

**ENTERAL THERAPY FOR ADULTS  
INDIVIDUALS 21 YEARS OLD AND OLDER**

Effective Date: 01/01/2016

Updated: 12/29/2015

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.

<b>CODE</b>	<b>PROCEDURE</b>	<b>FEE</b>
B4034	Enteral Feeding Supply Kit;-Syringe	\$5.86
B4035	Enteral Feeding Supply Kit - Pump Fed (Day)	\$11.15
B4036	Enteral Feeding Supply Kit; Gravity Fed (Monthly)	\$7.64
B4081	Nasogastric Tubing With Stylet (E.G., Trivasorb, Entrif	\$20.67
B4082	Nasogastric Tubing Without Stylet	\$15.38
B4083	Stomach Tube - Levine Type	\$2.67
B4087	Gastro/Jejuno Tube, Std	\$32.97
B4088	Gastro/Jejuno Tube, Low-Pro	\$34.11
B4100	Food Thickener Oral	\$4.06
B4102	Ef Adult Fluids And Electro	\$1.27
B4104	Additive For Enteral Formula	\$8.70
B4149	Ef Blenderized Foods	\$1.27
B4150	Enteral Formulae; Category I: Intact Protein/Protein Is	\$0.79
B4152	Enteral Formulae; Category Ii: Intact Protein/Protein I	\$0.49
B4153	Enteral Formulae; Category Iii: Hydrolyzed Protein/Amin	\$2.25
B4154	Enteral Formulae Category Iv: Defined Formula For Speci	\$1.65
B4155	Enteral Formulae; Category V: Modular Components (Prote	\$1.04
B4157	Ef Special Metabolic Inherit	\$0.79
B9002	Enteral Nutrition Infusion Pump - With Alarm	\$97.70
E0776	IV Pole	\$129.40

NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28. A provider may request that the department review a particular reimbursement rate for possible adjustment or request the inclusion or exclusion of a particular code from the list. When reviewing the requests, the department shall review paid claims information, Medicare fee schedules, national coding lists, and documentation submitted by the provider or the associated medical professional organization to determine whether a change is warranted.