



2009 Medicare Part B Nestlé HealthCare Nutrition Products

This chart should not be interpreted as a guarantee of reimbursement or as an endorsement by the Medicare Program or Carriers.

HCPCS CODE	NESTLÉ HEALTHCARE NUTRITION ENTERAL FORMULAS	2009 FEE SCHEDULE*
ADULT FORMULAS/ MODULARS		
B4100		
Food thickener, administered orally, per ounce	RESOURCE [®] PUREE APPEAL [®] RESOURCE [®] THICKENUP [®]	NA
B4102		
Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids). (500 mL = 1 unit)	RESOURCE ARGINAID EXTRA [®] RESOURCE [®] BREEZE RESOURCE [®] DIABETISHIELD [®]	NA
B4104		
Additive for enteral formula (e.g. fiber)	RESOURCE [®] BENEFIBER [®]	NA
B4149		
Enteral formula, blenderized natural foods with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. (100 calories = 1 unit)	COMPLEAT [®] COMPLEAT [®] PEDIATRIC	\$1.52
B4150		
Enteral formula, nutritionally complete with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. (100 calories = 1 unit)	BOOST [®] BOOST [®] HIGH PROTEIN BOOST [®] SMOOTHIE CARNATION [®] INSTANT BREAKFAST [®] LACTOSE FREE FIBERSOURCE [®] HN ISOSOURCE [®] HN NUTREN [®] 1.0 NUTREN [®] 1.0 FIBER OPTISOURCE [®] HIGH PROTEIN DRINK NUTREN [®] REPLETE [®] NUTREN [®] REPLETE [®] FIBER	\$0.65
B4152		
Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/mL) with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. (100 calories = 1 unit)	BOOST PLUS [®] CARNATION [®] INSTANT BREAKFAST [®] LACTOSE FREE PLUS CARNATION [®] INSTANT BREAKFAST [®] LACTOSE FREE VHC ISOSOURCE [®] 1.5 CAL NUTREN [®] 1.5 NUTREN [®] 2.0 RESOURCE [®] 2.0	\$0.54

* Medicare Part B 2009 Fee for Service Payment Rates can be found at:
http://www.cms.hhs.gov/DMEPOSFeeSched/01_overview.asp



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ADULT FORMULAS/ MODULARS		
<p style="text-align: center;">B4153</p> <p>Enteral formula, nutritionally complete hydrolyzed proteins (amino acids and peptide chain) includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. (100 calories = 1 unit)</p>	<p>CRUCIAL[®] IMPACT[®] GLUTAMINE PEPTAMEN[®] PEPTAMEN[®] with PREBIO^{1™} PEPTAMEN AF[™] PEPTAMEN[®] 1.5 PEPTAMEN[®] OS PEPTAMEN[®] OS 1.5 TOLEREX[®] VIVONEX[®] PLUS VIVONEX[®] RTF VIVONEX[®] T.E.N.</p>	<p>\$1.85</p>
<p style="text-align: center;">B4154</p> <p>Enteral formula, nutritionally complete special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube. (100 calories = 1 unit)</p>	<p>BOOST GLUCOSE CONTROL[™] DIABETISOURCE[®] AC NUTREN[®] GLYTROL[®] IMPACT[®] IMPACT[®] 1.5 IMPACT ADVANCED RECOVERY[™] IMPACT[®] with FIBER NOVASOURCE[®] RENAL NUTREN[®] PULMONARY NUTRIHEP[®] RENALCAL[®]</p>	<p>\$1.18</p>
<p style="text-align: center;">B4155</p> <p>Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube. (100 calories = 1 unit)</p>	<p>MCT OIL[™] MICROLIPID[®] ARGINAID[®] RESOURCE[®] BENEALORIE[®] RESOURCE[®] BENEPROTEIN[®] INSTANT PROTEIN POWDER GLUTASOLVE[®]</p>	<p>\$0.92</p>

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Reimbursement information provided by Nestlé HealthCare Nutrition, Inc., (HCN) is gathered from third party sources and is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice and does not constitute a recommendation related to medical necessity or the documentation that should be provided in connection with a given patient or claim. All medical necessity determinations must be made by the responsible clinician. HCN makes no representation or warranty regarding this information or its completeness, accuracy, timeliness, or applicability to a particular patient. HCN specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this document. Suppliers are responsible for submitting accurate and appropriate claims for services. Laws, regulations and payer policies concerning reimbursement are complex and change frequently. Accordingly, HCN recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage and reimbursement matters.



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HCPCS CODE	NESTLÉ HEALTHCARE NUTRITION ENTERAL FORMULAS	2009 FEE SCHEDULE*
PEDIATRIC FORMULAS		
<p style="text-align: center;">B4160</p> <p>Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/mL) with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. (100 calories = 1 unit)</p>	<p>NUTREN JUNIOR® NUTREN JUNIOR® FIBER BOOST® KID ESSENTIALS BOOST® KID ESSENTIALS 1.5 CAL BOOST® KID ESSENTIALS 1.5 CAL with FIBER</p>	<p>NA</p>
<p style="text-align: center;">B4161</p> <p>Enteral formula for pediatrics, hydrolyzed/amino acids and peptide chain proteins includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. (100 calories = 1 unit)</p>	<p>PEPTAMEN JUNIOR® PEPTAMEN JUNIOR® 1.5 PEPTAMEN JUNIOR® with PREBIO^{1™} PEPTAMEN JUNIOR® FIBER VIVONEX® PEDIATRIC</p>	<p>NA</p>

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HCPCS CODE	ENTERAL KITS AND SUPPLIES	2009 FEE SCHEDULE*
DESCRIPTION		
B4034	Syringe Supply Kit (1/day)	\$5.93/day
B4035	Pump Supply Kit (1/day)	\$11.30/day
B4036	Gravity Supply Kit (1/day)	\$7.76/day
B4081	Nasogastric Tube with stylet (3 per 3 months)	\$20.96
B4082	Nasogastric Tube without stylet (3 per 3 months)	\$15.59
B4083	Stomach Tube-Levine type (3 per 3 months)	\$2.39
B4088	Gastrostomy/Jejunostomy Tube	\$34.59
B9000 NU	Enteral Infusion Pump without alarm	\$1188.74 (purchase new)
B9000 RR	Enteral Infusion Pump without alarm	\$109.23 (rental rate)
B9000 UE	Enteral Infusion Pump without alarm	\$891.55 (purchase used)
B9002 NU	Enteral Infusion Pump with alarm	\$1188.74 (purchase new)
B9002 RR	Enteral Infusion Pump with alarm	\$115.13 (rental rate)
N9002 UE	Enteral Infusion Pump with alarm	\$891.55 (purchase used)

*Medicare Part B 2008 Fee for Service Payment Rates can be found at:
http://www.cignagovernmentservices.com/medicare_dynamic/fees/jc/search.asp

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