



P R O V I D E R B U L L E T I N

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To: Pharmacy Providers, Durable Medical Equipment Providers, and Physicians

Subject: Pricing Updates for Enteral Codes

Overview

The Indiana Health Coverage Programs (IHCP) has established rates for the Healthcare Common Procedure Coding System (HCPCS) codes in Table 1. These new rates are effective for dates of service on or after January 1, 2010. Claims billed with codes listed on Table 1 with dates of service on or after January 1, 2010, will no longer require invoices.

General

Table 1– HCPCS Codes Effective January 1, 2010

Procedure Code	Code Description	Rates Effective for Dates of Service on or after January 1, 2010.
B4102	<i>Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit</i>	Max Fee Rate of \$4.41
B4103	<i>Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit</i>	Max Fee Rate of \$4.41.
B4149	<i>Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</i>	Max Fee Rate of \$1.70
B4158	<i>Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube,</i>	Max Fee Rate of \$1.01

Procedure Code	Code Description	Rates Effective for Dates of Service on or after January 1, 2010.
	<i>100 calories = 1 unit</i>	
B4159	<i>Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit</i>	Max Fee Rate of \$1.58
B4160	<i>Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) w/intact nutrients, administered through enteral feeding tube, 100 calories = 1 unit</i>	Max Fee Rate of \$1.07
B4161	<i>Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</i>	Max Fee Rate of \$3.69

As a reminder, reimbursement is limited to the lower of the provider’s usual and customary charges or the Medicaid fee.

Contact Information

Questions regarding this bulletin may be directed to Customer Assistance at (317) 655-3240 or toll free at 1-800-577-1278.

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