

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
DME ENTERAL NUTRITION FEE SCHEDULE
EFFECTIVE FOR DATES OF SERVICE JANUARY 1, 2023 AND FORWARD

HCPCS	DESCRIPTION	EFFECTIVE DATE	PRICE PER 100KCAL
B4100	THICKENING AGENT, ORAL	01/01/2023	0.41
B4102	EF ADULT FLUIDS AND ELECTRO	01/01/2023	1.06
B4103	EF PED FLUID AND ELECTROLYTE	01/01/2023	1.06
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G.FI	01/01/2023	1.37
B4149	EF BLENDERIZED FOODS	01/01/2023	1.27
B4150	ENTERAL FORMULA;CATEGORY I: SEMI-SYN	01/01/2023	0.52
B4152	ENTERAL FORMULAE; CATEGORY II: INTAC	01/01/2023	0.42
B4153	ENTERAL FORMULAE; CATEGORY III: HYD	01/01/2023	1.53
B4154	ENTERAL FORMULAE; CATEGORY IV: DEFI	01/01/2023	0.92
B4155	ENTERAL FORMULAE; CATEGORY V: MODUL	01/01/2023	0.82
B4158	EF PED COMPLETE INTACT NUT	01/01/2023	1.02
B4159	EF PED COMPLETE SOY BASED	01/01/2023	0.52
B4160	EF PED CALORIC DENSE>/=0.7KC	01/01/2023	0.87
B4161	EF,PED,HYDROLYZED/AMINO ACIDS	01/01/2023	1.95