

ENTERAL PRODUCT CLASSIFICATION LIST

The following list of enteral formulae is provided as a guideline for prescribers and dispensers. This is not an all-inclusive list, but is meant to assist providers in prescribing and determining the correct item code for billing. Coding is accurate as of the date of this revision, however, providers are urged to verify coding with manufacturers for any changes or revisions prior to submitting for reimbursement.

For products not listed below, dispensers are to use their judgment in selecting the appropriate product coding classification based upon the prescriber's order, general categorical descriptions, and Medicaid coverage criteria (see DME Policy Guidelines at <http://www.emedny.org/ProviderManuals/DME/index.html> for coverage criteria).

Powdered, liquid, fiber-added, calcium-added and high protein forms of the same formula are billed under the same code. Special metabolic formulas categorized under B4157 should be billed using B4162 if provided to a pediatric patient (under 21 years of age.).

Bolded Italicized products are subject to coverage by the Women, Infants and Children (WIC) program. **WIC must be accessed prior to requests for Medicaid reimbursement.**

PRODUCT	CODE	PRODUCT	CODE
80056	B4155	CIB Lactose Free	B4152
Advera	B4154	CIB Lactose Free Plus	B4152
<i>Alimentum</i>	B4161	Casec Powder	B4155
Alitraq Powder	B4153	Choice DM	B4154
<i>Analog Formulas</i>	B4162	Citrulline 1000 Amino Acid	B4155
Arginine Amino Acid	B4155	Compleat	B4149
BCAD-1	B4162	Compleat Pediatric	B4149
BCAD-2	B4157	Complete Amino Acid	B4155
<i>Boost</i>	B4150	Comply	B4152
Boost Kids Essentials	B4160	Complex Essential MSD	B4157
Boost Diabetic(Glucose Control)	B4154	Complex MSUD AA Blend	B4155
Boost Plus	B4152	Complex MSUD Drink Mix	B4157
Boost Pudding	B4150	Criticare-HN	B4153
Bright Beginnings Soy	B4160	Crucial	B4153
Calcio XD	B4162	Cyclinex-1	B4162

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PRODUCT	CODE	PRODUCT	CODE
Cyclinex-2	B4157	HCU Cooler	B4157
Cystine Amino Acid	B4155	HCU Express	B4157
Deliver 2.0	B4152	HCU Gel	B4155
Diabetisource AC	B4154	HCY 1	B4162
Duocal	B4155	HCY 2	B4157
EAA	B4155	Hepatic-Aid	B4154
Egg/Pro	B4155	Hominex-1	B4162
EleCare	B4161	Hominex-2	B4157
Elemental 028 Extra	B4154	HOM 1	B4155
Enfamil AR	B4158	HOM 2	B4155
Ensure	B4150	Immunocal	B4155
Ensure Plus	B4152	Imu-Plus	B4155
Ensure Pudding	B4150	Impact	B4154
Essential Amino Acid	B4155	Impact 1.5	B4154
Fibersource HN	B4150	Impact Glutamine	B4153
GA	B4157	IntensiCal	B4153
GA Gel	B4157	Isocal	B4150
Glucerna Select/Shake	B4154	Isocal-HN	B4150
Gluco-Pro	B4154	Isoleucine Amino Acid	B4155
Glutapak-10	B4155	Isoleucine 1000 Amino Acid	B4155
Glutarex-1	B4162	Isomil	B4159
Glutarex-2	B4157	Isosource 1.5	B4152
Glutasolve	B4155	Isosource VHN	B4154
Glutasorb	B4153	Isosource-HN	B4150
Glytrol	B4154	I-Valex-1	B4162
Good Start Soy	B4159	I-Valex-2	B4157

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PRODUCT	CODE	PRODUCT	CODE
Jevity 1 Cal	B4150	Monogen	B4150
Jevity 1.2 Cal	B4150	MMA/PA Gel	B4162
Jevity 1.5 Cal	B4152	MMA/PA Express	B4157
Juven	B4155	MSUD Express	B4157
K-PAX (tube feedings only)	B4155	MSUD Gel	B4162
KetoCal	B4154	MSUD-2	B4155
Ketonex 1	B4162	Neocate	B4161
Ketonex 2	B4157	Nepro	B4154
Kindercal	B4160	Novasource Renal	B4154
LactAid tablets	<u>B9998</u>	Nutramigen	B4161
Lactofree	B4158	Nutra Pro	B4154
L-Emental	B4161	Nutrassist	B4152
L-Emental Pediatric	B4161	Nutren Junior	B4160
Leucine	B4155	Nutren-1	B4150
Lipistart	B4158	Nutren-1.5	B4152
Lofenelac	B4154	Nutren-2	B4152
Lophlex	B4157	Nutren Pulmonary	B4154
LMD	B4157	NutriHeal	B4150
LPS 15/30	B4155	Nutrihep	B4154
Magnacal Renal	B4154	NutriRenal	B4154
Maximaid formulas	B4162	Optimental	B4153
Maximum formulas	B4157	OA 1	B4162
MCT Oil	B4155	OA 2	B4157
MCT Procal	B4155	OS 2	B4155
Microlipid	B4155	Osmolite	B4150
Modulen IBD	B4154	Osmolite 1.2	B4150

