EPIV Codes and Fee Schedule (07-01-03)

CODE	DESCRIPTION	FEE
A4221	Supplies For Maintenance Of Drug Infusion Catheter, Per Week (List Drug Separately)	$22.15
A4222	Supplies For External Drug Infusion Pump, Per Cassette Or Bag (List Drug Separately)	43.95
A4305	Disposable Drug Delivery System, Flow Rate Of 50 Ml Or Greater Per Hour	21.63
A4306	Disposable Drug Delivery System, Flow Rate Of 5 Ml Or Less Per Hour	21.63
B4034	Enteral Feeding Supply Kit; Syringe, Per Day	5.60
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day	10.67
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day	7.31
B4081	Nasogastric Tubing With Stylet	19.78
B4082	Nasogastric Tubing Without Stylet	14.73
B4083	Stomach Tube - Levine Type	2.25
B4086	Gastrostomy / Jejunostomy Tube, (Standard Or Low Profile), Each	32.66
B4150	Enteral Formulae; Category I	0.61
B4151	Enteral Formulae; Category IB	1.43
B4152	Enteral Formulae; Category II	0.51
B4153	Enteral Formulae; Category III	1.74
B4154	Enteral Formulae; Category IV	1.12
B4155	Enteral Formulae; Category V	0.87
B4156	Enteral Formulae; Category VI	1.24
B4164	Parenteral Nutrition Solution: Carbohydrates (Dextrose), 50% Or Less	15.08
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%,	21.96
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5-7%	34.90
B4176	Parenteral Nutrition Solution; Amino Acid, 7-8.5%	42.51
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than 8.5%	51.04
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose), > 50%	21.61
B4184	Parenteral Nutrition Solution; Lipids, 10% With Administration Set	70.86
B4186	Parenteral Nutrition Solution, Lipids, 20% With Administration Set	94.48
B4189	Parenteral Nutrition Solution; 10 To 51 Grams	157.66
B4193	Parenteral Nutrition Solution; 52 To 73 Grams	203.73
B4197	Parenteral Nutrition Solution; 74 To 100 Grams	248.02
B4199	Parenteral Nutrition Solution; Over 100 Grams	283.42
B4216	Parenteral Nutrition; Additives	6.85
B4220	Parenteral Nutrition Supply Kit; Premix, Per Day	7.10
B4222	Parenteral Nutrition Supply Kit; Home Mix, Per Day	8.75
B4224	Parenteral Nutrition Administration Kit, Per Day	22.19

B5000	Parenteral Nutrition Solution; Renal - Amirosyn Rf, Nephramine, Renamine - Premix	10.54
B5100	Parenteral Nutrition Solution; Hepatic - Freamine Hbc, Hepatamine - Premix	4.12
B5200	Parenteral Nutrition Solution; Stress - Branch Chain Amino Acids – Premix	4.85
B9000	Enteral Nutrition Infusion Pump - Without Alarm - Rental	103.10
B9002	Enteral Nutrition Infusion Pump - With Alarm - Rental	108.65
B9004	Parenteral Nutrition Infusion Pump, Portable - Rental	354.30
B9006	Parenteral Nutrition Infusion Pump, Stationary -Rental	354.30
B9998	Noc For Enteral Supplies	BR
B9999	Noc For Parenteral Supplies	BR
E0776	IV Pole (Purchase)	93.30
E0776RR	IV Pole (Rental)	23.62
*E0779 RR	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours Or Greater	21.34
*E0780 RR	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion Less Than 8 Hours	15.34
S5035	Home Infusion Therapy, Routine Service Of Infusion Device (E.G. Pump Maintenance)	BR
S5036	Home Infusion Therapy, Repair Of Infusion Device (E.G. Pump Repair)15 Min	8.23
S5497	Home Infusion Therapy, Catheter Care / Maintenance, Not Otherwise Classified;	BR
S5498	Home Infusion Therapy, Catheter Care / Maintenance, Simple (Single Lumen),	6.00
S5501	Home Infusion Therapy, Catheter Care / Maintenance, Complex (More Than One Lumen)	7.2
S5520	Home Infusion Therapy, All Supplies(Including Catheter) Necessary For A Peripherally Inserted Central Venous Catheter (Picc) Line Insertion	75.71
S5521	Home Infusion Therapy, All Supplies (Including Catheter) Necessary For Midline Catheter Insertion	75.71
S9325	Pain Management Infusion; Do Not Use This Code With S9326, S9327 Or S9328	50.00
S9326	Continuous Pain Management Infusion;	41.40
S9327	Intermittent Pain Management	41.40
S9328	Implanted Pump Pain Management	41.40
S9329	Chemotherapy Infusion;(Do Not Use This Code With S9330 Or S9331)	78.00
S9330	Continuous Chemotherapy Infusion; Administrative	116.00
S9331	Intermittent Chemotherapy Infusion;	89.00
S9336	Continuous Anticoagulant Infusion Therapy (E.G.Heparin)	78.00
*S9342	Enteral Nutrion Via Pump	19.17
S9348	Sympathomimetic/Inotropic Agent Infusion Therapy (E.G.,Duutamine)	78.00
S9351	Continuous Anti-Emetic Infusion Therapy;	100.00
S9355	Chelation Therapy;	55.00

S9364	Total Parenteral Nutrition (Tpn); (Do Not Use With Codes S9365-S9368)	BR
S9365	Total Parenteral Nutrition (Tpn); One Liter Per Day,	105.00
S9366	Total Parenteral Nutrition (Tpn); More Than One Liter But No More Than Two Liters Per Day	131.00
S9367	Total Parenteral Nutrition (Tpn); More Than Two Liter But No More Than Three Liters Per Day	135.00
S9368	Total Parenteral Nutrition (Tpn); More Than Three Liters Per Day	135.00
S9373	Hydration Therapy; (Do Not Use With Codes S9374-S9377)	BR
S9374	Hydration Therapy; One Liter Per Day	40.00
S9375	Hydration Therapy; More Than One Liter But No More Than Two Liters Per Day	55.00
S9376	Hydration Therapy; More Than Two Liter But No More Than Three Liters Per Day	55.00
S9377	Hydration Therapy; More Than Three Liters Per Day	55.00
S9379	Infusion Therapy, Not Otherwise Classified;	BR
*S9494	Antibiotic, Antiviral, Or Antifungal Therapy; (Do Not Use With Codes For Hourly Dosing S9497-S9504)	*BR
S9497	Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 3 Hours;	83.00
S9500	Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 24 Hours	88.00
S9501	Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 12 Hours	88.00
S9502	Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 8 Hours	108.00
S9503	Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 6 Hours	108.00
S9504	Antibiotic, Antiviral, Or Antifungal; Once Every 4 Hours	108.00
** S9524 DELETE	Nursing Services Related To Home Iv Therapy, Per Diem ** Delete 7-1-03	48.13
*S9802	Home Infusion/Specialty Drug Administration, Nursing Service ,Per Visit, Up To 2 Hours	*48.13
*S9803	Each Additional Hour (List Separately In Addition To S9802)	*BR
*T1001	Nursing Assessment/Evaluation	*48.13

* = New
** = Delete
BR = by report

Effective 07/01/2003