



2012 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
Ensure® Enlive®			
B4103	Pediatric hydration formulas		No Medicare rate
Pedialyte®			
B4150	General purpose formulas		Rate \$0.67 per hundred calories
Ensure®	Ensure® Immune Health	Jevity® 1.0 Cal	Osmolite® 1.2 Cal
Ensure® Bone Health	Ensure® Muscle Health	Jevity® 1.2 Cal	Promote®
Ensure® High Protein	Ensure® Powder	Osmolite® 1 Cal	Promote® With Fiber
B4152	Calorically dense formulas		Rate \$0.55 per hundred calories
Ensure® Clinical Strength	Hi-Cal		Osmolite® 1.5 Cal
Ensure Plus®	Jevity® 1.5 Cal		TwoCal® HN
B4153	Hydrolyzed protein elemental formulas		Rate \$1.89 per hundred calories
Optimental®	Pivot® 1.5 Cal	Vital® 1.5 Cal	Vital® HN
Perative®	Vital® 1.0 Cal	Vital AF 1.2 Cal™	
B4154	Formulas for special metabolic needs		Rate \$1.21 per hundred calories
Glucerna® 1.0 Cal	Glucerna® Shake		Pulmocare®
Glucerna® 1.2 Cal	Nepro® with Carb Steady®		Similac® PM 60/40
Glucerna® 1.5 Cal	Oxepa®		Suplena® with Carb Steady®
B4155	Modular nutrients		Rate \$0.94 per hundred calories
Juven®	Pro-Phree®	PediaSure® Sidekicks Clear	RCF®
Polycose®	ProViMin®		ProMod® Liquid Protein
B4157	Formulas for special metabolic needs of inherited disease of metabolism		No Medicare rate
Cyclinex®-2	I-Valex®-2	Phenex®-2	Propimex®-2
Glutarex®-2	Ketonex®-2	Phenex®-2 Vanilla	Tyrex®-2
Hominex®-2			
B4158	Pediatric general purpose formulas		No Medicare rate
Similac® Advance®	Similac Sensitive for Spit-Up®		Similac Go & Grow®
Similac Sensitive®	Similac® Organic		PediaSure® Sidekicks 0.63 Cal

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Effective January 1, 2011, Medicare phased in a new competitive bidding program in some specific areas of the country. This program changed the way Medicare pays some suppliers for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). It also made changes to who can supply these items in certain areas. The reimbursement rates included in this document reflect 2012 Medicare rates that are not impacted by the Competitive Bidding Program. To determine if a beneficiary resides in or travels to a Competitive Bidding Area where the Medicare fee for DMEPOS items may differ, please visit www.medicare.gov or www.dmecompetitivebid.com.

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B4159		Pediatric soy-based formulas	No Medicare rate
Similac® Soy Isomil®	Similac Expert Care® Diarrhea		Similac Go & Grow® Soy-Based Formula
B4160		Pediatric calorically dense formulas	No Medicare rate
PediaSure® PediaSure® 1.5 Cal	PediaSure® 1.5 Cal with Fiber PediaSure® Enteral Formula 1.0 Cal PediaSure® Enteral Formula 1.0 Cal with Fiber PediaSure® with Fiber		Similac Expert Care® NeoSure® Similac® Special Care® 24 with Iron Similac® Special Care® 30 with Iron
B4161		Pediatric enteral formulas with hydrolyzed/amino acids and peptide chain proteins	No Medicare rate
EleCare®	EleCare® DHA/ARA EleCare® Jr	PediaSure® Peptide 1.5 Cal PediaSure® Peptide 1.0 Cal	Vital jr.® Similac Expert Care® 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 Kit		Rate	
B4034	Syringe Supply Kit (No Abbott Nutrition products in this category)	\$6.06 per day	
B4035	Pump Supply Kit (Same rate for all pump supply kits)	\$11.56 per day	
B4036	Gravity Supply Kit	\$7.94 per day	
Nasogastric Tubes (expected to last 30 days)		Rate	
B4081	NG tube with stylet	\$21.44 per tube	
B4082	NG tube without stylet	\$15.94 per tube	
Gastrostomy and Jejunostomy Tubes (expected to last 90 days)		Rate	
B4083	Stomach tube—Levine type (No Abbott Nutrition products in this category)	\$2.45 per tube	
B4087	Gastrostomy/jejunostomy tube	\$35.39 per tube	
B4088	Gastrostomy/jejunostomy tube, low-profile (No Abbott Nutrition products in this category)	\$35.39 per tube	
Enteral Feeding Pumps		Rate	
B9002 NU	Purchase new enteral pump with alarm	\$1,216.05 per pump	
B9002 RR	Rent enteral pump with alarm	\$117.77 per month	
B9002 UE	Purchase used enteral pump with alarm	\$912.04 per pump	

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