| | | | | | | CUR | RENT | 3/1/2023 | | |
|------|--------------------|--|----------|--------------|--------|-------------------------|-------------------------------------|--------------------------|--------------------------------------|----------------------------|
| | | | | | | | | | | Change from |
| TOS* | Procedu re Code | Long Description | Modifier | Age Range | POS ** | Current Medicaid Fee | Current Adjusted Medicaid Fee | Proposed Medicaid Fee | Proposed Adjusted Medicaid Fee | Current Medicaid Fee |
| 9 | B4034 | enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | | 0-999 | N | \$6.11 | \$6.11 | \$6.11 | \$6.11 | 0.00% |
| 9 | B4035 | enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | | 0-999 | 2 | \$11.65 | \$11.65 | \$11.65 | \$11.65 | 0.00% |
| 9 | B4036 | enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | | 0-999 | N | \$8.00 | \$8.00 | \$8.00 | \$8.00 | 0.00% |
| 9 | B4081 | nasogastric tubing with stylet | | 0-999 | N | \$21.61 | \$21.61 | \$21.61 | \$21.61 | 0.00% |
| 9 | B4082 | nasogastric tubing without stylet | | 0-999 | N | \$16.07 | \$16.07 | \$16.07 | \$16.07 | 0.00% |
| 9 | B4083 | stomach tube - levine type | | 0-999 | N | \$2.47 | \$2.47 | \$2.47 | \$2.47 | 0.00% |
| 9 | B4087 | gastrostomy/jejunostomy tube, standard, any material, any type, each | | 0-999 | 2 | \$35.67 | \$35.67 | \$35.67 | \$35.67 | 0.00% |
| 9 | B4088 | gastrostomy/jejunostomy tube, low-profile, any material any type, each | | 0-999 | 2 | \$35.67 | \$35.67 | \$35.67 | \$35.67 | 0.00% |
| 9 | B4100 | food thickener, administered orally, per oz | | 0-999 | 2 | \$0.72 | \$0.72 | \$0.72 | \$0.72 | 0.00% |
| 9 | B4103 | enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit | | 0-999 | 2 | \$3.23 | \$3.23 | \$3.33 | \$3.33 | 3.10% |
| 9 | B4104 | additive for enteral formula (e.g., fiber) | | 0-999 | 2 | Manually Priced | Manually Priced | Manually Priced | Manually Priced | 0.00% |
| 9 | B4105 | in-line cartridge containing digestive enzyme(s) for enteral feeding, each | | 0-999 | 2 | \$102.00 | \$102.00 | \$111.18 | \$111.18 | 9.00% |
| 9 | B4149 | 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 | | 0-999 | 2 | \$1.57 | \$1.57 | \$1.57 | \$1.57 | 0.00% |
| 9 | 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 | | 0-999 | 2 | \$1.05 | \$1.05 | \$1.05 | \$1.05 | 0.00% |

| 1 | ı | | Modifier | Age Range | | CUR | RENT | 3/1/ | 2023 | Change |
|------|--------------------|--|----------|--------------|--------|-------------------------|-------------------------------------|--------------------------|--------------------------------------|------------------------------------|
| TOS* | Procedu re Code | | | | POS ** | Current Medicaid Fee | Current Adjusted Medicaid Fee | Proposed Medicaid Fee | Proposed Adjusted Medicaid Fee | from Current Medicaid Fee |
| 9 | B4152 | enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | | 0-999 | 2 | \$0.93 | \$0.93 | \$0.93 | \$0.93 | 0.00% |
| 9 | 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 | | 0-999 | 2 | \$4.23 | \$4.23 | \$4.23 | \$4.23 | 0.00% |
| 9 | B4154 | enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 | | 0-999 | 2 | 42.70 | 42.70 | 42.70 | 42.70 | 0.000 |
| 9 | B4155 | calories = 1 unit enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit | | 0-999 | 2 | \$2.78 \$6.18 | \$2.78 \$6.18 | \$2.78 \$6.18 | \$2.78 \$6.18 | 0.00% |
| 9 | B4157 | enteral formula, nutritionally complete, for 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 | | 0-999 | 2 | \$5.95 | \$5.95 | \$5.95 | \$5.95 | 0.00% |

