

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

**ENTERAL THERAPY 21 YEARS AND OLDER - DME**

Attention: The procedure codes with established rates effective for dates of service starting July 1, 2012, through June 30, 2013 reflect a reduction in rates of 6.4% for SFY12 and increase of .5% for SFY13. Codes with no established rate pay at a percentage of billed charges per administrative rule and the same percentage for SFY12 reductions and SFY13 increase will be applied.

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 May 2, 2013**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>ALLOWANCE</b>
B4034	Enteral feeding supply kit - syringe (per day)	\$5.55
B4035	Enteral feeding supply kit - pump fed (per day)	\$10.57
B4036	Enteral feeding supply kit - gravity fed (per day)	\$7.25
B4081	Nasogastric tubing with stylet	\$19.60
B4082	Nasogastric tubing without stylet	\$14.59
B4083	Stomach tube - Levine type	90%
B4100	Food thickener, administered orally, per ounce.	60%
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear	\$1.17
B4104	Additive for enteral formula (e.g. fiber).	60%
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber,	\$1.17
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats,	\$0.73
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100	\$0.45
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.	\$2.07
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber administered through an enteral feeding tube 100 calories = 1 unit.	\$1.51
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), protein/amino acids (e.g. glutamine, arginine), fat, (e.g. medium chain triglycerides) or combination,	\$0.96
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$0.73
E0776	IV Pole	\$119.00

B9998	Not otherwise classified enteral therapy – per diem. To be used only with approval from the department before supplies are furnished.	60%
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