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**Effective Date:** May 01, 2026

## Description

This policy provides guidelines for the payment of eligible services for home infusion therapy including enteral nutrition (EN) and total parenteral nutrition (TPN).

## Policy & Guidelines

### Policy Statement

Blue Cross and Blue Shield of Vermont (Blue Cross VT) payment for services associated with home infusion therapy including enteral nutrition and total parenteral nutrition will be based on applicable criteria set forth below in this policy.

Home infusion therapy services include the provision of nutrients, antibiotics, and other drugs and fluids administered intravenously, including all medically appropriate and necessary supplies, administered in the members residence. A home infusion therapy provider provides these services to members or their families who have been trained in the administration of these services.

## Eligible

### Definition:

#### Place of Service [12] Home

This policy applies to payment for infusion including EN and TPN therapy services provided in the member's home. Home is defined by CPT® as "Location, other than a hospital or other facility, where the member receives care in a private residence."

Services provided in other locations as defined above by CPT® are not eligible for home infusion payment under this policy.

Blue Cross VT pays for home infusion therapy services prescribed by a physician, physician's assistant, or nurse practitioner. Services must be provided by an in-network home infusion therapy provider.

Payment for Medically Necessary home infusion (including EN and TPN) therapies consists of potentially three components: (1) a per diem payment, (2) payment for drugs, and (3) payment for nursing services (or other services that may be outside of the per diem payment – in the event a per diem service is not provided, the rental or purchase of an infusion pump is separately reimbursable).

Criteria for medical necessity are set forth by medical policies for: (1) Home Infusion, (2) Enteral Nutrition and (3) Total Parenteral Nutrition (TPN) in the Home Setting. Medical policies are available at <https://www.bluecrossvt.org/>.

### **Per Diem Payment:**

There are various per diem service codes to be used for different types of home infusion therapy services. **NOTE:** All supplies and equipment, pumps, flushes for ports, IV, PICC lines for HIT/TPN **are included** in the per diem rate. Drugs and nursing visits **may be reported separately**.

The Healthcare Common Procedure Coding System (HCPCS) "S" codes identified for home infusion therapy (HIT) services may be based on a "per diem" payment. The per diem includes all supplies, care coordination, professional pharmacy services and such costs for services not separately reimbursable. A per diem day is equal to (24 hours) which a member receives home infusion by a qualified health professional. Services and products included in the per diem payment include the following list below which is not all-inclusive and is provided for illustrative purposes only:

- **Generally**
  - **Professional Pharmacy Services**
    - Continuing education to professional pharmacy staff
    - Removal, storage and disposal of infectious waste
    - Maintaining accreditation requirements
    - Catheter care (unless provided as a stand-alone service)
  - **Dispensing**
    - Medication profile setup and drug utilization review
    - Monitoring for potential drug interactions
    - Sterile procedures including intravenous admixtures, clean room upkeep, vertical and horizontal laminar flow hood certification, and all other biomedical procedures necessary for a safe environment
    - USP797 compliant sterile compounding of medications
    - Member counseling as required by law or regulation
  - **Clinical Monitoring**
    - Development and implementation of pharmaceutical care plans
    - Pharmacokinetic dosing
    - Review and interpretation of member test results
    - Recommending dosage or medication changes based on clinical findings
    - Initial and ongoing pharmacy member assessment and clinical monitoring
    - Measurement of field nursing competency with subsequent education and training