| | | | | | | CUR | RENT | 3/1/ | Percent | |
|------|--------------------|---|----------|--------------|--------|-------------------------|-------------------------------------|--------------------------|--------------------------------------|--|
| TOS* | Procedu re Code | Long Description | Modifier | Age Range | POS ** | Current Medicaid Fee | Current Adjusted Medicaid Fee | Proposed Medicaid Fee | Proposed Adjusted Medicaid Fee | Change from Current Medicaid Fee |
| 9 | B4158 | 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, 100 calories = 1 unit | | 0-999 | 2 | \$1.30 | \$1.30 | \$1.30 | \$1.30 | 0.00% |
| 9 | B4159 | 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 | | 0-999 | 2 | \$1.27 | \$1.27 | \$1.27 | \$1.27 | 0.00% |
| 9 | 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 and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | | 0-999 | 2 | \$1.11 | \$1.11 | \$1.11 | \$1.11 | 0.00% |
| 9 | B4161 | 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 | | 0-999 | 2 | \$2.93 | \$2.93 | \$2.93 | \$2.93 | 0.00% |
| 9 | 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 | | 0-999 | 2 | \$8.82 | \$8.82 | \$8.82 | \$2.93 | 0.00% |
| 9 | B4164 | parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix | | 0-999 | 2 | \$19.10 | \$19.10 | \$19.10 | \$19.10 | 0.00% |
| 9 | B4168 | parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix | | 0-999 | 2 | \$27.85 | \$27.85 | \$27.85 | \$27.85 | 0.00% |

| | 1 | | | | | CUR | RENT | 3/1/ | 2023 | Change |
|------|--------------------|---|----------|--------------|--------|-------------------------|-------------------------------------|--------------------------|--------------------------------------|------------------------------------|
| TOS* | Procedu re Code | Long Description | Modifier | Age Range | POS ** | Current Medicaid Fee | Current Adjusted Medicaid Fee | Proposed Medicaid Fee | Proposed Adjusted Medicaid Fee | from Current Medicaid Fee |
| 9 | B4172 | parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix | | 0-999 | 2 | \$28.06 | \$28.06 | \$31.13 | \$31.13 | 10.94% |
| 9 | B4176 | parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix | | 0-999 | 2 | \$53.89 | \$53.89 | \$53.89 | \$53.89 | 0.00% |
| 9 | B4178 | parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix | | 0-999 | 2 | \$64.69 | \$64.69 | \$64.69 | \$64.69 | 0.00% |
| 9 | B4180 | parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix | | 0-999 | 2 | \$27.42 | \$27.42 | \$27.42 | \$27.42 | 0.00% |
| 9 | B4185 | parenteral nutrition solution, not otherwise | | 0-999 | 2 | | | | | |
| 9 | B4187 | specified, 10 g lipids omegaven, 10 g lipids | | 0-999 | 2 | \$12.63 \$10.16 | \$12.63 \$10.16 | \$12.63 \$10.16 | \$12.63 \$10.16 | 0.00% |
| 9 | B4189 | parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix | | 0-999 | 2 | \$199.85 | \$199.85 | \$199.85 | \$199.85 | 0.00% |
| 9 | B4193 | parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix | | 0-999 | 2 | \$258.24 | \$258.24 | \$258.24 | \$258.24 | 0.00% |
| 9 | B4197 | parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix | | 0-999 | 2 | \$314.40 | \$314.40 | \$314.40 | \$314.40 | 0.00% |
| 9 | B4199 | parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix | | 0-999 | 2 | \$359.25 | \$359.25 | \$359.25 | \$359.25 | 0.00% |
| 9 | B4216 | parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day | | 0-999 | 2 | \$8.68 | \$8.68 | \$8.68 | \$8.68 | 0.00% |
| 9 | B4220 | parenteral nutrition supply kit; premix, per dav | | 0-999 | 2 | \$9.00 | \$9.00 | \$9.00 | \$9.00 | 0.00% |
| 9 | B4222 | parenteral nutrition supply kit; home mix, per day | | 0-999 | 2 | \$11.10 | \$11.10 | \$11.10 | \$11.10 | 0.00% |
| 9 | B4224 | parenteral nutrition administration kit, per day | | 0-999 | 2 | \$28.11 | \$28.11 | \$28.11 | \$28.11 | 0.00% |

