

HCPCS	Mod	Mod2	AK Medicaid State-Based Reimbursement Rate	Description	Fee Schedule	Service Authorization Required	Capped Rental (10 months)	Alaska Medicaid Maximum Quantity			Age Restriction	Required Medical Necessity Criteria
B4034			MCR	Enter feed supply kit, syr, per day	MEDICARE-BASED	Yes		Lesser of	51 Per Month	or current NCCI rules		**Max allowed includes add'l supply kits that may be needed for school/work**
B4035			MCR	Enter fee supply kit, pump, per day	MEDICARE-BASED	Yes		Lesser of	51 Per Month	or current NCCI rules		**Max allowed includes add'l supply kits that may be needed for school/work**
B4036			MCR	Enter fee supply kit, gravity, per day	MEDICARE-BASED	Yes		Lesser of	51 Per Month	or current NCCI rules		**Max allowed included add'l supply kits that may be needed for school/work**
B4081			MCR	Enteral ng tubing w/stylet	MEDICARE-BASED			Lesser of	3 Every 3 Months	or current NCCI rules		
B4082			MCR	Enteral ng tubing w/o stylet	MEDICARE-BASED			Lesser of	3 Every 3 Months	or current NCCI rules		
B4083			MCR	Enteral stomach tube-Levine	MEDICARE-BASED			Lesser of	3 Every 3 Months	or current NCCI rules		
B4087			MCR	Gastro/jejuno tube, standard	MEDICARE-BASED			Lesser of	1 Every 3 Months	or current NCCI rules		**Allowed 2 at initial set-up only, for back-up**
B4088			MCR	Gastro/jejuno tube, low-profile	MEDICARE-BASED			Lesser of	1 Every 3 Months	or current NCCI rules		**Allowed 2 at initial set-up only, for back-up**
B4100			\$1.23	Food thickener, per ounce	STATE-BASED	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 +
B4102			NC	Ef, adult, fluid replacement	STATE-BASED							Not Covered
B4103			NC	ENTERAL FORMULA, FLUID REPLACEMENT AND ELECTROLYTES (E.G. CLEAR LIQUIDS), 500 ML = 1 UNIT	STATE-BASED							Not Covered
B4104			By Report	Ef additive, fiber	STATE-BASED	Yes		Lesser of		current NCCI rules		Not covered when unbundled from primary enteral formula containing fiber
B4149			MCR	Enteral, blenderized food	MEDICARE-BASED	Yes		Lesser of	930 units per Month	or current NCCI rules		
B4150			MCR	Enteral, complet w/intact nut	MEDICARE-BASED	Yes		Lesser of	930 units per Month	or current NCCI rules		
B4152			MCR	Enteral, calorie dense >=1.5 kcal	MEDICARE-BASED	Yes		Lesser of	930 units per Month	or current NCCI rules		
B4153			MCR	Enteral, hydrolyzed/amino acids	MEDICARE-BASED	Yes		Lesser of	930 units per Month	or current NCCI rules		
B4154			MCR	Ef spec metabolic noninher	MEDICARE-BASED	Yes		Lesser of	930 Units Per Month	or current NCCI rules		
B4155			MCR	Ef incomplete/modular	MEDICARE-BASED	Yes		Lesser of	930 Units Per Month	or current NCCI rules		
B4157			\$3.35	Ef nutr complete, metabolic	STATE-BASED	Yes		Lesser of	930 Units Per Month	or current NCCI rules		
B4158			\$1.05	Ef pediatric	STATE-BASED	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	
B4159			\$1.12	Ef pediatric, soy	STATE-BASED	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	
B4160			\$1.03	Ef pediatric, calorically dense	STATE-BASED	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	
B4161			\$2.34 per HCPCS unit (100 kcal)	Ef pediatric, hydrolyzed/amino acid	STATE-BASED	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	MUST SUBMIT PRODUCT CODE/NDC ON CLAIM
B4161	CG		\$2.95 per HCPCS unit (100 kcal)	Ef pediatric, hydrolyzed/amino acid; Products: Elecare, Elecare JR, Peptamen, Peptamen Jr, Peptamen 1.5	STATE-BASED	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	MUST SUBMIT PRODUCT CODE/NDC ON CLAIM
B4162			\$3.35	Ef pediatric, metabolic	STATE-BASED	Yes		Lesser of	930 Units Per Month	or current NCCI rules	Age 0-18	
B9000	RR		\$115.47	Ent nut inf pump w/o alarm	STATE-BASED	Yes	Yes	Lesser of	1 Unit Per Month up to purchase price	or current NCCI rules		**Only 1 pump (stationary or portable) is covered at any one time**
B9002	RR		MCR	Ent nut inf pump w/alarm	MEDICARE-BASED	Yes	Yes	Lesser of	1 Unit Per Month up to purchase price	or current NCCI rules		**Only 1 pump (stationary or portable) is covered at any one time**
B9004	RR		MCR	Parenteral inf pump portable	MEDICARE-BASED	Yes	Yes	Lesser of	1 Unit Per Month up to purchase price	or current NCCI rules		**Only 1 pump (stationary or portable) is covered at any one time**
B9006	RR		MCR	Parenteral inf pump stationary	MEDICARE-BASED	Yes	Yes	Lesser of	1 Unit Per Month up to purchase price	or current NCCI rules		**Only 1 pump (stationary or portable) is covered at any one time**
B9998			By Report	NOC for enteral supplies	STATE-BASED	Yes		Lesser of		current NCCI rules		
B9999			By Report	NOC for parenteral supplies	STATE-BASED							
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.												
	NCCI	National Correct Coding Initiative										
	PTP	Procedure to Procedure										
	MUE	Medically Unlikely Edits										
	MCR	Medicare										
	PDAC	Pricing, Data Analysis and Coding Contractor										
	DME	Durable Medical Equipment										
	NOS	Not otherwise specified (miscellaneous)										
	NOC	Not otherwise covered (miscellaneous)										
	DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, Supplies										
	NC	Code not covered										