

ENTERAL PRODUCT CLASSIFICATION LIST – FOR INFORMATIONAL PURPOSES ONLY

The following list is provided as a **guideline** for prescribers and dispensers. This is not an all-inclusive list. It is meant to assist providers in prescribing and determining the correct item code for billing. **This list is NOT to be used as an enteral formulary of covered items.**

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/> for coverage criteria).

Powdered, liquid, fiber-added, calcium-added, and high protein forms of the same formula are billed under the same code. Formulas that have an adult and pediatric code should be billed using the appropriate code based on the member's age.

Some products may be covered by the Women, Infants and Children (WIC) program. If a product is covered by WIC, authorizations can be obtained through Medicaid prior to members enrolling with WIC.

PRODUCT	ADULT CODE	PEDIATRIC CODE
Alfamino Infant	N/A	B4161
Alfamino Junior	N/A	B4161
Analog Formulas	N/A	B4162
Arginine Amino Acid	B4155	N/A
BCAD 1	N/A	B4162
BCAD 2	B4157	B4162
Benecalorie	B4155	N/A
Beneprotein	B4155	N/A
Boost	B4150	N/A
Boost Glucose Control	B4154	N/A
Boost High Protein	B4150	N/A
Boost Kids Essentials	N/A	B4160
Boost Kid Essentials 1.5	N/A	B4160
Boost Max	B4150	N/A
Boost Plus	B4152	N/A

PRODUCT	ADULT CODE	PEDIATRIC CODE
Boost VHC	B4152	N/A
Bright Beginnings Soy Pediatric Drink	N/A	B4160
Calcilo XD	N/A	B4162
Camino Pro PKU Drink	B4157	B4162
Citrulline 1000 Amino Acid	B4155	N/A
Compleat	B4149	N/A
Compleat Organic Blends	B4149	N/A
Compleat Pediatric	B4149	N/A
Compleat Pediatric Organic Blends	B4149	N/A
Compleat Pediatric Original Reduced Calor	B4149	N/A
Compleat Pediatric Peptide 1.0	N/A	B4161
Compleat Pediatric Peptide 1.5	N/A	B4161
Compleat Pediatric Standard 1.0	N/A	B4160
Compleat Pediatric Standard 1.4	N/A	B4160
Compleat Peptide 1.5	B4153	N/A
Compleat Standard 1.4	B4150	N/A
Complete Amino Acid Mix	B4155	N/A
Complex Essential MSD	B4157	B4162
Complex MSUD Amino Acid Blend	B4155	N/A
Complex MSUD Drink Mix	B4157	B4162
Cyclinex-1	N/A	B4162
Cyclinex-2	B4157	B4162
Cystine Amino Acid	B4155	N/A
Diabetisource AC	B4154	N/A
Duocal	B4155	N/A
E028 Splash	N/A	B4161
EleCare	N/A	B4161
EleCare Junior	B4153	B4161
Enfamil A.R.	N/A	B4158
Enfamil Nutramigen	N/A	B4161
Enfamil Pregestimil	N/A	B4161
Enfamil Prosobee	N/A	B4159
Enfaport	N/A	B4162

PRODUCT	ADULT CODE	PEDIATRIC CODE
Ensure	B4150	N/A
Ensure Compact	B4150	N/A
Ensure Complete	B4152	N/A
Ensure Enlive	B4152	N/A
Ensure High Protein	B4150	N/A
Ensure Plus	B4152	N/A
Ensure Plus High Protein	B4152	N/A
Ensure Powder	B4150	N/A
ENU Nutritional Shake	B4153	B4161
EquaCare Jr	B4153	B4161
Essential Amino Acid Mix	B4155	N/A
Essential Care Jr	B4157/B4153	B4161/B4162
Fibersource HN	B4150	N/A
Fortini	N/A	B4160
GA	B4157	B4162
GA-1 Anamix Early Years	N/A	B4162
GA Gel	N/A	B4162
Gerber Extensive HA	N/A	B4161
Gerber Good Start Gentle Pro	N/A	B4158
Gerber Good Start Gentle Soy	N/A	B4159
Glucerna 1.0	B4154	N/A
Glucerna 1.2	B4154	N/A
Glucerna 1.5	B4154	N/A
Glucerna Shake	B4154	N/A
GlutarAde Junior GA-1 Drink Mix	B4157	B4162
Glutarex-1	N/A	B4162
Glutarex-2	B4157	B4162
Glutasolve	B4155	N/A
Glytrol	B4154	N/A
Glycosade	B4155	N/A
Glytactin Bettermilk Original	B4157	B4162
Glytactin Build 20/20	B4157	B4162
Glytactin RTD 15 Original	B4157	B4162