- Other professional and cognitive services as needed to clinically manage the member
- **Care Coordination**
  - Member admittance services, including communication with other medical professionals, member assessment, and opening of the medical record
  - Member/caregiver educational activities, including providing training and member education materials
  - Clinical coordination of infusion services care with physicians, nurses, member's and family, other providers, caregivers and case managers
  - Clinical coordination of non-infusion related services
  - Member discharge services, including communication with other medical professionals and closing of the medical record
  - 24 hours per day, 7 days per week, availability for questions and/or other problems of a dedicated infusion team consisting of pharmacists, nurses, and all other medical professionals responsible for clinical response, problem solving, trouble shooting, question answering, and other professional duties from pharmacy staff that do not require a member visit
  - Development and monitoring of nursing care plans
  - Coordination, education, training, and management of field nursing staff (or subcontracted agencies)
  - Delivery and removal of medication, supplies and equipment to member's home
- **Supplies and Equipment**
  - Line maintenance supplies including non-therapeutic anti-coagulants and saline
  - Durable Medical Equipment (DME) (pumps, poles and accessories) for drug and nutrition administration, including durable, reusable infusion pumps and elastomeric, disposable infusion pumps and all other infusion therapy devices.
  - Equipment maintenance and repair (excluding member owned equipment)
  - Short peripheral vascular access devices
  - Needles, gauze, non-implanted sterile tubing, catheters, dressing kits and other necessary supplies for the safe and effective administration of infusion, specialty drug and nutrition therapies including flushing solutions.
- **Administrative Services**
  - Administering coordination of benefits with other insurers
  - Determining insurance coverage, including coverage for compliance with all state and federal regulations
  - Verification of insurance eligibility and extent of coverage
  - Performing prior authorizations
  - Performing billing functions
  - Performing account collection activities
  - Internal and external auditing and other regulatory compliance activities
  - Postage and shipping
  - Design and production of education materials.
- **For TPN**
  - Non-specialty amino acids (e.g., Aminosyn®, FreAmine®, Travasol®)
  - Concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70)
  - Sterile water
  - Electrolytes (e.g., CaCl2, KCL, KPO4, MgSo4, NaAc, NACL, NaPO4)
  - Standard multi-trace element solutions (e.g., MTE4, MTE5, MTE7)

- Standard multivitamin solutions (e.g., MVI12-MVI13).
- Added trace elements not from a standard multi-trace element solution (e.g., chromium, copper, iodine, manganese, selenium, zinc).

Services and products not included in the per diem payment include the following list below which is not all-inclusive and is provided for illustrative purposes only:

- **General**
  - Nursing visits
  - Costs for medications (drugs and specialty drugs)
  - Enteral formula when the criteria stated in medical policy are met
  - Covered DME not related to infusion therapy (billed separately from infusion services) when provided by a contracted DME provider
- **For TPN**
  - Specialty amino acids for renal failure (e.g., Aminess<sup>1</sup>™, Aminosyn-RF®, NephrAmine®, RenAmin)
  - Specialty amino acids for hepatic failure (e.g., HepatAmine®)
  - Specialty amino acids for high stress conditions (e.g., Aminosyn-HBC, BranchAmin, FreAmine HBC®, TrophAmine®)
  - Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restriction (e.g., Aminosyn® 15%, Novamine® 15%, Clinisol® 15%); if specialty amino acids are not medically necessary for the member's condition but are standard protocol, they **are not** separately billable but part of the TPN per diem
  - Lipids (e.g., Intralipid®, Liposyn®)
  - Added vitamins not from a standard multivitamin solution (e.g., folic acid, vitamin C, vitamin K)
  - Products serving non-nutritional purposes (e.g., heparin, insulin, iron dextran, Pepcid®, Sandostatin®, Zofran®)

#### **Medications (Drugs and Specialty Drugs):**

- Costs for drugs are billed and reimbursed separate from the per diem rates for the home infusion therapy services listed above.
- Contracted network pharmacies must be able to:
  - Deliver home-infused drugs in a form that can be easily administered in a clinically appropriate fashion.
  - Provide infusible drugs for both short-term acute care and long-term chronic care therapies.
  - Provide covered home infusion drugs within 24 hours of discharge from an acute setting unless the next required dose, as prescribed, is required to be administered later than 24 hours after discharge.

#### **Nursing Visits:**

The provision of home infusion services and specialty drug administration sometimes requires home

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<sup>1</sup> Trade names are used for references purposes only and their use does not constitute a product recommendation or comment on extent of use in practice.

nursing visits.

