	NC Department of Health Benefits (NC Medicaid)				
	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 re	efer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Polic		IB website.		
		BII 1 1110	MEDICAID	EEEE OTD/E	
HCPCS Code	PARENTERAL AND ENTERAL NUTRITION PRODUCTS DESCRIPTION	BILLING UNIT	MEDICAID MAX	EFFECTIVE DATE	
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day	EACH	6.14	DAIL	
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 17.72		
B4087	Gastrostomy/ Jejunostomy Tube, Standard, any material, any type Enteral formula nutritionally complete with intact nutrients, includes proteins, fats,	EACH	17.72		
	carbohydrates, vitamins and minerals, may include fiber, administered through an				
B4150	enteral feeding tube, 100 calories = 1 unit	100 CAL	0.69		
	Enteral formula, nutritionally complete, calorically dense (equal to or greater than				
	1.5kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins				
D4450	and minerals, may includes fiber administered through an enteral feeding tube,	100 01	0.57		
B4152	100 cal Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and	100 CAL	0.57		
	peptide chain), includes fats, carbohydrates, vitamins, and minerals, MAY				
	INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE,				
B4153	100 CALORIES = 1 UNIT	100 CAL	1.97		
	Enteral formula, nutritionally complete, for special metabolic needs, excludes				
	inherited disease of metabolism includes altered composition proteins, fats,				
B4154	carbohydrates, vitamins and/or minerals , may includes fiber, administered through an enteral feed	100 CAL	1.42	4/3/2018	
D+10+	Enteral formula nutritionally incomplete/modular nutrients, includes specific	100 OAL	1.72	4/3/2010	
	nutrients, carbohydrates (E.G. medium chain triglycerides) or combination,				
B4155	administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	2.55	4/3/2018	
	Enteral formula, nutritionally complete for special metabolic needs for inherited				
	disease of metabolism, includes proteins, fats, carbohydrates, vitamins &				
B4157	minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	3.73	4/3/2018	
D4101	Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes	100 CAL	3.73	4/3/2010	
	proteins, fats, carbohydrates, vitamins & minerals, may includes fiber,				
B4158	administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	0.64		
	Enteral formula, for pediatric, nutritionally complete soy based with intact				
	nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include				
B4159	fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	0.64		
D-100	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or	100 OAL	0.04		
	greater than 0.7 KCAL/ML) with intact nutrients, includes proteins, fats				
	carbohydrates, vitamins & minerals, may includes fiber, administered through an				
B4160	enteral feedi	100 CAL	0.55		
	Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may includes fiber,				
B4161	administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	1.86		
			1.50		
	Enteral formula, for pediatrics, special metabolic needs for inherited disease of				
	metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may			416.55.5	
B4162	includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	3.86	4/3/2018	
B4164	Parenteral Nutrition Solution; Carbohydrates (Dextrose), 50% Or Less - Home Mix	500 MI	16.32		
B4168	Parenteral Nutrition Solution; Carbonydrates (Dextrose), 50% Of Less - 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		
D4400	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% -	500 M	04.40		
B4180 B4185	Home Mix Parenteral Nutrition Solution; per 10 gram lipids.	500 ML 10 grams	21.46 10.48		
D4100	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with	10 granis	10.40		
	Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,				
B4189	10 to 51 Grams of Protein - Premix	ONE/DAY	170.63		

HCPCS Code PARE Paren Electro Paren Electro 74 to 0 HCPCS PARE CODE Paren Electro Paren Electro 74 to 0 Paren Electro Paren B4220 Paren B4222 Paren B4224 Paren	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 the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policical Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—73 Grams of Protein - Premix Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix INTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix Interal Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes),		B website. MEDICAID MAX 220.49 268.43	EFFECTIVE DATE	
HCPCS Code PARE Paren Electro Paren Electro 74 to 0 HCPCS PARE CODE Paren Electro Paren Electro 74 to 0 Paren Electro Paren B4220 Paren B4222 Paren B4224 Paren	The inclusion of a rate on this table does not guarantee that a service is covered the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policical Coverage Po	BILLING UNIT ONE/DAY ONE/DAY BILLING	MEDICAID MAX 220.49 268.43		
HCPCS Code PARE Paren Electro Paren Electro 74 to 0 HCPCS PARE CODE Paren Electro Paren Electro 74 to 0 Paren Electro Paren B4220 Paren B4222 Paren B4224 Paren	ENTERAL AND ENTERAL NUTRITION PRODUCTS DESCRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—173 Grams of Protein - Premix Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix Including Preparation, any strength,—100 Grams of Protein - Premix Including Preparation, any strength,—100 Grams of Protein - Omega Office of Protein - Premix Including Preparation, any strength,—100 Grams of Protein - Premix Including Preparation, any strength,—100 Grams of Protein - Premix	BILLING UNIT ONE/DAY ONE/DAY BILLING	MEDICAID MAX 220.49 268.43		
HCPCS Code PARE Paren Electro Paren Electro 74 to 0 HCPCS PARE CODE Paren Electro Paren Electro 74 to 0 Paren Electro Paren B4220 Paren B4222 Paren B4224 Paren	ENTERAL AND ENTERAL NUTRITION PRODUCTS DESCRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—73 Grams of Protein - Premix Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix ENTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix	BILLING UNIT ONE/DAY ONE/DAY BILLING	MEDICAID MAX 220.49 268.43		
