

**NC Department of Health Benefits (NC Medicaid)**

**HOME INFUSION THERAPY**

Taxonomy: 251F00000X

Fee Schedule effective September 19, 2022

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 DHE

**PROVIDERS ARE REMINDED TO BILL THEIR USUAL AND CUSTOMARY RATE**

Procedure Code	Modifier	Procedure Code Description	Billing Unit
B4034		Enteral Feeding Supply Kit; Syringe Fed, Per Day	EACH
B4035		Enteral Feeding Supply Kit; Pump Fed, Per Day	EACH
B4036		Enteral Feeding Supply Kit; Gravity Fed, Per Day	EACH
B4081		Nasogastric Tubing with Stylet	EACH
B4082		Nasogastric Tubing without Stylet	EACH
B4083		Stomach Tube - Levine Type	EACH
B4087		Gastrostomy/ Jejunostomy Tube, Standard, any material, any type	EACH
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
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
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
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

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
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
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 calories = 1 unit.	100 CAL
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
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 tube	100 CAL
B4161		Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL
B4162		Enteral formula, for pediatrics, 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.	100 CAL
B4164		Parenteral Nutrition Solution; Carbohydrates (Dextrose), 50% Or Less - Home Mix	500 ML
B4168		Parenteral Nutrition Solution; Amino Acid, 3.5%, - Home Mix	500 ML
B4172		Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7% - Home Mix	500 ML
B4176		Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5% - Home Mix	500 ML
B4178		Parenteral Nutrition Solution; Amino Acid, Greater Than 8.5% - Home Mix	500 ML
B4180		Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% - Home Mix	500 ML
B4185		Parenteral Nutrition Solution; per 10 gram lipids.	10 grams
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
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
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

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
B4216		Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes), Home Mix	ONE/DAY
B4220		Parenteral Nutrition Supply Kit; Premix, Per Day	ONE/DAY
B4222		Parenteral Nutrition Supply Kit; Home Mix, Per Day	ONE/DAY
B4224		Parenteral Nutrition Administration Kit, Per Day	ONE/DAY
B5000		Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- renal - Amirosyn RF, NephAmine, Renaming - Premix	EACH
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
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
B9002		Enteral Nutrition Pump, with Alarm	MONTHLY
B9004		Parenteral Nutrition Infusion Pump - Portable	MONTHLY
B9006		Parenteral Nutrition Infusion Pump - Stationary	MONTHLY
E0776		IV Pole	MONTHLY
E0781		Ambulatory Infusion Pump, Single Or Multiple Channels, Electric or Battery Operated, with Administrative Equipment, Worn By Patient (Per Day)	MONTHLY
S9325		Pain Management Infusion	PER DIEM
S9325	SH	Pain Management Therapy is 2nd Concurrently Administered Infusion Therapy	PER DIEM
S9325	SJ	Pain Management Therapy is 3rd Concurrently Administered Infusion Therapy	PER DIEM
S9329		Chemotherapy Infusion	PER DIEM
S9329	SH	Chemotherapy is 2nd Concurrently Administered Infusion Therapy	PER DIEM
S9329	SJ	Chemotherapy is 3rd Concurrently Administered Infusion Therapy	PER DIEM
S9338		HIT IMMUNOTHERAPY DIEM	PER DIEM
S9376		HIT HYDRA 3 LITER DIEM	PER DIEM
S9377		HIT HYDRA OVER 3L DIEM	PER DIEM
S9379		Home Infusion Therapy, Not Otherwise Classified	PER DIEM

S9494		Antibiotic, Antiviral, or Antifungal Therapy	PER DIEM
S9494	SH	Antibiotic, Antiviral, or Antifungal Therapy is 2nd Concurrently Administered Infusion Therapy	PER DIEM
S9494	SJ	Antibiotic, Antiviral, or Antifungal Therapy is 3rd Concurrently Administered Infusion Therapy	PER DIEM
T1002	SD	RN Services, Up To 15 Minutes	15 MIN
T1030		Nursing Care, in the home, By Registered Nurse	PER DIEM

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Rate	Rental	New	Used	Effective Date	End Date
6.14					
11.07					
8.28					
22.37					
16.65					
2.55					
17.72					
0.69					
0.57					
1.97					
1.42					

2.55					
3.73					
0.64					
0.64					
0.55					
1.86					
3.86					
16.32					
23.77					
37.15					
46.01					
50.66					
21.46					
10.48					
170.63					
220.49					
268.43					

306.75					
7.42					
7.68					
9.48					
24.01					
11.41					
4.47					
5.40					
	122.89	1,268.77	951.56		
	400.65	2,530.81	1,898.11		
	400.65	2,530.81	1,898.11		
	15.41	105.52	79.15		
	257.60				
45.83					
26.96					
18.76					
50.18					
30.73					
22.14					
55.62					
55.62					
55.62					
45.97					

58.98					
35.38					
25.64					
8.72					
40.18					



Notes 1

PARENTERAL and ENTERAL NUTRITION PRODUCTS

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EQUIPMENT

HOME INTRAVENOUS THERAPY (Drug and Nursing  
Visits Coded Separately)

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HOME INFUSION THERAPY (Drug and Nursing included in per diem)
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Note 3

Notes 4