

HCPCS	Mod	Mod2	AK Medicaid Reimbursement Rate	Description	Prior Authorization Required	Capped Rental (10 months)	Alaska Medicaid Maximum Quantity			Age Restriction	Required Medical Necessity Criteria
B4034			\$6.26	Enter feed supply kit, syr, per day	Yes		Lesser of	51 Per Month	or current NCCI rules	No Age Restriction	**Max allowed includes addt'l supply kits that may be needed for school/work**
B4035			\$11.95	Enter fee supply kit, pump, per day	Yes		Lesser of	51 Per Month	or current NCCI rules	No Age Restriction	**Max allowed includes addt'l supply kits that may be needed for school/work**
B4036			\$8.20	Enter fee supply kit, gravity, per day	Yes		Lesser of	51 Per Month	or current NCCI rules	No Age Restriction	**Max allowed included addt'l supply kits that may be needed for school/work**
B4081			\$22.16	Enteral ng tubing w/stylet	No		Lesser of	3 Every 3 Months	or current NCCI rules	No Age Restriction	
B4082			\$16.47	Enteral ng tubing w/o stylet	No		Lesser of	3 Every 3 Months	or current NCCI rules	No Age Restriction	
B4083			\$2.53	Enteral stomach tube-Levine	No		Lesser of	3 Every 3 Months	or current NCCI rules	No Age Restriction	
B4087			\$36.57	Gastro/jejuno tube, standard	No		Lesser of	1 Every 3 Months	or current NCCI rules	No Age Restriction	**Allowed 2 at initial set-up only, for back-up**
B4088			\$36.57	Gastro/jejuno tube, low-profile	No		Lesser of	1 Every 3 Months	or current NCCI rules	No Age Restriction	**Allowed 2 at initial set-up only, for back-up**
B4100			\$1.23	Food thickener, per ounce	Yes		Lesser of	200 Per Month	or current NCCI rules	Food thickeners, not covered, for infants under age one who were born at less than 37 weeks gestation; Simply Thick, brand: 1 yr +	**Refer to Age Restriction**
B4102			Not Covered	Ef, adult, fluid replacement	Not Covered						
B4103			\$8.70	Ef, pediatric, fluid replacement	Not Covered						
B4104			Not Covered	Ef additive, fiber	Not Covered						
B4149			\$1.61	Enteral, blenderized food	Yes		Lesser of	930 units per Month	or current NCCI rules	No Age Restriction**	**If orally administered, restricted to recipients ages 3 years +**
B4150			\$0.70	Enteral, complet w/intact nut	Yes		Lesser of	930 units per Month	or current NCCI rules	No Age Restriction**	**If orally administered, restricted to recipients ages 3 years +**
B4152			\$0.57	Enteral, calorie dense >=1.5 kcal	Yes		Lesser of	930 units per Month	or current NCCI rules	No Age Restriction**	**If orally administered, restricted to recipients ages 3 years +**
B4153			\$1.96	Enteral, hydrolyzed/amino acids	Yes		Lesser of	930 units per Month	or current NCCI rules	No Age Restriction**	**If orally administered, restricted to recipients ages 3 years +**
B4154			\$1.25	Ef spec metabolic noninherit	Yes		Lesser of	930 Units Per Month	or current NCCI rules	No Age Restriction**	**If orally administered, restricted to recipients ages 3 years +**
B4155			\$0.97	Ef incomplete/modular	Yes		Lesser of	930 Units Per Month	or current NCCI rules	No Age Restriction**	**If orally administered, restricted to recipients ages 3 years +**
B4157			\$3.35	Ef nutr complete, metabolic	Yes		Lesser of	930 Units Per Month	or current NCCI rules	No Age Restriction**	**If orally administered, restricted to recipients ages 3 years +**
B4158			\$1.05	Ef pediatric	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	**If orally administered, restricted to recipients ages 3 years +**
B4159			\$1.12	Ef pediatric, soy	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	**If orally administered, restricted to recipients ages 3 years +**
B4160			\$1.03	Ef pediatric, calorically dense	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	**If orally administered, restricted to recipients ages 3 years +**
B4161			\$2.34 per HCPCS unit	Ef pediatric, hydrolyzed/amino acid	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	MUST SUBMIT PRODUCT CODE/NDC ON CLAIM **If orally administered, restricted to recipients ages 3 years +**
B4161	CG		\$2.90 per HCPCS unit	Ef pediatric, hydrolyzed/amino acid; <i>Products: Elecare, Elecare JR, Peptamen, Peptamen Jr, Peptamen 1.5</i>	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	MUST SUBMIT PRODUCT CODE/NDC ON CLAIM **If orally administered, restricted to recipients ages 3 years +**

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B4162			\$3.35	Ent pediatric, metabolic	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	**If orally administered, restricted to recipients ages 3 years +**
B9000	RR		\$115.47	Ent nut inf pump w/o alarm	Yes	Yes	Lesser of	1 Unit Per Month up to purchase price	or current NCCI rules	No Age Restriction	**Only 1 pump (stationary or portable) is covered at any one time**
B9002	RR		\$121.70	Ent nut inf pump w/alarm	Yes	Yes	Lesser of	1 Unit Per Month up to purchase price	or current NCCI rules	No Age Restriction	**Only 1 pump (stationary or portable) is covered at any one time**
B9004	RR		\$460.37	Parenteral inf pump portable	Yes	Yes	Lesser of	1 Unit Per Month up to purchase price	or current NCCI rules	No Age Restriction	**Only 1 pump (stationary or portable) is covered at any one time**
B9006	RR		\$460.37	Parenteral inf pump stationary	Yes	Yes	Lesser of	1 Unit Per Month up to purchase price	or current NCCI rules	No Age Restriction	**Only 1 pump (stationary or portable) is covered at any one time**
B9998			By Report	NOC for enteral supplies	Yes		Lesser of		current NCCI rules	No Age Restriction	
B9999			By Report	NOC for parenteral supplies							
ADD THE BO MODIFIER TO THE HCPCS CODE IF THE ENTERAL NUTRITION IS BEING ADMINISTERED ORALLY AND IS NOT BEING ADMINISTERED BY A FEEDING TUBE.											