>HCPCS<br/>CODE</b> | <b>PARENTERAL and ENTERAL NUTRITION PRODUCTS<br/>DESCRIPTION</b>   | <b>BILLING<br/>UNIT</b> | <b>MEDICAID<br/>MAX</b> |  |  |
|-----------------------|--|-------------------------|-------------------------|--|--|
| B4034                 | Enteral Feeding Supply Kit; Syringe Fed, Per Day   | EACH                    | 6.14                    |  |  |
| B4035                 | Enteral Feeding Supply Kit; Pump Fed, Per Day  | EACH                    | 11.07                   |  |  |
| B4036                 | Enteral Feeding Supply Kit; Gravity Fed, Per Day   | EACH                    | 8.28                    |  |  |
| B4081                 | Nasogastric Tubing with Stylet   | EACH                    | 22.37                   |  |  |
| B4082                 | Nasogastric Tubing without Stylet  | EACH                    | 16.65                   |  |  |
| B4083                 | Stomach Tube - Levine Type   | EACH                    | 2.55                    |  |  |
| B4087                 | Gastrostomy/ Jejunostomy Tube, Standard, any material, any type  | EACH                    | 17.72                   |  |  |
| B4150                 | Enteral formula nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit  | 100 CAL                 | 0.69                    |  |  |
| B4152                 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may includes fiber administered through an enteral feeding tube, 100 cal | 100 CAL                 | 0.57                    |  |  |
| B4153                 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins, and minerals, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                     | 100 CAL                 | 1.97                    |  |  |
| B4154                 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism includes altered composition proteins, fats, carbohydrates, vitamins and/or minerals , may includes fiber, administered through an enteral feed | 100 CAL                 | 1.26                    |  |  |
| B4155                 | Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit                                   | 100 CAL                 | 0.98                    |  |  |
| B4157                 | Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.  | 100 CAL                 | 1.97                    |  |  |
| B4158                 | Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.                            | 100 CAL                 | 0.64                    |  |  |
| B4159                 | Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit.       | 100 CAL                 | 0.64                    |  |  |
| B4160                 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 KCAL/ML) with intact nutrients, includes proteins, fats carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feedi  | 100 CAL                 | 0.55                    |  |  |
| B4161                 | Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.                                   | 100 CAL                 | 1.86                    |  |  |
| B4162                 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.          | 100 CAL                 | 1.97                    |  |  |
| B4164                 | Parenteral Nutrition Solution; Carbohydrates (Dextrose), 50% Or Less - Home Mix  | 500 ML                  | 16.32                   |  |  |
| B4168                 | Parenteral Nutrition Solution; Amino Acid, 3.5%, - Home Mix  | 500 ML                  | 23.77                   |  |  |
| B4172                 | Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7% - Home Mix  | 500 ML                  | 37.15                   |  |  |
| B4176                 | Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5% - Home Mix  | 500 ML                  | 46.01                   |  |  |
| B4178                 | Parenteral Nutrition Solution; Amino Acid, Greater Than 8.5% - Home Mix  | 500 ML                  | 50.66                   |  |  |
| B4180                 | Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% - Home Mix   | 500 ML                  | 21.46                   |  |  |
| B4185                 | Parenteral Nutrition Solution; per 10 gram lipids.   | 10 grams                | 10.48                   |  |  |
| B4189                 | Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- 10 to 51 Grams of Protein - Premix  | ONE/DAY                 | 170.63                  |  |  |
| B4193                 | Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- 52 to 73 Grams of Protein - Premix  | ONE/DAY                 | 220.49                  |  |  |

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| <b>HOME INFUSION THERAPY</b>   |  |                      |                     |          |          |
