

To: AmeriHealth Caritas Louisiana DME Providers

Date: July 20, 2018

Subject: Total Parenteral Nutrition (TPN) Claims

Summary: AmeriHealth Caritas Louisiana will provide Total Parenteral Nutrition to our members as a valued-added service, effective May 1, 2018.

Effective May 1, 2018, our claims system was updated to allow for reimbursement of Total Parenteral Nutrition (TPN) codes.

DME providers who supply Total Parenteral Nutrition to AmeriHealth Caritas Members are no longer required to have a single case agreement (SCA).

Providers who have an existing SCA for TPN, have two options for filing TPN claims:

1. The provider may submit a hardcopy claim(s) with a copy of the SCA and the claim will process according to the SCA, or
2. The provider may submit the claim(s) electronically and the claim will process according to the fee schedule below.

Below is AmeriHealth Caritas Louisiana's Fee Schedule for Total Parenteral Nutrition.

Procedure Code	Modifier	Modifier 2	Description	Fee
B4164			Parenteral soln. 50% or less dextrose (500ml=1unit) home mix	\$ 13.75
B4168			Parenteral soln. amino acid 3.5%, (500 ml = 1 unit) - home mix	\$ 20.05
B4172			Parenteral soln. amino acid, 5.5% -7%, (500 ml = 1 unit) - home mix	\$ 27.81
B4176			Parenteral soln. amino acid 7% through 8.5%, (500 ml = 1 unit) - home mix	\$ 38.79
B4178			Parenteral soln. amino acid >8.5% (500 ml = 1 unit), home mix	\$ 46.56
B4180			Parenteral soln. carb > 50% (500 ml = 1 unit), home mix	\$ 19.74
B4185			Parenteral soln. 10 gm lipids	\$ 9.09
B4189			Parenteral soln. compounded amino acid & CHO w/electrolytes, trace elements, & vitamins, including preparation, any strength, 10g - 51g protein, premix	\$ 143.84

Procedure Code	Modifier	Modifier 2	Description	Fee
B4193			Parenteral soln. compounded amino acid & CHO w/electrolytes, trace elements, & vitamins, including preparation, any strength, 52g-73g protein, premix	\$ 185.86
B4197			Parenteral soln. compounded amino acid & CHO w/electrolytes, trace elements, & vitamins, including preparation, any strength, 74g - 100g protein, premix	\$ 226.28
B4199			Parenteral soln. compounded amino acid & CHO w/electrolytes, trace elements, & vitamins, including preparation, any strength, >100g protein, premix	\$ 258.57
B4216			Parenteral nutrition, additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	\$ 6.24
B4220			Parenteral supply kit premix	\$ 6.48
B4222			Parenteral supply kit homemix	\$ 7.99
B4224			Parenteral administration kit	\$ 20.23
B5000			Parenteral soln. compounded amino acid & CHO w/electrolytes, trace elements, & vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmine - premix	\$ 9.63
B5100			Parenteral soln. compounded amino acid & CHO w/electrolytes, trace elements, & vitamins, including preparation, any strength, hepatic-HepatoAmine-premix	\$ 3.76
B5200			Parenteral soln. compounded amino acid & CHO w/electrolytes, trace elements, & vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix	\$ 9.63
B9002	MS		Enteral nutrition infusion pump, any type--Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty	\$ 23.71
B9002	NU		Enteral nutrition infusion pump, any type -- New, Purchase	\$ 474.18
B9002	RR		Enteral nutrition infusion pump, any type -- Rental	\$ 47.42
B9004	MS		Parenteral infusion pump portable--Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty	\$ 161.61
B9004	NU		Parenteral infusion pump portable-- New, Purchase	\$ 2,041.78
B9004	RR		Parenteral infusion pump portable -- Rental	\$ 323.22
B9006	MS		Parenteral infusion pump stationary--Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty	\$ 161.61
B9006	NU		Parenteral infusion pump stationary-- New, Purchase	\$ 2,041.78
B9006	RR		Parenteral infusion pump stationary -- Rental	\$ 323.22

Procedure Code	Modifier	Modifier 2	Description	Fee
E0776	NU	BA	IV pole-- New, Purchase	\$ 38.77
E0776	RR	BA	IV pole – Rental	\$ 3.88

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana’s Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive. A list of account executives and their perspective areas can be found on our website at www.amerihhealthcaritasla.com > Providers > Resources.

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