



## 2010 HCPCS Codes and Medicare Rates for Abbott Nutrition Enteral Formulas and Devices

Medicare Part B does not cover nutritional formulas consumed orally; however, other payers, including some Medicaid programs, do have coverage policies for oral use. Using the modifier “BO” added to the end of the HCPCS code indicates orally administered nutrition, not administered by a feeding tube. For the nine coding categories indicated below with no Medicare rates established, each payer will set its own payment rate.

B4102		Adult hydration formulas	No Medicare rate
Enlive!®			
B4103		Pediatric hydration formulas	No Medicare rate
Pedialyte®			
B4150		General purpose formulas	Rate \$0.65 per hundred calories
Ensure® Ensure® High Calcium	Ensure® High Protein Ensure® Powder Jevity® 1.0 Cal	Jevity® 1.2 Cal Osmolite® 1 Cal	Osmolite® 1.2 Cal Promote® Promote® With Fiber
B4152		Calorically dense formulas	Rate \$0.54 per hundred calories
Ensure® Plus Hi-Cal	Jevity® 1.5 Cal Osmolite® 1.5 Cal	TwoCal® HN	
B4153		Hydrolyzed protein elemental formulas	Rate \$1.85 per hundred calories
Optimental® Pivot® 1.5 Cal	Perative®	Vital® HN	
B4154		Formulas for special metabolic needs	Rate \$1.18 per hundred calories
Glucerna® 1.0 Cal Glucerna® 1.2 Cal Glucerna® 1.5 Cal	Glucerna® Shake Nepro® with Carb Steady™ Oxepa®	Pulmocare® Similac® PM 60/40 Suplena® with Carb Steady™	
B4155		Modular nutrients	Rate \$0.92 per hundred calories
Juven® Polycose®	Pro-Phree® ProViMin®	RCF® ProMod® Liquid Protein	
B4157		Formulas for special metabolic needs of inherited disease of metabolism	No Medicare rate
Cyclinex®-2 Glutarex®-2 Hominex®-2	I-Valex®-2 Ketonex®-2	Phenex®-2 Phenex®-2 Vanilla	Propimex®-2 Tyrex®-2
B4158		Pediatric general purpose formulas	No Medicare rate
Similac Advance EarlyShield™ Similac Sensitive®	Similac Sensitive R.S.® Similac® Organic	Similac® Go & Grow® EarlyShield™	

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B4159		Pediatric soy-based formulas	No Medicare rate
Similac® Isomil® DF	Similac® Isomil® Advance®	Similac® Go & Grow® Soy-Based Formula	
B4160		Pediatric calorically dense formulas	No Medicare rate
Similac® NeoSure® Similac® Special Care® 24 with Iron	PediaSure® PediaSure® Enteral Formula PediaSure® with Fiber	PediaSure® Enteral Formula with Fiber and scFOS®	
B4161		Pediatric enteral formulas with hydrolyzed/amino acids and peptide chain proteins	No Medicare rate
EleCare® EleCare® with DHA and ARA	EleCare® Vanilla Vital jr.®	Similac® Alimentum®	
B4162		Pediatric formulas for special metabolic needs of inherited disease of metabolism	No Medicare rate
Calcilo XD® Cyclinex®-1 Glutarex®-1	Hominex®-1 I-Valex®-1 Ketonex®-1	Phenex™-1 Propimex®-1 Tyrex®-1	
The following products may be used by children (using code B4162) or adults (using code B4157)		No Medicare rate	
Cyclinex®-2 Glutarex®-2 Hominex®-2	I-Valex®-2 Ketonex®-2 Phenex®-2	Phenex®-2 Vanilla Propimex®-2 Tyrex®-2	
Enteral Feeding Supply Kits		Rate	
B4034	Syringe Supply Kit (No Abbott Nutrition products in this category)	\$5.93 per day	
B4035	Pump Supply Kit (Same rate for all pump supply kits)	\$11.30 per day	
B4036	Gravity Supply Kit	\$7.76 per day	
Nasogastric Tubes (expected to last 30 days)		Rate	
B4081	NG tube with stylet	\$20.96 per tube	
B4082	NG tube without stylet	\$15.59 per tube	
Gastrostomy and Jejunostomy Tubes (expected to last 90 days)		Rate	
B4083	Stomach tube—Levine type (No Abbott Nutrition products in this category)	\$2.39 per tube	
B4087	Gastrostomy/jejunostomy tube	\$34.59 per tube	
B4088	Gastrostomy/jejunostomy tube, low-profile (No Abbott Nutrition products in this category)	\$34.59 per tube	
Enteral Feeding Pumps		Rate	
B9002 NU	Purchase new enteral pump with alarm	\$1,188.74 per pump	
B9002 RR	Rent enteral pump with alarm	\$115.13 per month	
B9002 UE	Purchase used enteral pump with alarm	\$891.55 per pump	

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