

NC DHHS DIVISION OF MEDICAL ASSISTANCE

NC Department of Health Benefits (NC Medicaid)					
HOME INFUSION THERAPY					
Fee Schedule effective July 1, 2012					
<b>Taxonomy: 251F00000X Specialty: 087</b>					
The inclusion of a rate on this table does not guarantee that a service is covered.					
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DHB website.					
<b>HCPCS</b>		<b>BILLING</b>	<b>MEDICAID</b>		
<b>Code</b>	<b>PARENTERAL AND ENTERAL NUTRITION PRODUCTS DESCRIPTION</b>	<b>UNIT</b>	<b>MAX</b>		
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day	EACH	6.14		
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day	EACH	11.07		
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day	EACH	8.28		
B4081	Nasogastric Tubing with Stylet	EACH	22.37		
B4082	Nasogastric Tubing without Stylet	EACH	16.65		
B4083	Stomach Tube - Levine Type	EACH	2.55		
B4087	Gastrostomy/ Jejunostomy Tube, Standard, any material, any type	EACH	17.72		
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 calories = 1 unit	100 CAL	0.69		
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may includes fiber administered through an enteral feeding tube, 100 cal	100 CAL	0.57		
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	100 CAL	1.97		
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism includes altered composition proteins, fats, carbohydrates, vitamins and/or minerals , may includes fiber, administered through an enteral feed	100 CAL	1.26		
B4155	Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	0.98		
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 calories = 1 unit.	100 CAL	1.97		
B4158	Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	0.64		
B4159	Enteral formula, for pediatric, 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 calories = 1 unit.	100 CAL	0.64		
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 includes fiber, administered through an enteral feedi	100 CAL	0.55		
B4161	Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	1.86		
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	1.97		
B4164	Parenteral Nutrition Solution; Carbohydrates (Dextrose), 50% Or Less - Home Mix	500 ML	16.32		
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, - Home Mix	500 ML	23.77		
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7% - Home Mix	500 ML	37.15		
B4176	Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5% - Home Mix	500 ML	46.01		
B4178	Parenteral Nutrition Solution; Amino Acid, Greater Than 8.5% - Home Mix	500 ML	50.66		
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% - Home Mix	500 ML	21.46		
B4185	Parenteral Nutrition Solution; per 10 gram lipids.	10 grams	10.48		
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	170.63		

## NC DHHS DIVISION OF MEDICAL ASSISTANCE

HOME INFUSION THERAPY					
Fee Schedule effective July 1, 2012					
Taxonomy: 251F00000X Specialty: 087					
The inclusion of a rate on this table does not guarantee that a service is covered.					
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DHB website.					
HCPCS Code	PARENTERAL AND ENTERAL NUTRITION PRODUCTS DESCRIPTION	BILLING UNIT	MEDICAID MAX		
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	220.49		
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	268.43		
HCPCS CODE	PARENTERAL and ENTERAL NUTRITION PRODUCTS DESCRIPTION	BILLING UNIT	MEDICAID MAX		
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	306.75		
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes), Home Mix	ONE/DAY	7.42		
B4220	Parenteral Nutrition Supply Kit; Premix, Per Day	ONE/DAY	7.68		
B4222	Parenteral Nutrition Supply Kit; Home Mix, Per Day	ONE/DAY	9.48		
B4224	Parenteral Nutrition Administration Kit, Per Day	ONE/DAY	24.01		
B5000	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- renal - Amirosyn RF, NephrAmine, Renaming - Premix	EACH	11.41		
B5100	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength, -- hepatic - Framing HBC, HepatAmine - Premix	EACH	4.47		
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	5.40		
HCPCS CODE	PARENTERAL and ENTERAL NUTRITION EQUIPMENT DESCRIPTION	BILLING UNITS	RENTAL	MEDICAID MAX NEW	USED
B9002	Enteral Nutrition Pump, with Alarm	MONTHLY	122.89	1,268.78	951.56
B9004	Parenteral Nutrition Infusion Pump - Portable	MONTHLY	400.65	2,530.81	1,898.11
B9006	Parenteral Nutrition Infusion Pump - Stationary	MONTHLY	400.65	2,530.81	1,898.11
E0776	IV Pole	MONTHLY	15.41	105.52	79.15
E0781	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric or Battery Operated, with Administrative Equipment, Worn By Patient (Per Day)	MONTHLY	257.60		
HCPCS CODE	HOME INTRAVENOUS THERAPY (Drug and Nursing Visits Coded Separately) DESCRIPTION	BILLING UNIT	MEDICAID MAX		
S9325	Pain Management Infusion	PER DIEM	45.83		
S9325 SH	Pain Management Therapy is 2nd Concurrently Administered Infusion Therapy	PER DIEM	26.96		
S9325 SJ	Pain Management Therapy is 3rd Concurrently Administered Infusion Therapy	PER DIEM	18.76		
S9329	Chemotherapy Infusion	PER DIEM	50.18		
S9329 SH	Chemotherapy is 2nd Concurrently Administered Infusion Therapy	PER DIEM	30.73		
S9329 SJ	Chemotherapy is 3rd Concurrently Administered Infusion Therapy	PER DIEM	22.14		
S9379	Home Infusion Therapy, Not Otherwise Classified	PER DIEM	45.97		
S9494	Antibiotic, Antiviral, or Antifungal Therapy	PER DIEM	55.62		
S9494 SH	Antibiotic, Antiviral, or Antifungal Therapy is 2nd Concurrently Administered Infusion Therapy	PER DIEM	35.38		
S9494 SJ	Antibiotic, Antiviral, or Antifungal Therapy is 3rd Concurrently Administered Infusion Therapy	PER DIEM	25.64		
T1002 SD	RN Services, Up To 15 Minutes	15 MIN	8.72		
T1030	Nursing Care, in the home, By Registered Nurse	PER DIEM	41.36		
	HOME INFUSION THERAPY (Drug and Nursing included in per diem)				
PROVIDERS ARE REMINDED TO BILL THEIR USUAL AND CUSTOMARY RATES.					