

* NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28.

ENTERAL THERAPY 21 YEARS AND OLDER

As per § 67:16:42:09, when no fee is specified for covered services, payment is limited to 60% of the provider's usual and customary charge. Supplies and administration kits are paid at 90% of the provider's usual and customary charge.

Last Updated March 14, 2012

Attention: Effective for dates of service starting July 1, 2011, through June 30, 2012, the reimbursement rates below will be reduced by 6.4% when billed by a durable medical equipment provider and reduced by 3.8% when billed by a pharmacy. Codes with no established rate pay at a percentage of billed charges and will be reduced by the same percentage

CODE	DESCRIPTION	ALLOWANCE
B4034	Enteral feeding supply kit - syringe (per day)	\$5.90
B4035	Enteral feeding supply kit - pump fed (per day)	\$11.24
B4036	Enteral feeding supply kit - gravity fed (per day)	\$7.71
B4081	Nasogastric tubing with stylet	\$20.84
B4082	Nasogastric tubing without stylet	\$15.51
B4083	Stomach tube - Levine type	90%
B4085	Gastrostomy tube with ring, each	90%
B4086	Gastrostomy/jejunostomy tube	90%
B4100	Food thickener, administered orally, per ounce. Including the following:	60%
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g.	\$1.24
B4104	Additive for enteral formula (e.g. fiber). Including the Following:	60%
B4149	Enteral formula, manufactured blenderized natural foods with intact	\$1.24
B4150	Enteral formula, nutritionally complete with intact nutrients, includes	\$0.78
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or 100 calories = 1 unit. Including the following:	\$0.48
B4153	Enteral formula, nutritionally complete, hydrolyzed proteings (amino acids	\$2.20
B4154	Enteral formula, nutritionally complete, for special metabolic needs,	\$1.60
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes	\$1.02
B4157	Enteral formula, nutritionally complete, for special metabolic needs for	\$0.78
E0776	IV Pole	\$126.50
B9998	Not otherwise classified enteral therapy – per diem. To be used only with	60%