- Costs for nursing visits are billed and reimbursed separate from the per diem rates for the home infusion therapy services listed above.
- Nursing Services are provided by a Registered Nurse with special education, training and expertise in home administration of drugs via infusion and home administration of specialty drugs. Nursing services may be provided directly by infusion therapy pharmacy nursing staff or by a qualified home health agency.
- Home infusion vendors may subcontract with another agency for all or part of the nursing services. In these instances, the home infusion vendor assumes responsibility and oversight of care provided, bills Blue Cross VT for services, and is responsible to pay for all subcontracted services.
- Bill for home infusion nursing services using CPT® code 99601 for a visit lasting up to two hours and CPT® code 99602 for each additional hour.

## Not Eligible

The following are considered not eligible for payment and will be denied provider liability:

- Services that are not medically necessary per the corporate home infusion therapy or other medical policies.
- When a home infusion cassette is changed in the office/clinic setting, only the provider who refills the pump should bill for the service. The home infusion provider cannot bill for the infusion service as that is a duplication of services.
- Instruction performed at an inpatient setting on catheter care and maintenance is not a separately reimbursable service but inclusive to an inpatient stay.
- Drugs, biological agents or infusions that have not been approved by, or have been determined to be contra-indicated by, the U.S. Food and Drug Administration (FDA)
- Non-FDA approved uses (off-label indications) of drugs, biological agents or infusions that:
  - Have not been determined to be medically necessary in accordance with generally accepted standards of medical practice; **or**
  - Are not clinically appropriate, in terms of dosage, frequency, site, and duration of administration; **or**
  - Are not considered to be safe and effective for the member's illness, injury, or disease as determined by adequate evidence in at least two different controlled clinical studies published in peer-reviewed biomedical journals.

Separate payment for services, items, or supplies included within the per diem rate, which includes, but is not limited to:

- Any infusion or port line flushes (heparin and saline, etc.)
- Any admixture or diluents, including intravenous piggy- back (IVPB)
- Supplies or equipment associated with the drug administration (i.e., tubing, filters, and pumps)
- Any IV insertion charges (team or individual)
- Any drug preparation, compounding, or processing fees

- Enteral supplies (including but not limited to enteral feeding kits, pumps and poles) and/or nursing and home services when the formula is determined to be not medically necessary are not covered.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition
- Any drug without documentation that it was ordered by a provider and/or actually administered to the member.
- Services provided in an Ambulatory Infusion Suite (AIS) are not considered home infusion therapy and therefore should not be billed with place of service [12].

## Provider Billing Guidelines and Documentation

### 1. Drugs

#### a. Claim Submission

##### i. Data Elements required:

1. Applicable Current Procedural Terminology (CPT®) or Health Care Procedure Coding System (HCPCS) codes and HCPCS Unit.
2. N4 product ID qualifier 11-digit National Drug Code (NDC) (no hyphens)
3. Quantity/Dosage (units indicated on the claim must be based on the dosage and correspond to the NDC billed; if the dosage and NDC **do not** match the billed amount, the claim will be denied. Note: quantity is limited to 8 digits before the decimal point and 3 digits after the decimal point).
  - a. Acceptable values for the NDC units of measurement qualifiers are as follows
    - i. F2 (International Unit)
    - ii. GR (Gram)
    - iii. ME (Milligram)
    - iv. ML (Milliliter)
    - v. UN (Unit)
  - b. A National Drug Code (NDC) provider tool is available to assist practices in determining the unit of measure that must be reported. Providers may obtain access to the tool upon request to their provider relations consultant.

#### 4. Name of drug

##### ii. Paper Claims.

1. Providers who submit claims on paper must supply the information on the claim form or attached to the claim as a separate document.
2. Use CMS 1500 version 0938-0999 or 0938-1197
3. For item number 24a, in the shaded area (above dates of service), report in order: N4 product ID qualifier, 11-digit NDC (no hyphens), unit of measure and quantity/dosage (units indicated on the claim must be based on the dosage and correspond to the NDC billed; if the dosage and NDC **do not** match the billed amount, the claim will be rejected). Note: quantity is limited to 8 digits before the decimal point and 3 digits

after the decimal point). If your software does not allow for automated population in this item number, we will accept the information if hand-written in this area.