Parent Parent	nteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—73 Grams of Protein - Premix Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix ENTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix	ONE/DAY ONE/DAY BILLING	220.49 268.43		
Parent Parent	nteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—73 Grams of Protein - Premix Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix ENTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix	ONE/DAY ONE/DAY BILLING	220.49 268.43		
Parent	nteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—73 Grams of Protein - Premix Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix ENTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix	ONE/DAY ONE/DAY BILLING	220.49 268.43	DATE	
B4193 52 to 7 Paren Electro 74 to 7 HCPCS PARE CODE Paren Electro Paren Electro Paren Electro Paren Electro Paren Electro Paren B4199 Over 7 Paren B4216 Home B4220 Paren B4222 Paren B4224 Paren	rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—73 Grams of Protein - Premix Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix ENTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix	ONE/DAY BILLING	268.43		
B4193 52 to Paren Electro 74 to PARE CODE DESCORE Paren Electro Paren Electro Paren B4199 Over Paren B4216 Home B4220 Paren B4222 Paren B4224 Paren	73 Grams of Protein - Premix Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with Interal Solution; Compounded Amino Acid and Carbohydrates with Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with Interal Solution; Compou	ONE/DAY BILLING	268.43		
Paren Electro 74 to 74 t	nteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix ENTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix	ONE/DAY BILLING	268.43		
Electro 74 to	rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix ENTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix	BILLING			
## Paren B4210 Paren B4220 Paren B4224 Paren B4224 Paren B420 Paren B4224 Pare	100 Grams of Protein - Premix ENTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix	BILLING			
HCPCS PARE	ENTERAL and ENTERAL NUTRITION PRODUCTS CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix	BILLING			
Parent	CRIPTION Interal Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix				
Paren Electri B4199 Over 2 Paren B4216 Home B4220 Paren B4222 Paren B4224 Paren	nteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,100 Grams of Protein - Premix		MAX		
B4199 Over 1 Paren B4216 Home B4220 Paren B4222 Paren B4224 Paren	rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,—100 Grams of Protein - Premix		1117 51		
B4199 Over 1 Paren B4216 Home B4220 Paren B4222 Paren B4224 Paren	100 Grams of Protein - Premix				
Paren B4216 Home B4220 Paren B4222 Paren B4224 Paren		ONE/DAY	306.75		
B4216 Home B4220 Paren B4222 Paren B4224 Paren		0112,2711	0000		
B4220 Paren B4222 Paren B4224 Paren		ONE/DAY	7.42		
B4222 Paren B4224 Paren	nteral Nutrition Supply Kit; Premix, Per Day	ONE/DAY	7.68		
B4224 Paren	nteral Nutrition Supply Kit; Home Mix, Per Day	ONE/DAY	9.48		
	nteral Nutrition Administration Kit, Per Day	ONE/DAY	24.01		
	nteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with				
	rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,				
		EACH	11.41		
	nteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with				
	rolytes, Trace Elements, and Vitamins, Including Preparation, any strength,				
B5100 hepati	tic - Framing HBC, HepatAmine - Premix	EACH	4.47		
	nteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with				
_	rolytes, Trace Elements, and Vitamins, Including Preparation, any strength, s - Branch Chain Amino Acids - Premix	FACIL	F 40		
B5200 Stress	S - DIAIRTI CHAITI ATIITIO ACIUS - FTETTIIX	EACH	5.40		
HCDCC DADE	ENTERAL and ENTERAL NUTRITION FOLUDMENT	DILLING		MEDICAID MAY	
	ENTERAL and ENTERAL NUTRITION EQUIPMENT CRIPTION	BILLING	RENTAL	NEW NEW	USED
-	ral Nutrition Pump, with Alarm				
	1.	MONTHLY MONTHLY			951.5 1,898.1
	nteral Nutrition Infusion Pump - Fortable	MONTHLY			1,898.1
E0776 IV Pol		MONTHLY		105.52	79.1
	ulatory Infusion Pump, Single Or Multiple Channels, Electric or Battery	WONTHE	10.41	100.02	75.1
	ated, with Administrative Equipment, Worn By Patient (Per Day)	MONTHLY	257.60		
20701	, , , , , , , , , , , , , , , , , , , ,	WONTE	201.00		
HOM	E INTRAVENOUS THERAPY (Drug and Nursing Visits Coded				
	rately)	BILLING	MEDICAID	1	
CODE DESC	CRIPTION	UNIT	MAX		
	Management Infusion	PER DIEM			
20020 1 41111	J	\ ▷ ∟	.0.00		
S9325 SH Pain N	Management Therapy is 2nd Concurrently Administered Infusion Therapy	PER DIEM	26.96		
		PER DIEM			
S9329 Chem	notherapy Infusion	PER DIEM			
S9329 SH Chem	notherapy is 2nd Concurrently Administered Infusion Therapy	PER DIEM	30.73		
S9329 SJ Chem	notherapy is 3rd Concurrently Administered Infusion Therapy	PER DIEM	22.14		
	e Infusion Therapy, Not Otherwise Classified	PER DIEM			
S9494 Antibio	iotic, Antiviral, or Antifungal Therapy	PER DIEM	55.62		
	iotic, Antiviral, or Antifungal Therapy is 2nd Concurrently Administered				
Antibio	on Therapy	PER DIEM	35.38		
Antibio S9494 SH Infusion	iotic, Antiviral, or Antifungal Therapy is 3rd Concurrently Administered				
Antibio S9494 SH Infusio Antibio	ion inerany	PER DIEM		1	
S9494 SH Infusion S9494 SJ Infusion			2 - 2		
S9494 SH Infusion S9494 SJ Infusion T1002 SD RN Se	ervices, Up To 15 Minutes	15 MIN	8.72		
S9494 SH Infusion S9494 SJ Infusion T1002 SD RN Se T1030 Nursir	ervices, Up To 15 Minutes ng Care, in the home, By Registered Nurse	PER DIEM			
S9494 SH Infusion S9494 SJ Infusion T1002 SD RN Se T1030 Nursir	ervices, Up To 15 Minutes				