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| <b>HCPCS CODE</b>  | <b>PARENTERAL and ENTERAL NUTRITION PRODUCTS</b>   | <b>BILLING UNIT</b>  | <b>MEDICAID MAX</b> |          |          |
| B4197  | Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- 74 to 100 Grams of Protein - Premix                 | ONE/DAY              | 268.43              |          |          |
| <b>HCPCS CODE</b>  | <b>PARENTERAL and ENTERAL NUTRITION PRODUCTS</b>   | <b>BILLING UNIT</b>  | <b>MEDICAID MAX</b> |          |          |
| B4199  | Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- Over 100 Grams of Protein - Premix                  | ONE/DAY              | 306.75              |          |          |
| B4216  | Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes), Home Mix  | ONE/DAY              | 7.42                |          |          |
| B4220  | Parenteral Nutrition Supply Kit; Premix, Per Day   | ONE/DAY              | 7.68                |          |          |
| B4222  | Parenteral Nutrition Supply Kit; Home Mix, Per Day   | ONE/DAY              | 9.48                |          |          |
| B4224  | Parenteral Nutrition Administration Kit, Per Day   | ONE/DAY              | 24.01               |          |          |
| B5000  | Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- renal - Amirosyn RF, NephroAmine, Renaming - Premix | EACH                 | 11.41               |          |          |
| B5100  | Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength, -- hepatic - Framing HBC, HepatAmine - Premix         | EACH                 | 4.47                |          |          |
| B5200  | Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength, -- Stress - Branch Chain Amino Acids - Premix         | EACH                 | 5.40                |          |          |
| <b>HCPCS CODE</b>  | <b>PARENTERAL and ENTERAL NUTRITION EQUIPMENT</b>  | <b>BILLING UNITS</b> | <b>MEDICAID MAX</b> |          |          |
| B9002  | Enteral Nutrition Pump, with Alarm   | MONTHLY              | 122.89              | 1,268.78 | 951.56   |
| B9004  | Parenteral Nutrition Infusion Pump - Portable  | MONTHLY              | 400.65              | 2,530.81 | 1,898.11 |
| B9006  | Parenteral Nutrition Infusion Pump - Stationary  | MONTHLY              | 400.65              | 2,530.81 | 1,898.11 |
| E0776  | IV Pole  | MONTHLY              | 15.41               | 105.52   | 79.15    |
| E0781  | Ambulatory Infusion Pump, Single Or Multiple Channels, Electric or Battery Operated, with Administrative Equipment, Worn By Patient (Per Day)  | MONTHLY              | 257.60              |          |          |
| <b>HCPCS CODE</b>  | <b>HOME INTRAVENOUS THERAPY (Drug and Nursing Visits Coded Separately)</b>   | <b>BILLING UNIT</b>  | <b>MEDICAID MAX</b> |          |          |
| S9325  | Pain Management Infusion   | PER DIEM             | 45.83               |          |          |
| S9325 SH   | Pain Management Therapy is 2nd Concurrently Administered Infusion Therapy  | PER DIEM             | 26.96               |          |          |
| S9325 SJ   | Pain Management Therapy is 3rd Concurrently Administered Infusion Therapy  | PER DIEM             | 18.76               |          |          |
| S9329  | Chemotherapy Infusion  | PER DIEM             | 50.18               |          |          |
| S9329 SH   | Chemotherapy is 2nd Concurrently Administered Infusion Therapy   | PER DIEM             | 30.73               |          |          |
| S9329 SJ   | Chemotherapy is 3rd Concurrently Administered Infusion Therapy   | PER DIEM             | 22.14               |          |          |
| S9379  | Home Infusion Therapy, Not Otherwise Classified  | PER DIEM             | 45.97               |          |          |
| S9494  | Antibiotic, Antiviral, or Antifungal Therapy   | PER DIEM             | 55.62               |          |          |
| S9494 SH   | Antibiotic, Antiviral, or Antifungal Therapy is 2nd Concurrently Administered Infusion Therapy   | PER DIEM             | 35.38               |          |          |
| S9494 SJ   | Antibiotic, Antiviral, or Antifungal Therapy is 3rd Concurrently Administered Infusion Therapy   | PER DIEM             | 25.64               |          |          |
| T1002 SD   | RN Services, Up To 15 Minutes  | 15 MIN               | 8.72                |          |          |
| T1030  | Nursing Care, in the home, By Registered Nurse   | PER DIEM             | 41.36               |          |          |
|  | HOME INFUSION THERAPY (Drug and Nursing included in per diem)  |                      |                     |          |          |
| <b>PROVIDERS ARE REMINDED TO BILL THEIR USUAL AND CUSTOMARY RATES</b>  |  |                      |                     |          |          |