4. For item number 24d, continue to report applicable CPT® or HCPCS codes. In item number G (days or units) continue to report applicable CPT® or HCPCS units and **not** the NDC units.

iii. Electronic Claims

1. Use HIPAA-compliant 837P
  2. Blue Cross VT utilizes institutional and professional implementation guides, section 1.11, for NDC submission requirements. The CPT® or HCPCS codes and CPT®/HCPCS units still must be submitted in addition to the NDC.
- b. Check prior approval/ benefit requirements in advance.
  - c. Billable Units – Billable Units represent the number of units in a product based on strength of the product per vial/ampule/syringe, etc., as it relates to the NDC description. Billable Units per package are the number of units in the entire package as it relates to the NDC.
  - d. Wastage – Please refer to Discarded Drugs and Biologicals ( Professional and Facility) Corporate Payment Policy for more information about payment for the appropriately discarded amount of a single-use drug/biological product after administering what is reasonable and necessary for the member’s condition.
  - e. Unutilized Drugs and Supplies- When an unanticipated change in a Member’s condition requires a change in treatment plan, or hospitalization Blue Cross VT will pay for delivered but unutilized supplies and drugs per the following guidelines:
    - i. Pain therapy – up to a three (3)-day supply
    - ii. Antibiotics therapy– up to a three (3)-day supply
    - iii. Chemotherapy– up to a three (3)-day supply
    - iv. All other therapies – up to a three (3)-day supply
    - v. Enteral therapy-up to a thirty (30)- day supply
2. Nursing Services – see Policy section, above
  3. Per Diem –
    - a. See Policy section, above
    - b. Modifiers – Two situationally-used modifiers allow specifications of second, third, or more therapies provided in addition to primary therapy: -SH (Second concurrently administered therapy) and -SJ (Third or more concurrently administered therapy). The -SH and -SJ modifiers apply only to multiple therapies within the same category. For example, if a member receives TPN and anti-infective therapy on the same day, do not use a modifier – the TPN and ant-infective per diems are allowed in full. When use of these modifiers is appropriate (multiple therapies within the same category provided), Blue Cross VT will take a 50% payment reduction in the allowed amount for the code to which the modifier is appended.

Health Care Procedure Coding System (HCPCS) codes related to chemotherapy drugs, drugs administered other than oral method, and enteral/parenteral formulas may be subject to National Drug Code (NDC) processing and pricing. The use of NDC on medical claims helps facilitate more accurate payment and better management of drug costs based on what was dispensed and may be required for payment. For more information on Blue Cross VT requirements for billing of NDC please refer to the provider portal at <https://www.bluecrossvt.org/providers> for the latest news and communications.

## Benefit Determination Guidance

Payment for services is determined by the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Eligible services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

**Federal Employee Program (FEP):** Members may have different benefits that apply. For further information, please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

**Inter Plan Programs (IPP):** In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (Blue Cross VT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment, it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

## Eligible Providers

This policy applies to all providers/facilities contracted with the Blue Cross VT Network (participating/in-network) and any non-participating/out-of-network providers/facilities.

## Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure adherence with the guidelines stated in the payment policy. If an audit identifies instances of non-adherence with this payment policy, Blue Cross VT reserves the right to recover all non-adherence payments.

## Legislative and Regulatory Guidelines

Vermont Act 128 V.S.A. § 4089e. Added 1997, effective April 27, 1998.

## Related Policies

Discarded Drugs and Biologicals (Professional and Facility) Corporate (CPP\_47) Payment Policy  
Enteral Nutrition Corporate Medical Policy  
Home Infusion Therapy Corporate Medical Policy  
Medical Food for Inherited Metabolic Diseases  
Total Parenteral Nutrition (TPN) in the Home Setting Corporate Medical Policy

## Document Precedence

The Blue Cross VT Payment Policy Manual was developed to provide guidance for providers regarding Blue Cross VT payment practices and facilitates the systematic application of Blue Cross VT member contracts and employer benefit documents, provider contracts, Blue Cross VT corporate medical policies, and claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.
- 4) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and claim editing solutions. Blue Cross VT claim editing solution takes precedence.

