## NCDHHS DIVISION OF MEDICAL ASSISTANCE
### HOME INFUSION THERAPY MAXIMUM ALLOWABLE RATES
#### JANUARY 1, 2008

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>Billing Unit</th>
<th>Medicaid Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4034</td>
<td>Enteral Feeding Supply Kit; Syringe Fed, Per Day</td>
<td>EACH</td>
<td>6.38</td>
</tr>
<tr>
<td>B4035</td>
<td>Enteral Feeding Supply Kit; Pump Fed, Per Day</td>
<td>EACH</td>
<td>12.16</td>
</tr>
<tr>
<td>B4036</td>
<td>Enteral Feeding Supply Kit; Gravity Fed, Per Day</td>
<td>EACH</td>
<td>8.34</td>
</tr>
<tr>
<td>B4081</td>
<td>Nasogastric Tubing with Stylet</td>
<td>EACH</td>
<td>22.55</td>
</tr>
<tr>
<td>B4082</td>
<td>Nasogastric Tubing without Stylet</td>
<td>EACH</td>
<td>16.70</td>
</tr>
<tr>
<td>B4083</td>
<td>Stomach Tube - Levine Type</td>
<td>EACH</td>
<td>2.57</td>
</tr>
<tr>
<td>B4087</td>
<td>Gastrostomy/Jejunostomy tube, any material, any type, each</td>
<td>EACH</td>
<td>17.86</td>
</tr>
<tr>
<td>B4150</td>
<td>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</td>
<td>100 CAL</td>
<td>0.70</td>
</tr>
<tr>
<td>B4152</td>
<td>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</td>
<td>100 CAL</td>
<td>0.58</td>
</tr>
<tr>
<td>B4153</td>
<td>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</td>
<td>100 CAL</td>
<td>1.99</td>
</tr>
<tr>
<td>B4154</td>
<td>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</td>
<td>100 CAL</td>
<td>1.27</td>
</tr>
<tr>
<td>B4155</td>
<td>Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins &amp; minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</td>
<td>100 CAL</td>
<td>0.99</td>
</tr>
<tr>
<td>B4157</td>
<td>Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins &amp; minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</td>
<td>100 CAL</td>
<td>1.19</td>
</tr>
<tr>
<td>B4158</td>
<td>Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins &amp; minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit</td>
<td>100 CAL</td>
<td>0.65</td>
</tr>
<tr>
<td>B4159</td>
<td>Enteral formula, for pediatric, nutritionally complete calorically dense (equal to or greater than 0.7 KCAL/ML) with intact nutrients, includes proteins, fats carbohydrates, vitamins &amp; minerals, may includes fiber, administered through an enteral feeding</td>
<td>100 CAL</td>
<td>0.65</td>
</tr>
<tr>
<td>B4160</td>
<td>Enteral formula, for pediatric, hydrolyzed/amino acids &amp; peptide chain proteins, includes fats, carbohydrates, vitamins &amp; minerals, includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit</td>
<td>100 CAL</td>
<td>0.55</td>
</tr>
<tr>
<td>B4161</td>
<td>Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins &amp; minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</td>
<td>100 CAL</td>
<td>1.87</td>
</tr>
<tr>
<td>B4162</td>
<td>Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins &amp; minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</td>
<td>100 CAL</td>
<td>1.19</td>
</tr>
<tr>
<td>B4164</td>
<td>Parenteral Nutrition Solution; Carbohydrates (Dextrose), 50% Or Less - Home Mix</td>
<td>500 ML</td>
<td>15.88</td>
</tr>
<tr>
<td>B4168</td>
<td>Parenteral Nutrition Solution; Amino Acid, 3.5%, - Home Mix</td>
<td>500 ML</td>
<td>23.12</td>
</tr>
<tr>
<td>B4172</td>
<td>Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7% - Home Mix</td>
<td>500 ML</td>
<td>39.40</td>
</tr>
<tr>
<td>B4176</td>
<td>Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5% - Home Mix</td>
<td>500 ML</td>
<td>44.76</td>
</tr>
<tr>
<td>B4178</td>
<td>Parenteral Nutrition Solution; Amino Acid, Greater Than 8.5% - Home Mix</td>
<td>500 ML</td>
<td>53.73</td>
</tr>
<tr>
<td>B4180</td>
<td>Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% - Home Mix</td>
<td>500 ML</td>
<td>22.76</td>
</tr>
<tr>
<td>B4185</td>
<td>Parenteral Nutrition Solution; per 10 gram lipids.</td>
<td>10 grams</td>
<td>11.11</td>
</tr>
<tr>
<td>B4189</td>
<td>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</td>
<td>ONE/DAY</td>
<td>165.99</td>
</tr>
<tr>
<td>B4193</td>
<td>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</td>
<td>ONE/DAY</td>
<td>214.51</td>
</tr>
<tr>
<td>B4197</td>
<td>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</td>
<td>ONE/DAY</td>
<td>261.14</td>
</tr>
</tbody>
</table>
# HOME INFUSION THERAPY MAXIMUM ALLOWABLE RATES

