

FREESTANDING DIALYSIS CENTER FEE SCHEDULE

Dialysis Treatments

Description	Abbreviation	Revenue Code	Max Fee
Hemodialysis Composite Rate	HEMO COMPOSITE	0821	\$95.00
Peritoneal Dialysis Composite Rate	PERTNL COMPOSITE	0831	\$53.57

Erythropoietin (EPO, Epogen)*

Description	Abbreviation	Procedure Code	Revenue Code
Erythropoietin less than 10,000 units	EPO, Epogen	Q4081	0634
Erythropoietin 10,000 units or more	EPO, Epogen	Q4081	0635

Injectable Medications*

Description	Procedure Code	Revenue Code
Calcitriol	J0636	0636
Hectorol	J1270	0636
Doxecalciferol	J1270	0636
Venofer	J1756	0636
Iron Sucrose	J1756	0636
Carnitor	J1955	0636
Levocarnitine	J1955	0636
Zemplar	J2501	0636
Paricalcitol	J2501	0636
Ferrlecit	J2916	0636
Sodium ferric gluconate	J2916	0636
Alteplase	J2997	0636
Cathflo Activase	J2997	0636
Gentamycin	J1580	0636
Tobramycin	J3260	0636
Vancomycin	J3370	0636

*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.