## References

American Medical Association. (2026). *CPT®: Current Procedural Terminology (Professional)*. Chicago IL: American Medical Association.

## Policy Implementation/Update Information

This policy was originally implemented on January 1, 2018

Date of Change	Effective Date	Overview of Change
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January 01, 2018	January 01, 2018	New Policy
January 1, 2021	January 1, 2021	Policy updated
March 17, 2023	April 01, 2024	HCPCS S9562 description updated to align with April 1, 2023, HCPCS description changed. HCPCS S9563 added, New HCPCS effective April 1, 2023. Updated BCBSVT to be Blue Cross VT . Updated Blue Cross VT URL's. HCPCS S9562 description updated to align with April 1, 2023, HCPCS description changed. HCPCS S9563 added, New HCPCS effective April 1, 2023. Updated BCBSVT to be Blue Cross VT.
February 05, 2026	May 01, 2026	<p>Payment policy updated new template format. Changed name from 'Home Infusion Therapy (Including Enteral Nutritional and Total Parenteral Nutrition) Services to 'Home Infusion Therapy'. Regulatory citation added. Added reference section. Added definition to define home place of service [12].</p> <p>Under TPN sections under per-diem rates added, trace elements with examples. Updated related policy section. Added expanded language in unutilized drugs and supplies section to specify for EN services.</p> <p>Added under not eligible section: When a home infusion cassette is changed in the office/clinic setting, only the provider who refills the pump should bill for the service. The home infusion provider cannot bill for the infusion service as that is a duplication of services. Instruction performed at an inpatient setting on catheter care and maintenance is not a separately reimbursable service but inclusive to an inpatient stay. Services provided in an Ambulatory Infusion Suite (AIS) are not considered home infusion therapy and therefore should not be billed with place of service [12].</p> <p>Coding Table Changes: Removed the following code ranges and replaced with individual codes: A4206-A4223, B9004-B9006, E0776-E0791, B9000-B9002. Remove the following codes from coding table: B4160, E0787, S9208-S9214, S9430, S9538, S9590. Deleted code B9000 from coding table. Updated B9002 descriptor. Added codes S9542 &amp; S9810 to suspend for medical review. Added - SH modifier to coding table. Added K0455 to coding table. Added language pertaining to the reporting NDC #'s on coding table guidance. Added benefit Exclusion section to coding table with the following codes: B4100, B4102, B4103, B4104, B4148, B4149, B4150, B4152, B4158, B4159, B4160.</p>

*Tom Weigel, MD*

Tom Weigel, MD, Chief Medical Officer

### Coding Table

**NOTE: All supplies and equipment, pumps, flushes for ports, IV, PICC lines for HIT/TPN are included in the per diem rate. Drugs and nursing visits may be reported separately.**

The following codes will be considered medically necessary when applicable criteria have been met.		
Code	Description	Instructions
B4105	In-Line Cartridge, containing digestive enzyme	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4206	Syringe with needle, sterile, 1 cc or less, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4207	Syringe with needle, sterile 2 cc, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4208	Syringe with needle, sterile 3 cc, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4209	Syringe with needle, sterile 5 cc or greater, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4210	Needle-free injection device, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive

A4211	Supplies for self-administered injections	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4212	Noncoring needle or stylet with or without catheter	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4213	Syringe, sterile, 20 cc or greater, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4215	Needle, sterile, any size, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4217	Sterile water/saline, 500 ml	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4220	Refill kit for implantable infusion pump	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4221	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4222	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4081	Nasogastric tubing with stylet	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive

B4082	Nasogastric tubing without stylet	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4083	Stomach tube - levine type	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Separately billable, requires NDC (refer to Provider Billing Guidelines within payment policy)
B4154	Enteral formula, nutritionally complete, for 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	Separately billable. , requires NDC (refer to Provider Billing Guidelines within payment policy).
B4155	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	Separately billable , requires NDC (refer to Provider Billing Guidelines within payment policy).
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Separately billable , requires NDC (refer to Provider Billing Guidelines within payment policy).
B4161	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	Separately billable , requires NDC (refer to Provider Billing Guidelines within payment policy).
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered	Separately billable , requires NDC (refer to Provider Billing Guidelines within payment policy).

