

2024 MEDICAID PAYMENT RATES: DIGESTIVE HEALTH



2024 HCPCS coding optionsⁱ and State Medicaid Payment Allowablesⁱⁱ for our portfolio of enteral feeding tubes and products. Modifiers and quantity limits included when identified in the fee schedules.

| STATE | NG Tube with Stylet B4081 | NG Tube without Stylet B4082 | Standard G or G/J tube B4087 | Low Profile G or G/J Tube B4088 | NOC, enteral supplies B9998 |
|-------------|------------------------------|---------------------------------|---------------------------------|--|--|
| ALABAMA | \$16.76 31/mo | \$12.47 31/mo | \$27.86 4/mo | \$178.64 4/yr | |
| ALASKA | \$23.15 1/mo | \$16.94 1/mo | \$38.18 1/3 mo | \$43.33 1/3 mo | |
| ARIZONA | \$26.61 | \$19.13 | \$46.29 | \$51.77 | |
| ARKANSAS | | B4082-EP \$15.00 | \$38.22 | B9998 Low Profile G-G/J Tube \$104.50 2/yr | |
| CALIFORNIA | \$21.27 6/365 days | \$13.06 6/365 days | \$74.39 6/365 days | \$119.79 6/365 days | Extension Set \$21.54 6/27-day period |
| COLORADO | \$17.99 | \$13.97 | Manually Priced | Manually Priced | |
| CONNECTICUT | \$19.17 1/mo | \$14.26 1/mo | \$29.40 1/mo | \$29.40 1/mo | |
| DELAWARE | \$18.98 | \$13.72 | By Report | By Report | |
| FLORIDA | \$15.61 8/mo | \$12.49 8/mo | \$15.61 2/mo | \$123.40 1/mo | |
| GEORGIA | \$18.04 4/mo | \$13.42 4/mo | \$30.58 1/mo | <21 yr-B9998-U3 \$250.00 1/mo >21 yr - B4088 \$30.58 1/mo | Gastric Pressure Relief System B9998-U2 \$5.00 - 30/mo MIC-KEY Ext Set B9998 \$15.00 4/mo |
| HAWAII | \$19.17 | \$13.50 | \$38.22 | \$38.22 | |
| IDAHO | \$18.15 | \$13.09 | \$32.23 | \$36.86 | |
| ILLINOIS | \$14.55 1/30 days | \$11.29 1/30 days | \$30.19 1/30 days | \$126.06 4/365 days | |
| INDIANA | \$19.78 | \$14.73 | \$17.03 | \$17.03 | |
| IOWA | \$27.70 | \$15.29 | \$37.03 | \$193.11 | |
| KANSAS | \$11.77 | \$8.69 | \$19.79 | \$22.12 | |
| KENTUCKY | \$19.78 | \$14.73 | \$30.58 | \$110.00 | |
| LOUISIANA | \$13.34 | \$9.93 | Not listed | \$26.65 | |
| MAINE | \$23.15 | \$16.94 | \$39.18 | \$42.11 | |

