

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MEDICAL ASSISTANCE
HOME INFUSION THERAPY MAXIMUM REIMBURSEMENT RATES
ANNUAL EFFECTIVE DATE: AUGUST 1, 2004
Modified: FEBRUARY 2005

HCP	PCS	PARENTERAL and ENTERAL NUTRITION PRODUCTS	BILLING	MEDICAID MAX	
CODE		DESCRIPTION	UNIT	NEW	USED
	B4034	Enteral Feeding Supply Kit; Syringe, Per Day	EACH	5.97	
	B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day	EACH	11.38	
	B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day	EACH	7.80	
	B4081	Nasogastric Tubing with Stylet	EACH	21.09	
	B4082	Nasogastric Tubing without Stylet	EACH	15.70	
	B4083	Stomach Tube - Levine Type	EACH	2.40	
*	B4086	Gastrostomy/Jejunostomy Tube	100 CAL	17.09	
*	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 CAL	0.65	
*	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 CAL	0.55	
*	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 CAL	1.86	
*	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 feed	100 CAL	1.19	
*	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through a	100 CAL	0.93	
*	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 CAL	1.19	
*	B4158	Enteral formula, for pediatric nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube	100 CAL	0.65	
*	B4159	Enteral formula, for pediatrics, 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 CAL	0.65	
*	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 include fiber, administered through an enteral feeding	100 CAL	0.55	
*	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube	100 CAL	1.86	
*	B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube	100 CAL	1.19	
	B4164	Parenteral Nutrition Solution; Carbohydrates (Dextrose), 50% Or Less - Home Mix	500 ML	16.08	
	B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, - Home Mix	500 ML	23.42	
	B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7% - Home Mix	500 ML	38.63	
	B4176	Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5% - Home Mix	500 ML	45.33	
	B4178	Parenteral Nutrition Solution; Amino Acid, Greater Than 8.5% - Home Mix	500 ML	54.42	
	B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% - Home Mix	500 ML	23.05	
	B4184	Parenteral Nutrition Solution; Lipids, 10%, with Administration Set	500 ML	75.55	
	B4186	Parenteral Nutrition Solution; Lipids, 20%, with Administration Set	500 ML	100.75	
	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	168.11	
	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	217.24	
	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	264.47	
	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	302.21	
	B4216	Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes), Home Mix	ONE/DAY	7.31	
	B4220	Parenteral Nutrition Supply Kit; Premix, Per Day	ONE/DAY	7.57	
	B4222	Parenteral Nutrition Supply Kit; Home Mix, Per Day	ONE/DAY	9.34	
	B4224	Parenteral Nutrition Administration Kit, Per Day	ONE/DAY	23.66	

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B5000	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- renal - Amirosyn RF, NephroAmine, RenAmine - Premix	EACH	11.24	
B5100	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength, -- hepatic - FreAmine HBC, HepatAmine - Premix	EACH	4.40	
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	5.62	
HCPCS	PARENTERAL and ENTERAL NUTRITION EQUIPMENT		MEDICAID MAX	
CODE	DESCRIPTION	RENTAL	NEW	USED
B9002	Enteral Nutrition Pump, with Alarm	115.87	1,196.36	897.26
B9004	Parenteral Nutrition Infusion Pump - Portable	377.79	2,386.38	1,789.79
B9006	Parenteral Nutrition Infusion Pump - Stationary	377.79	2,386.38	1,789.79
E0776	IV Pole	25.18	99.49	74.62
E0781	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric or Battery Operated, with Administrative Equipment, Worn By Patient (Per Day)	8.61		
HCPCS	HOME INTRAVENOUS THERAPY	BILLING	MEDICAID MAX	
CODE	DESCRIPTION	UNIT	DAILY CHARGE	
S9325	Home Infusion Therapy, Pain Management Infusion; (Drug and Nursing Visits Coded Separately)	PER DIEM	44.47	
S9325-SH	Pain Management Therapy is Second Concurrently Administered Infusion Therapy	PER DIEM	47.73	
S9325-SJ	Pain Management Therapy is Third Concurrently Administered Infusion Therapy	PER DIEM	48.38	
S9329	Home Infusion Therapy, Chemotherapy Infusion (Drug and Nursing Visits Coded Separately)	PER DIEM	53.15	
S9329-SH	Chemotherapy is Second Concurrently Administered Infusion Therapy	PER DIEM	52.96	
S9379	Home Infusion Therapy, Infusion Therapy, Not Otherwise Classified (Drug and Nursing Visits Coded Separately)	PER DIEM	38.26	
S9494	Home Infusion Therapy, Antibiotic, Antiviral, or Antifungal Therapy; (Drug and Nursing Visits Coded Separately)	PER DIEM	58.33	
S9494-SH	Antibiotic Therapy is Second Concurrently Administered Infusion Therapy	PER DIEM	40.90	
T1002-SD	RN Services, Up To 15 Minutes	15 MIN	6.70	***
T1030	Nursing Care, in the home, By Registered Nurse	PER DIEM	40.18	
* The new codes and descriptions are effective starting with dates of service February 1, 2005.				
Providers are reminded to bill their usual and customary rates. Do not automatically bill the established maximum reimbursement rate listed. Payment will be the lesser of the billed usual and customary rate or the maximum reimbursement rate.				