| | | | | | | CUR | RENT | 3/1/ | Percent | |
|------|--------------------|--|----------|--------------|--------|----------------------------------|-------------------------------------|----------------------------------|--------------------------------------|--|
| TOS* | Procedu re Code | Long Description | Modifier | Age Range | POS ** | Current Medicaid Fee | Current Adjusted Medicaid Fee | Proposed Medicaid Fee | Proposed Adjusted Medicaid Fee | Change from Current Medicaid Fee |
| 9 | B5000 | parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - amirosyn rf, nephramine, renamine - premix | | 0-999 | 2 | \$13.37 | \$13.37 | \$13.37 | \$13.37 | 0.00% |
| 9 | B5100 | parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic- hepatamine-premix | | 0-999 | 2 | \$5.22 | \$5.22 | \$5.22 | \$5.22 | 0.00% |
| 9 | B5200 | parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress- branch chain amino acids- freamine-hbc-premix | | 0-999 | 2 | \$3.04 | \$3.04 | \$3.04 | \$3.04 | 0.00% |
| J | B9002 | enteral nutrition infusion pump, any type | | 0-999 | 2 | \$1,225.78 | \$1,225.78 | \$1,225.78 | \$1,225.78 | 0.00% |
| L | B9002 | enteral nutrition infusion pump, any type | | 0-999 | 2 | \$122.58 | \$122.58 | \$122.58 | \$122.58 | 0.00% |
| J | B9004 | parenteral nutrition infusion pump, portable | | 0-999 | 2 | \$2,836.83 | \$2,836.83 | \$2,836.83 | \$2,836.83 | 0.00% |
| L | B9004 | parenteral nutrition infusion pump, portable | | 0-999 | 2 | \$283.68 | \$283.68 | \$283.68 | \$283.68 | 0.00% |
| J | B9006 | parenteral nutrition infusion pump, stationary | | 0-999 | 2 | \$2,836.83 | \$2,836.83 | \$2,836.83 | \$2,836.83 | 0.00% |
| L | B9006 | parenteral nutrition infusion pump, stationary | | 0-999 | 2 | \$283.68 | \$283.68 | \$283.68 | \$283.68 | 0.00% |
| 9 | | mic - key g tube | 02 | 0-999 | 2 | \$138.00 | \$138.00 | \$138.00 | \$138.00 | 0.00% |
| 9 | B9998 B9998 | mic - key extension set gastrostomy tube, | U3 | 0-999 | 2 | \$20.70 | \$20.70 | \$20.70 | \$20.70 | 0.00% |
| 9 | B9998 | mic/flexiflow mic extension set | U4 U5 | 0-999 | 2 | \$28.98 \$2.76 | \$28.98 \$2.76 | \$28.98 \$2.76 | \$28.98 \$2.76 | 0.00% |
| | | disposable g. tube | 03 | | | φ2./0 | φ2./0 | φ2./0 | φ2./0 | 0.0070 |
| 9 | B9998 B9998 | adapter set, each | U1 | 0-999 | 2 | \$6.34 | \$6.34 | \$6.34 | \$6.34 | 0.00% |
| 9 | B9999 | noc for enteral supplies noc for parenteral supplies | | 0-999 | 2 | Manually Priced Manually Priced | Manually Priced Manually Priced | Manually Priced Manually Priced | Manually Priced Manually Priced | 0.00% |

| *Type | e of Service (TOS) | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|
| 9 | Other Medical Items or Services | | | | | | | | |
| J | DME Purchase New | | | | | | | | |
| L | DME Rental Monthly | | | | | | | | |
| **Pla | **Place of Service (POS) | | | | | | | | |
| 2 | Home | | | | | | | | |
| Modif | ier | | | | | | | | |
| U1 | disposable g. tube adapter set, each - 4 per month | | | | | | | | |
| U2 | mic - key g tube - 2 per rolling year | | | | | | | | |
| U3 | mic - key extension set - 4 per mont | | | | | | | | |
| U4 | mic / flexiflow, gastronomy tube | | | | | | | | |
| U5 | mic extension set - 4 per month | | | | | | | | |

Calendar Fee Review Attachment A(4) - Enteral Supplies - (Proposed to be effective March 1, 2023)

| | | | | | | CURRENT | | 3/1/2023 | | Percent |
|------|---------|------------------|----------|-------|--------|--------------|--------------|--------------|--------------|----------|
| | | | | | | | | | | Change |
| | | | | | | | | | | from |
| | | | | | | | Current | | Proposed | Current |
| | Procedu | | | Age | | Current | Adjusted | Proposed | Adjusted | Medicaid |
| TOS* | re Code | Long Description | Modifier | Range | POS ** | Medicaid Fee | Medicaid Fee | Medicaid Fee | Medicaid Fee | Fee |

^{**} Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2022 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.