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|----------------|------------------------------|---------------------------------|---|---|--------------------------------|
| MARYLAND | \$18.37 15/mo | \$13.66 30/mo | \$30.32 6/year | \$107.11 6/year | |
| MASSACHUSETTS | \$15.61 | \$11.49 | NU \$25.80 UC \$144.00 | NU \$27.96 UC \$144.00 | |
| | | | (UC-pediatric specialized equipment only) | | |
| MICHIGAN | \$13.12 | \$11.14 | U3 \$10.92 | \$122.17 | |
| MINNESOTA | \$22.16 | \$16.47 | \$36.57 | \$36.57 | |
| MISSOURI | EP \$20.30 1/mo | EP \$15.11 1/mo | EP \$33.88 1/90 days | EP \$126.88 1/90 days | |
| MISSISSIPPI | \$18.52 1/day | \$13.55 1/day | \$31.34 1/mo | Manually Priced 1/mo | |
| MONTANA | Non-rural \$17.39 | Non-rural \$12.54 | Non-rural \$35.81 | Manually Priced | |
| | Rural \$20.08 | Rural \$14.69 | Rural \$39.18 | | |
| NEBRASKA | \$27.51 | \$20.47 | \$44.83 1/mo | Manually Priced (not to exceed \$120.00) 1/mo | |
| NEVADA | \$19.86 | \$14.79 | \$37.95 | BA \$112.01 | |
| NEW HAMPSHIRE | \$37.81 | \$21.26 | \$18.06 | \$21.61 | |
| NEW JERSEY | \$16.75 | \$12.98 | \$20.04 | \$22.62 | |
| NEW MEXICO | \$23.65 | \$17.00 | \$41.15 | \$46.02 | |
| NEW YORK | \$16.33 1/mo | \$10.16 2/mo | \$23.12 1/mo | \$173.72 1/mo | |
| NORTH CAROLINA | \$22.37 | \$16.65 | \$17.72 | \$135.92 | |
| NORTH DAKOTA | \$36.51 | \$25.52 | \$46.65 | \$46.65 | |
| OHIO | \$19.19 2/mo | \$14.29 2/mo | \$29.66 4/year | \$108.64 4/year | |
| OKLAHOMA | Non-rural \$24.64 | Non-rural \$17.17 | Manually Priced | Manually Priced | |
| | Rural \$28.90 | Rural \$21.18 | | | |
| OREGON | \$21.00 | \$15.63 | \$33.70 | \$79.92 | |
| PENNSYLVANIA | \$19.78 | \$14.73 | \$30.58 | \$30.58 | |
| RHODE ISLAND | \$20.37 20/mo | \$15.14 20/mo | \$33.62 4/mo | \$33.62 4/mo | |
| SOUTH CAROLINA | \$20.49 | \$15.24 | \$33.82 | \$33.82 | |

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|--------------------------|---------------------|------------------------|------------------------|------------------------------------|-----------------------|
| | B4081 | B4082 | B4087 | B4088 | B9998 |
| SOUTH DAKOTA | \$28.44 | \$18.73 | \$43.25 | \$118.59 | |
| TENNESSEE ⁱⁱⁱ | See notes | | | | |
| TEXAS | \$21.61 | \$16.07 | \$35.67 | \$35.67 | |
| UTAH | \$17.04 3/mo | \$13.94 3/mo | \$33.59 3/mo | \$33.59 3/mo | |
| VERMONT | \$20.84 | \$15.25 | \$35.27 | \$37.91 | |
| VIRGINIA | \$18.38 4/mo | \$12.92 4/mo | \$30.52 1/2mo | B9998 Manually Priced 1/ 2mo | |
| WASHINGTON | \$21.38 | \$15.89 | \$35.39 | \$93.33 | |
| WEST VIRGINIA | \$18.52 4/mo | \$13.55 4/mo | \$31.34 2/6mo | \$33.69 | |
| WISCONSIN | \$11.73 | \$11.46 | \$37.59 | \$125.90 | |
| WYOMING | \$20.32 | \$15.12 | \$33.54 | By Report | |
| WASHINGTON DC | \$20.68 1/mo | \$14.96 1/mo | \$33.20 1/mo | \$37.50 1/mo | |

NOTES:

Tennessee Medicaid does not publish their own fee schedules. TennCare services are offered through managed care entities. Medical, behavioral and long-term care services are covered by "at risk" Managed Care Organizations (MCOs) in each region of the state, and each participating MCO creates their own contracts with providers, maintains their own fee schedules, processes their own claims, and has their own in-network specialists and providers.

Managed Medicaid and State Medicaid payment rates may vary. Contact the payer for specific coding, coverage and billing guidelines for all enteral feeding supplies, including but not limited to enteral feeding tubes, securement devices, gastric pressure relief devices and enteral feeding tube extension sets.

Disclaimer: Information provided is derived from a variety of public sources as of January 2024 and is intended for general information only. It does not constitute reimbursement or legal advice. It is not intended to increase or maximize reimbursement by any payer. Avanos encourages providers to submit accurate and appropriate claims for payment. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges and modifiers for services that are rendered. Avanos recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Payer policies vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements.

ⁱ <https://www.cms.gov/medicare/coding/hcpcsreleasecodesets> Accessed January 2024

ⁱⁱ Medicaid State websites. Accessed January 2024

ⁱⁱⁱ [Therapy Comply - Tennessee Medicaid Therapy Fee Schedules](#) Accessed January 2024