PRODUCT	ADULT CODE	PEDIATRIC CODE
Glytactin RTD Lite Coffee Mocha	B4157	B4162
Glytactin Restore Lite	B4155	N/A
Glytactin Restore	B4155	N/A
HCU Cooler	B4157	B4162
HCU Express 15	B4157	B4162
HCU Express 20	B4157	B4162
HCU Gel	B4155	B4162
HCY 1	N/A	B4162
HCY 2	B4157	B4162
Hominex-1	N/A	B4162
Hominex-2	B4157	B4162
Immunocal	B4155	N/A
Impact	B4154	N/A
Impact Advanced Recovery	B4154	N/A
Impact Glutamine	B4153	N/A
Impact Peptide 1.5	B4153	N/A
Isoleucine Amino Acid	B4155	N/A
Isosource 1.5	B4152	N/A
Isosource-HN	B4150	N/A
I-Valex-1	N/A	B4162
I-Valex-2	B4157	B4162
Jevity 1 Cal	B4150	N/A
Jevity 1.2 Cal	B4150	N/A
Jevity 1.5 Cal	B4152	N/A
Juven	B4155	N/A
Kate Farms Glucose Support 1.2	B4154	N/A
Kate Farms Pediatric Blended Meals	B4149	N/A
Kate Farms Pediatric Peptide 1.0	N/A	B4161
Kate Farms Pediatric Peptide 1.5	N/A	B4161
Kate Farms Pediatric Standard 1.2	N/A	B4160
Kate Farms Peptide 1.0	B4153	N/A
Kate Farms Peptide 1.5	B4153	N/A
Kate Farms Standard 1.0	B4150	N/A

PRODUCT	ADULT CODE	PEDIATRIC CODE
Kate Farms Standard 1.4	B4150	N/A
Kate Farms Renal Support 1.8	B4154	N/A
K-PAX Immune Support Protein	B4155	N/A
Keto Peptide	B4153	B4161
KetoCal 2.5:1	B4154	N/A
KetoCal 3:1 Powder	B4154, B4157	B4162
KetoCal 4:1 Powder	B4154, B4157	B4162
KetoCal 4:1 LQ	B4154, B4157	B4162
Ketonex-1	N/A	B4162
Ketonex-2	B4157	B4162
L-Emental	B4153	N/A
L-Emental Pediatric	N/A	B4161
Leucine	B4155	N/A
Lophlex	B4157	B4162
LMD	B4157	B4162
LPS 15/30	B4155	N/A
Maxamaid Formulas	N/A	B4162
Maxamum Formulas	B4157	B4162
MCT Oil	B4155	N/A
MCT Procal	B4155	N/A
Microlipid	B4155	N/A
Monogen	B4157, B4150	B4162, B4158
MMA/PA Gel	N/A	B4162
MMA/PA Express 15	B4157	B4162
MSUD Express	B4157	B4162
MSUD Gel	B4155	B4162
MSUD-2	B4155	N/A
Neocate Infant DHA/ARA	N/A	B4161
Neocate Junior	B4153	B4161
Neocate Splash	B4153	B4161
Neocate Syneo Infant	N/A	B4161
Nepro with Carb Steady	B4154	N/A
Novasource Renal	B4154	N/A

