

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

ENTERAL THERAPY 21 YEARS AND OLDER - Pharmacy

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 3.8% 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% provider's usual and customary charge. Supplies and administration kits are paid at 90% of provider's usual and customary charge.

The Rates represented are not reflective of applicable cost share and other payment adjustments.

Last Updated May 2, 2013

CODE		DESCRIPTION
B4034	9493	Enteral feeding supply kit - syringe (per day)
B4035	9494	Enteral feeding supply kit - pump fed (per day)
B4036	9495	Enteral feeding supply kit - gravity fed (per day)
B4081	9496	Nasogastric tubing with stylet
B4082	9497	Nasogastric tubing without stylet
B4083	9498	Stomach tube - Levine type
B4100	9501	Food thickener, administered orally, per ounce.
B4102	9502	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids),
B4104	9504	Additive for enteral formula (e.g. fiber).
B4149	9505	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered
B4150	9506	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats,
B4152	9507	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 calories
B4153	9508	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.
B4154	9509	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.
B4155	9510	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, administered through an enteral
B4157	9511	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

E0776	9785	IV Pole
B9998	9539	Not otherwise classified enteral therapy – per diem. To be used only with approval from the department before supplies are furnished.

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ALLOWANCE
\$5.70
\$10.87
\$7.45
\$20.15
\$15.00
90%
60%
\$1.20
60%
\$1.20
\$0.75
\$0.46
\$2.13
\$1.55
\$0.99
\$0.75

\$122.30
60%