SECTION 12
HOME PARENTERAL NUTRITION

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
B4164	Purchase/500 ml=1 unit	$ 15.08
B4168	Purchase/500 ml=1 unit	$ 21.96
B4172	Purchase/500 ml=1 unit	$ 42.51
B4176	Purchase/500 ml=1 unit	$ 42.51
B4178	Purchase/500 ml=1 unit	$ 51.04
B4180	Purchase/500 ml=1 unit	$ 21.61
B4184	Purchase/500 ml=1 unit	$ 70.86
B4186	Purchase/500 ml=1 unit	$ 94.48
B4189	Purchase/1 day=1 unit	$ 157.66
B4193	Purchase/1 day=1 unit	$ 203.73
B4197	Purchase/1 day=1 unit	$ 248.02
B4199	Purchase/1 day=1 unit	$ 283.42
B4216	Purchase/1 day=1 unit	$ 6.85
B4220	Purchase/1 day=1 unit	$ 7.10
B4222	Purchase/1 day=1 unit	$ 8.75
B4224	Purchase/1 day=1 unit	$ 22.19
B5000	Purchase/1 gram=1 unit	$ 10.54
B5100	Purchase/1 gram=1 unit	$ 4.12
B5200	Purchase/Invoice of Cost/ 1 gram=1 unit	MP
B9004	Purchase/More than 6 months	$2238.01
	Rental/1 month=1 unit	$ 354.30
B9006	Purchase/More than 6 months	$2238.01
	Rental/1 month=1 unit	$ 354.30
B9999	Purchase/MN/Invoice of Cost	MP

MP = Manually Priced