**JANUARY 1, 2008**

## HCPCS PARENTERAL and ENTERAL NUTRITION PRODUCTS

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>UNIT</th>
<th>MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4199</td>
<td>Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength, Over 100 Grams of Protein - Premix</td>
<td>ONE/DAY</td>
<td>298.41</td>
</tr>
<tr>
<td>B4216</td>
<td>Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes), Home Mix</td>
<td>ONE/DAY</td>
<td>7.22</td>
</tr>
<tr>
<td>B4220</td>
<td>Parenteral Nutrition Supply Kit: Premix, Per Day</td>
<td>ONE/DAY</td>
<td>7.48</td>
</tr>
<tr>
<td>B4222</td>
<td>Parenteral Nutrition Supply Kit: Home Mix, Per Day</td>
<td>ONE/DAY</td>
<td>9.22</td>
</tr>
<tr>
<td>B4224</td>
<td>Parenteral Nutrition Administration Kit, Per Day</td>
<td>ONE/DAY</td>
<td>23.36</td>
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## HCPCS PARENTERAL and ENTERAL NUTRITION EQUIPMENT

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>UNIT</th>
<th>RENTAL</th>
<th>NEW</th>
<th>USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>B9002</td>
<td>Enteral Nutrition Pump, with Alarm</td>
<td>MONTHLY</td>
<td>123.88</td>
<td>1,278.99</td>
<td>959.24</td>
</tr>
<tr>
<td>B9004</td>
<td>Parenteral Nutrition Infusion Pump - Portable</td>
<td>MONTHLY</td>
<td>403.88</td>
<td>2,551.22</td>
<td>1,913.41</td>
</tr>
<tr>
<td>B9006</td>
<td>Parenteral Nutrition Infusion Pump - Stationary</td>
<td>MONTHLY</td>
<td>403.88</td>
<td>2,551.22</td>
<td>1,913.41</td>
</tr>
<tr>
<td>E0776</td>
<td>IV Pole</td>
<td>MONTHLY</td>
<td>26.92</td>
<td>106.37</td>
<td>79.78</td>
</tr>
<tr>
<td>E0781</td>
<td>Ambulatory Infusion Pump, Single Or Multiple Channels, Electric or Battery Operated, with Administrative Equipment, Worn By Patient (Per Day)</td>
<td>MONTHLY</td>
<td>264.87</td>
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<td></td>
</tr>
</tbody>
</table>

## HCPCS HOME INTRAVENOUS THERAPY (Drug and Nursing Visits Coded Separately)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>UNIT</th>
<th>MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9325</td>
<td>Pain Management Infusion</td>
<td>PER DIEM</td>
<td>48.61</td>
</tr>
<tr>
<td>S9325 SH</td>
<td>Pain Management Therapy is 2nd Concurrently Administered Infusion Therapy</td>
<td>PER DIEM</td>
<td>28.59</td>
</tr>
<tr>
<td>S9325 SJ</td>
<td>Pain Management Therapy is 3rd Concurrently Administered Infusion Therapy</td>
<td>PER DIEM</td>
<td>19.89</td>
</tr>
<tr>
<td>S9329</td>
<td>Chemotherapy Infusion</td>
<td>PER DIEM</td>
<td>53.22</td>
</tr>
<tr>
<td>S9329 SH</td>
<td>Chemotherapy is 2nd Concurrently Administered Infusion Therapy</td>
<td>PER DIEM</td>
<td>32.59</td>
</tr>
<tr>
<td>S9329 SJ</td>
<td>Chemotherapy is 3rd Concurrently Administered Infusion Therapy</td>
<td>PER DIEM</td>
<td>23.48</td>
</tr>
<tr>
<td>S9379</td>
<td>Home Infusion Therapy, Not Otherwise Classified</td>
<td>PER DIEM</td>
<td>48.75</td>
</tr>
<tr>
<td>S9494</td>
<td>Antibiotic, Antiviral, or Antifungal Therapy</td>
<td>PER DIEM</td>
<td>58.96</td>
</tr>
<tr>
<td>S9494 SH</td>
<td>Antibiotic, Antiviral, or Antifungal Therapy is 2nd Concurrently Administered Infusion Therapy</td>
<td>PER DIEM</td>
<td>37.52</td>
</tr>
<tr>
<td>S9494 SJ</td>
<td>Antibiotic, Antiviral, or Antifungal Therapy is 3rd Concurrently Administered Infusion Therapy</td>
<td>PER DIEM</td>
<td>27.19</td>
</tr>
<tr>
<td>T1002 SD</td>
<td>RN Services, Up To 15 Minutes</td>
<td>15 MIN</td>
<td>9.43</td>
</tr>
<tr>
<td>T1030</td>
<td>Nursing Care, in the home, By Registered Nurse</td>
<td>PER DIEM</td>
<td>43.32</td>
</tr>
</tbody>
</table>

## PROVIDERS ARE REMINDED TO BILL THEIR USUAL AND CUSTOMARY RATES