PRODUCT	ADULT CODE	PEDIATRIC CODE
Nutren 1.0	B4150	N/A
Nutren 1.5	B4152	N/A
Nutren 2.0	B4152	N/A
Nutren Junior	N/A	B4160
Nutren Pulmonary	B4154	N/A
Nutrihep	B4154	N/A
OA 1	N/A	B4162
OA 2	B4157	B4162
Optimental	B4153	N/A
Osmolite 1.0	B4150	N/A
Osmolite 1.2	B4150	N/A
Osmolite 1.5	B4152	N/A
Pediasure	N/A	B4160
Pediasure 1.5	N/A	B4160
Pediasure Peptide 1.0	N/A	B4161
Pediasure Peptide 1.5	N/A	B4161
Peptamen	B4153	N/A
Peptamen 1.5	B4153	N/A
Peptamen Junior	B4154	B4161
Perative	B4153	N/A
Periflex Advance	B4157	B4162
PFD 2	B4155	N/A
Phenex-1	N/A	B4162
Phenex 2	B4157	B4162
PhenylAde Amino Acid	B4155	N/A
PhenylAde 40 Drink Mix	B4157	B4162
PhenylAde 60 Drink Mix	B4157	B4162
PhenylAde Essential Drink Mix	B4157	B4162
Phenylalanine Amino Acid	B4155	N/A
Phenylene	B4157	B4162
Phenyl-Free 1	N/A	B4162
Phenyl-Free 2	B4157	B4162
Phenyl-Free 2HP	B4157	B4162

PRODUCT	ADULT CODE	PEDIATRIC CODE
Phlexy-10 Drink Mix	B4157	B4162
Pivot 1.5	B4153	N/A
PKU Cooler (10, 15, or 20)	B4157	B4162
PKU Express	B4157	B4162
PKU Gel	N/A	B4162
PKU Periflex Junior Plus	B4157	B4162
Portagen	B4150	B4158
ProMod	B4155	N/A
Promote	B4150	N/A
Pro-Phree	B4155	N/A
Propimex-1	N/A	B4162
Propimex-2	B4157	B4162
Pro-Stat	B4155	N/A
Pro-Stat AWC	B4155	N/A
ProSource	B4155	N/A
ProViMin	B4155	N/A
Pulmocare	B4154	N/A
Puramino	N/A	B4161
Real Food Blends	B4149	N/A
Replete	B4150	N/A
Renalcal	B4154	N/A
Renastart	B4154	N/A
Resource 2.0	B4152	N/A
RCF (Ross Carbohydrate Free)	B4155	N/A
ScandiShake	B4152	N/A
Similac Alimentum	N/A	B4161
Similac PM 60/40	B4154	N/A
Similac Soy Isomil	N/A	B4159
Suplena with Carbsteady	B4154	N/A
Tolerex	B4153	N/A
TwoCal HN	B4152	N/A
TYR Cooler	B4157	B4162
TYR Express	B4157	B4162

PRODUCT	ADULT CODE	PEDIATRIC CODE
TYR Gel	N/A	B4162
Tyrex-1	N/A	B4162
Tyrex-2	B4157	B4162
TYROS 2	B4157	B4162
Valine 1000 Amino Acid	B4155	N/A
Vital HN	B4153	N/A
Vivonex Pediatric	N/A	B4161
Vivonex Plus	B4153	N/A
Vivonex RTF	B4153	N/A
Vivonex TEN	B4153	N/A
WND 1	N/A	B4162
WND 2	B4157	B4162

- 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 through epaces. For questions on obtaining a DVS authorization, call GDIT at 1-800-343-9000.
- Enteral formula requires prior authorization submitted via the [Enteral Web Portal](#) and/or the Interactive Voice Response (IVR) system (1-866-211-1736). Only the prescriber can initiate an authorization. Dispensers are responsible for validating that the prescriber's authorization matches the fiscal order, activating the authorization, and correctly coding the product in the authorization system.
- Links to the Prescriber and Dispenser Worksheets are below:
 - [NYS Medicaid Program Enteral Formula Prior Authorization Prescriber Worksheet](#)
 - [NYS Medicaid Program Enteral Formula Prior Authorization Dispenser Worksheet](#)
- Manual prior approval (via paper PA form, fax or epaces) is required for the following:
 - Code B9998
 - Orders greater than 2000 calories per day via tube, or greater than 1,000 calories per day by mouth.
 - For adult members on a pediatric formula.

Questions may be referred to the Bureau of Medical Review at 1-800-342-3005, option 1 or email at OHIPMEDPA@health.ny.gov