

Arkansas Medicaid Hyperalimentation Fee Schedule

This fee schedule does not address the various coverage limitations routinely applied by Arkansas Medicaid before final payment is determined (e.g., beneficiary and provider eligibility, benefit limits, billing instructions, frequency of services, third party liability, age restrictions, prior authorization, co-payments/coinsurance where applicable). Procedure codes and/or fee schedule amounts listed do not guarantee payment, coverage or amount allowed.

Although every effort is made to ensure the accuracy of this information, discrepancies may occur. This fee schedule may be changed or updated at any time to correct such discrepancies. The reimbursement rates reflected in this fee schedule are in effect as of the date of this report. The reimbursement rate applied to a claim depends on the claim's date of service because Arkansas Medicaid's reimbursement rates are date-of-service effective. This fee schedule reflects only procedure codes that are currently payable. Any procedure code reflecting a Medicaid maximum of \$0.00 is manually priced.

Please note that Arkansas Medicaid will reimburse the lesser of the amount billed or the Medicaid maximum. For a full explanation of the procedure codes and modifiers listed here, refer to your Arkansas Medicaid provider manual and provider notices.

Run Date 8/12/25

Provider Type: 33

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Medicaid Maximum Allowed Amount
B4034					\$3.65
B4035					\$6.71
B4035	EP				\$6.71
B4036					\$5.04
B4103	EP	U1			\$5.86
B4103	U1				\$5.86
B4148					\$0.00
B4149	EP				\$1.21
B4149	EP	U7			\$1.21
B4149	U9				\$1.21
B4150	EP				\$0.45
B4150	EP	U1			\$0.45
B4150	EP	U1	U7		\$0.45
B4150	EP	U7			\$0.45
B4150	U9				\$0.45
B4152	EP				\$0.37
B4152	EP	U7			\$0.37
B4152	U9				\$0.37

B4153	EP				\$1.43
B4153	EP	U7			\$1.43
B4153	U9				\$1.43
B4154	EP				\$0.78
B4154	EP	U7			\$0.78
B4154	U9				\$0.78
B4155	EP				\$0.74
B4155	EP	U1			\$0.74
B4155	EP	U1	U7		\$0.74
B4155	EP	U2			\$0.74
B4155	EP	U2	U7		\$0.74
B4155	EP	U3			\$0.74
B4155	EP	U3	U7		\$0.74
B4155	EP	U7			\$0.74
B4155	U1	U9			\$0.74
B4155	U2	U9			\$0.74
B4155	U3	U9			\$0.74
B4155	U9				\$0.74
B4158	EP				\$2.02
B4158	EP	U7			\$2.02
B4158	U9				\$2.02
B4159	EP				\$2.25
B4159	EP	U7			\$2.25
B4159	EP	U7	U8		\$2.25
B4159	U8	U9			\$2.25
B4159	U9				\$2.25
B4160	EP				\$1.60
B4160	EP	U1			\$1.60
B4160	EP	U1	U7		\$1.60
B4160	EP	U1	U8		\$1.60
B4160	EP	U7			\$1.60
B4160	EP	U7	U8		\$1.60
B4160	U1	U8	U9		\$1.60
B4160	U1	U9			\$1.60
B4160	U8	U9			\$1.60
B4160	U9				\$1.60
B4161	EP				\$1.68
B4161	EP	U7			\$1.68
B4161	EP	U7	U8		\$1.68
B4161	U8	U9			\$1.68
B4161	U9				\$1.68
B4162	EP				\$6.98

B4162	EP	U1			\$6.98
B4162	EP	U1	U7		\$6.98
B4162	EP	U7			\$6.98
B4162	U1	U9			\$6.98
B4162	U9				\$6.98
B4220	U1				\$9.95
B9002					\$2.49
B9002	EP				\$2.49
K0739	U9				\$290.93
Q3014					\$2.54