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PRODUCT	CODE	PRODUCT	CODE
Optimental	B4153	Phenylalanine AA	B4155
OA 1	B4162	Phenylene	B4157
OA 2	B4157	Phenyl-Free 1	B4162
OS 2	B4155	Phenyl-Free 2	B4157
Osmolite	B4150	Phenylfree 2HP	B4157
Osmolite 1.2	B4150	Phlexy-10	B4155
Osmolite 1.5	B4152	Pivot 1.5	B4153
Pediatric E028	B4161	PKU	B4155
Pediasure	B4160	PKU2	B4155
Pepdite One +	B4161	PKU3	B4155
Peptamen	B4153	PKU Cooler 10, 15, 20	B4157
Peptamen 1.5 Diet	B4153	PKU Express	B4162
Peptamen Jr	B4161	PKU Gel	B4162
Peptinex DT	B4153	Polycose	B4155
Peptinex Pediatric DT	B4161	Portagen	B4158
Perative	B4153	Pregestimil	B4161
Periflex	B4162	ProBalance	B4150
PFD-1	B4155	ProCell	B4155
PFD-2	B4155	Product 3232A	B4161
Phenex 1	B4162	ProMod	B4155
Phenex 2	B4157	Promote	B4150
PhenylAde Amino Acid	B4155	Pro-Phree	B4155
PhenylAde Drink Mix	B4157	Propimex 1	B4162
PhenylAde Essential	B4157	Propimex 2	B4157
PhenylAde 40	B4157	Prosobee	B4159
PhenylAde 60	B4157	Pro-Stat	B4155

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PRODUCT	CODE	PRODUCT	CODE
Pro-Stat (Sugar Free) + AWC	B4155	TYR 1	B4155
ProSource	B4155	TYR 2	B4155
ProSure	B4155	TYR Cooler	B4157
Protain XL	B4154	TYR Express	B4157
Proteinex	B4155	TYR gel	B4162
ProViMin	B4155	Tyrosine	B4155
Pulmocare	B4154	Tyrex-1	B4162
Re-Gen	B4154	Tyrex-2	B4157
Re-Gen Sugar-free	B4154	TYROS 2	B4157
Renalcal	B4154	UCD-1	B4155
Replete	B4150	UCD-2	B4155
Resource Arginaid	B4155	Ultracal	B4150
Resource Diabetic	B4154	Ultracal HN Plus	B4150
Resource Glutasolve	B4155	Valine Amino Acid	B4155
Resource Plus	B4152	Valine 1000 Amino Acid	B4155
Resource 2.0	B4152	Vitaflo Flavor Packets	<u>B9998</u>
Respalor	B4154	Vital Jr	B4161
Ross Carbohydrate Free	B4155	Vital-HN	B4153
Scandi Shake	B4152	Vitaneed	B4149
Similac PM 60/40	B4154	Vivonex Pediatric	B4161
Subdue	B4153	Vivonex Plus	B4153
Suplena	B4154	Vivonex RTF	B4153
Sustacal	B4150	Vivonex-TEN	B4153
Sustagen Powder	B4150	Sustagen Powder	B4150
Sympt-X Glutamine	B4155	Sympt-X Glutamine	B4155
Tolerex	B4153	Tolerex	B4153
Traumacal	B4154	WND 1	B4162
TwoCal-HN	B4152	WND 2	B4157

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- Use code B4100 #Food thickener, administered orally, per ounce for products such as Thick-It, Thick-n-Easy and Thicken-Up. A Dispensing Validation System (DVS) authorization number is required, obtained through the Medicaid Eligibility Verification System (MEVS). (For questions on obtaining a DVS authorization through MEVS, call Computer Science Corporation at 1-800-343-9000.)
- Enteral formula requires voice interactive telephone prior authorization (1-866-211-1736). Only the prescriber can initiate an authorization. Dispensers are responsible for validating the prescriber's authorization matches the fiscal order and for correctly coding the product in the authorization system.
- The Prescriber Worksheet is available by clicking the link below and choosing the Physician Manual, and then clicking the Provider Communications link. The Dispenser Worksheet is available by clicking the link below and choosing DME Manual, it is located at the bottom of P. 30. <http://www.emedny.org/ProviderManuals/index.html>
- Paper prior approval is required for code B9998, when the prescriber orders greater than 2000 calories per day for any combination of formula(s), or if over 1000 calories per day for code B4155 is required.
- Questions may be referred to the Division of OHIP Operations at 1-800-342-3005.