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
		Enteral Feeding Supply Kit; Syringe Fed, Per Day	
B4034			EACH
		Enteral Feeding Supply Kit; Pump Fed, Per Day	
B4035			EACH
D 4026		Enteral Feeding Supply Kit; Gravity Fed, Per Day	E A CIU
B4036			EACH
B4081		Nasogastric Tubing with Stylet	EACH
D4081		Nasogastric Tubing without Stylet	ЕАСП
B4082		Nasogastile Tubling without Stylet	EACH
D4082		Stomach Tube - Levine Type	EACH
B4083		Stoniach Tube Levine Type	EACH
		Gastrostomy/ Jejunostomy Tube, Standard, any material, any type	
B4087			EACH
		Enteral formula nutritionally complete with intact nutrients, includes	
		proteins, fats, carbohydrates, vitamins and minerals, may include fiber,	
B4150		administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL
		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	
B4152		feeding tube, 100 cal	100 CAL
		Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids	
		and peptide chain), includes fats, carbohydrates, vitamins, and minerals,	
D (1.52		MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL	100 017
B4153		FEEDING TUBE, 100 CALORIES = 1 UNIT	100 CAL
		Enteral formula, nutritionally complete, for special metabolic needs,	
		excludes inherited disease of metabolism includes altered composition	
D4154		proteins, fats, carbohydrates, vitamins and/or minerals, may includes fiber,	100 CAL
B4154		administered through an enteral feed	100 CAL

	Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides) or combination,	
B4155	administered through an enteral feeding tube, $100 \text{ calories} = 1 \text{ unit}$	100 CAL
D4155	Enteral formula, nutritionally complete for special metabolic needs for	100 CAL
	inherited disease of metabolism, includes proteins, fats, carbohydrates,	
B4157	vitamins & minerals, may include fiber, administered through an enteral	100 CAL
D4137	feeding tube, 100 calories = 1 unit. Enteral formula, for pediatric, nutritionally complete with intact nutrients,	100 CAL
	includes proteins, fats, carbohydrates, vitamins & minerals, may includes	
B4158	fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL
D4136	Enteral formula, for pediatric, nutritionally complete soy based with intact	100 CAL
	nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may	
D4150	include fiber and/or iron, administered through an enteral feeding tube, 100	100 CAL
B4159	calories = 1 unit.	100 CAL
	Enteral formula, for pediatrics, nutritionally complete calorically dense	
	(equal to or greater than 0.7 KCAL/ML) with intact nutrients, includes	
B4160	proteins, fats carbohydrates, vitamins & minerals, may includes fiber,	100 CAL
D4100	administered through an enteral feedi	100 CAL
	Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain	
	proteins, includes fats, carbohydrates, vitamins & minerals, may includes	
D4161	fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL
B4161	Enternal formental formentiaterian annotational matcheolis manda forminterated diagona	100 CAL
	Enteral formula, for pediatrics, special metabolic needs for inherited disease	
	of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals,	
B4162	may includes fiber, administered through an enteral feeding tube, 100	100 CAL
D4102	calories = 1 unit.	100 CAL
B4164	Parenteral Nutrition Solution; Carbohydrates (Dextrose), 50% Or Less -	500 ML
D4104	Home Mix Parenteral Nutrition Solution; Amino Acid, 3.5%, - Home Mix	JUU IVIL
B4168	Paremeral Nutrition Solution, Annuo Acid, 5.5%, - Home Mix	500 ML
D4106	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7% - Home Mix	JOU WIL
B4172	Fareineral Nutrition Solution, Annito Acid, 5.5% Thiough 7% - Home Mix	500 ML
D4172	Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5% - Home Mix	500 WIL
B4176	ratemetal Nutrition Solution, Annio Acid, 7% Through 8.5% - Home Wix	500 ML
D4170	Parenteral Nutrition Solution; Amino Acid, Greater Than 8.5% - Home Mix	JOU WIL
B4178	Faremeral Nutrition Solution, Annuo Acid, Oreater Than 8.5% - Home Mix	500 ML
D4170	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% -	JOU WIL
B4180	Home Mix	500 ML
D4100	Parenteral Nutrition Solution; per 10 gram lipids.	JOU WIL
B4185	aremeral Nutrition Solution, per 10 grant tiplus.	10 grams
01+0	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates	10 grains
	with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any	
	strength, 10 to 51 Grams of Protein - Premix	
B4189	suchgui, 10 to 51 Grams of Flotenii - Plennix	ONE/DAY
D+107	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates	UNE/DAT
	with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any	
B4193	strength, 52 to 73 Grams of Protein - Premix	ONE/DAY
D4173	Dependencel Nutrition Solution, Compounded Aming Arid and Control Interest	UNE/DAY
	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates	
	with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any	
B4107	strength, 74 to 100 Grams of Protein - Premix	
B4197		ONE/DAY

		Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates	
		with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any	
		strength, Over 100 Grams of Protein - Premix	
B4199			ONE/DAY
		Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin,	
B4216		Electrolytes), Home Mix	ONE/DAY
D (000		Parenteral Nutrition Supply Kit; Premix, Per Day	
B4220			ONE/DAY
D 4000		Parenteral Nutrition Supply Kit; Home Mix, Per Day	
B4222		Parenteral Nutrition Administration Kit, Per Day	ONE/DAY
B4224		Parenteral Nutrition Administration Kit, Per Day	ONE/DAY
D4224		Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates	UNE/DAT
		with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any	
		strength, renal - Amirosyn RF, NephrAmine, Renaming - Premix	
B5000		suengui, renai - Anniosyn Kr, Nepin Annine, Kenanning - Frennx	EACH
D 5000		Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates	Liten
		with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any	
		strength,hepatic - Framing HBC, HepatAmine - Premix	
B5100		sweingen, nepaue Franning Fizee, Frepau minie Frenini	EACH
		Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates	
		with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any	
		strength, Stress - Branch Chain Amino Acids - Premix	
B5200			EACH
		Enteral Nutrition Pump, with Alarm	
B9002			MONTHL
		Parenteral Nutrition Infusion Pump - Portable	
B9004			MONTHL
		Parenteral Nutrition Infusion Pump - Stationary	
B9006			MONTHL
50776		IV Pole	
E0776		Ambulatom Infusion Dumo Single On Multiple Channels Electric or Detter	MONTHL
		Ambulatory Infusion Pump, Single Or Multiple Channels, Electric or Battery Operated, with Administrative Equipment, Worn By Patient (Per Day)	
E0781		Operated, with Administrative Equipment, worn by Patient (Per Day)	MONTHL
E0781		Pain Management Infusion	MONTIL
S9325			PER DIEM
57525		Pain Management Therapy is 2nd Concurrently Administered Infusion	I LIC DILL
S9325	SH	Therapy	PER DIEM
		Pain Management Therapy is 3rd Concurrently Administered Infusion	
S9325	SJ	Therapy	PER DIEM
		Chemotherapy Infusion	
S9329			PER DIEM
		Chemotherapy is 2nd Concurrently Administered Infusion Therapy	
S9329	SH		PER DIEM
		Chemotherapy is 3rd Concurrently Administered Infusion Therapy	
S9329	SJ		PER DIEN
		HIT IMMUNOTHERAPY DIEM	
S9338			PER DIEM
00074		HIT HYDRA 3 LITER DIEM	
S9376			PER DIEM
00277		HIT HYDRA OVER 3L DIEM	
S9377			PER DIEM
50270		Home Infusion Therapy, Not Otherwise Classified	
S9379			PER DIEM

		Antibiotic, Antiviral, or Antifungal Therapy	
S9494			PER DIEM
		Antibiotic, Antiviral, or Antifungal Therapy is 2nd Concurrently	
S9494	SH	Administered Infusion Therapy	PER DIEM
		Antibiotic, Antiviral, or Antifungal Therapy is 3rd Concurrently	
S9494	SJ	Administered Infusion Therapy	PER DIEM
		RN Services, Up To 15 Minutes	
T1002	SD		15 MIN
		Nursing Care, in the home, By Registered Nurse	
T1030			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					
0.55					
0.57					
1.07					
1.97					
1.42					

2.55			
3.73			
0.64			
0.01			
0.64			
0.04			
0.55			
0.55			
1.96			
1.86			
2.96			
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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Visits Coded Separately)

Notes 2	





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

Notes 4