

FREESTANDING DIALYSIS CENTER FEE SCHEDULE

Dialysis Treatments

Description	Abbreviation	Revenue Code	Max Fee
Hemodialysis Composite Rate	HEMO COMPOSITE	0821	\$100.00
Peritoneal Dialysis Composite Rate	PERTNL COMPOSITE	0831	\$53.57

Erythropoietin (EPO, Epogen)*

Description	Abbreviation	Procedure Code	Revenue Code	Max Fee
Erythropoietin less than 10,000 units	EPO, Epogen	Q4081	0634	\$1.25
Erythropoietin 10,000 units or more	EPO, Epogen	Q4081	0635	\$1.25

Injectable Medications*

Description	Procedure Code	Revenue Code	Max Fee
Calcitriol	J0636	0636	.42
Hectorol	J1270	0636	\$3.14
Doxecalciferol	J1270	0636	\$3.14
Venofer	J1756	0636	.36
Iron Sucrose	J1756	0636	.36
Carnitor	J1955	0636	\$5.00
Levocarnitine	J1955	0636	\$5.00
Zemplar	J2501	0636	\$2.77
Paricalcitol	J2501	0636	\$2.77
Ferrlecit	J2916	0636	\$5.25
Sodium ferric gluconate	J2916	0636	\$5.25
Alteplase	J2997	0636	\$38.71
Cathflo Activase	J2997	0636	\$38.71
Gentamycin	J1580	0636	.74
Tobramycin	J3260	0636	\$1.86
Vancomycin	J3370	0636	\$2.72

*Medicaid reimburses for injectable medications based on the Medicaid Prescribed Drug Program's reimbursement methodology. See Chapter 2 of the Prescription Drug Services Coverage and Limitations Handbook for reimbursement methodology. The handbook is available on the Medicaid fiscal agent Web Portal at <http://mymedicaid-florida.com>. Click on Public Information for Providers, then on Provider Support, and then on Provider Handbooks. It is incorporated by reference in 59G-4.250, F.A.C.