	through an enteral feeding tube, 100 calories = 1 unit	
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4185	Parenteral nutrition solution, per 10 grams lipids	Separately billable. Not considered inclusive to HIT S codes in this policy
B4187	Omegaven, 10 gms, lipid	Separately billable. Not considered inclusive to HIT S codes in this policy
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive

B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4220	Parenteral nutrition supply kit; premix, per day	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4222	Parenteral nutrition supply kit; home mix, per day	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4224	Parenteral nutrition administration kit, per day	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, renal -Aminosyn RF, NephroAmine, RenAmine-premix	Separately billable, requires NDC (refer to Provider Billing Guidelines within payment policy).
B5100	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, hepatic - FreAmine HBC, HepatAmine -premix	Separately billable, requires NDC (refer to Provider Billing Guidelines within payment policy).
B5200	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	Separately billable, requires NDC (refer to Provider Billing Guidelines within payment policy).
B9004	Parenteral nutrition infusion pump, portable	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9006	Parenteral nutrition infusion pump, stationary	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9998	Noc for enteral supplies	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9999	Noc for parenteral supplies	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9002	Enteral nutrition infusion pump, any type	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9998	Noc for enteral supplies	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0776	IV pole	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive

E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0784	External ambulatory infusion pump, insulin	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0791	Parenteral infusion pump, stationary, single, or multichannel	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
J1642	Injection, Sodium (heparin lock flush)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
S5035	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
S5036	Home infusion therapy, repair of infusion device (e.g. pump repair)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
S5497	Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S5498	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Separately billable

S5501	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S5502	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Separately billable
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Separately billable
S5518	Home infusion therapy, all supplies necessary for catheter repair	Separately billable
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion	Separately billable
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Separately billable
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included)	Separately billable
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Separately billable
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	Separately billable
S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy	Separately billable

	services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	Separately billable
S9330	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9335	Home Infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	Separately billable
S9336	Home Infusion therapy, continuous anti-coagulant infusion therapy (e.g.heparin) administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits	Separately billable

	coded separately), per diem	
S9340	Home Therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Separately billable
S9341	Home Therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Separately billable
S9342	Home Therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Separately billable
S9343	Home Therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Separately billable
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g. factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolactin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g. epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable

S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Separately billable
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g. imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g. infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9363	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all	Separately billable

	necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Separately billable
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Separately billable
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Separately billable
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Separately billable
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g. heparin); administrative services, professional pharmacy services, care	Separately billable

	coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)	
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)	Separately billable
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Separately billable
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services,	Separately billable

	professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9537	Home therapy; hematopoietic hormone injection therapy (e.g.erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable

S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Suspend for Medical Review
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9560	Home injectable therapy, hormonal therapy (e.g..leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for rsv, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	Separately billable
Modifier- BA	Items furnished in conjunction with parenteral enteral nutritional (PEN) services	
Modifier -BO	Orally administered nutrition, not by feeding tube	
Modifier -SH	Second concurrently administered infusion therapy	
Modifier -SJ	Third or more concurrently administered infusion therapy	

96523	Irrigation of implanted venous access device for drug delivery systems	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	Separately billable for teaching done in the home. Cannot be billed for teaching performed in the hospital.
99602	each additional hour (List separately in addition to code for primary procedure) Code initial 2 hours (99601)	Separately billable for teaching done in the home. Cannot be billed for teaching performed in the hospital.
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
<b>The following codes will be denied as a Benefit Exclusion.</b>		
B4100	Food thickener, administered orally, per oz	Benefit Exclusion
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Benefit Exclusion
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Benefit Exclusion
B4104	Additive for enteral formula (e.g., fiber)	Benefit Exclusion
B4149	Enteral formula, manufactured 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	Benefit Exclusion
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	Benefit Exclusion
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	Benefit Exclusion
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Benefit Exclusion

B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Benefit Exclusion
B4160	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	Benefit Exclusion