

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. Special metabolic formulas categorized under B4157 should be billed using B4162 if provided to a pediatric patient.

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
<i>Alfamino Jr</i>	B4161	Complete Amino Acid	B4155
<i>Alfamino Infant</i>	B4161	Complex Essential MSD	B4157
<i>Alimentum</i>	B4161	Complex MSUD AA Blend	B4155
<i>Analog Formulas</i>	B4162	Complex MSUD Drink Mix	B4157
Arginine Amino Acid	B4155	Crucial	B4153
BCAD-1	B4162	Cyclinex-1	B4162
BCAD-2	B4157	Cyclinex-2	B4157
<i>Boost</i>	B4150	Cystine Amino Acid	B4155
<i>Boost Kids Essentials</i>	B4160	Diabetisource AC	B4154
Boost Diabetic (Glucose Control)	B4154	Duocal	B4155
Boost Plus	B4152	EAA	B4155
Boost VHC	B4152	<i>EleCare</i>	B4161
Calcilo XD	B4162	<i>Enfamil Gentlease</i>	B4158
Citrulline 1000 Amino Acid	B4155	<i>Ensure</i>	B4150
Compleat	B4149	<i>Ensure Plus</i>	B4152
Compleat Pediatric	B4149	Essential Amino Acid	B4155

PRODUCT	CODE	PRODUCT	CODE
Fibersource HN	B4150	Jevity 1.5 Cal	B4152
GA	B4157	Juven	B4155
GA Gel	B4162	Kate Farms Standard 1.0	B4150
Glucerna 1.0	B4154	Kate Farms Peptide 1.5	B4153
Glucerna 1.5	B4154	Kate Farms Pediatric Standard 1.2	B4160
Glutarex-1	B4162	Kate Farms Pediatric Peptide 1.5	B4161
Glutarex-2	B4157	K-PAX	B4155
Glutasolve	B4155	KetoCal	B4154
Glytrol	B4154	Ketonex 1	B4162
Gerber Good Start Soy	B4159	Ketonex 2	B4157
HCU Cooler	B4157	L-Emental	B4153
HCU Express	B4157	L-Emental Pediatric	B4161
HCU Gel	B4162	Leucine	B4155
HCY 1	B4162	Lophlex	B4157
HCY 2	B4157	LMD	B4157
Hominex-1	B4162	LPS 15/30	B4155
Hominex-2	B4157	Maxamaid formulas	B4162
Immunocal	B4155	MCT Oil	B4155
Impact	B4154	MCT Procal	B4155
Impact Peptide 1.5	B4154	Microlipid	B4155
Impact Glutamine	B4153	Monogen	B4157
Isocal	B4150	MMA/PA Gel	B4162
Isoleucine Amino Acid	B4155	MMA/PA Express	B4157
Isoleucine 1000 Amino Acid	B4155	MSUD Express	B4157
Isomil Powder	B4159	MSUD Gel	B4162
Isosource 1.5	B4152	MSUD-2	B4155
Isosource-HN	B4150	Neocate	B4161
I-Valex-1	B4162	Nepro	B4154
I-Valex-2	B4157	Novasource Renal	B4154
Jevity 1 Cal	B4150	Nutramigen	B4161
Jevity 1.2 Cal	B4150	Nutren Junior	B4160

PRODUCT	CODE	PRODUCT	CODE
Nutren – 1	B4150	Phenylene	B4157
Nutren – 1.5	B4152	Phenyl-Free 1	B4162
Nutren – 2	B4152	Phenyl-Free 2	B4157
Nutren Pulmonary	B4154	Phenylfree 2HP	B4157
Nutrihep	B4154	Phlexy-10 Drink Mix	B4157
Optimental	B4153	Pivot 1.5	B4153
OA 1	B4162	PKU 1	B4155
OA 2	B4157	PKU 2	B4155
Osmolite 1.0	B4150	PKU 3	B4155
Osmolite 1.2	B4150	PKU Cooler, 10, 15, 20	B4157
Osmolite 1.5	B4152	PKU Express	B4162
Pediasure	B4160	PKU Gel	B4162
Pediasure 1.5	B4160	Portagen	B4158
Pediasure Harvest	B4149	Pregestimil	B4161
Pediasure Peptide 1.0	B4161	ProMod	B4155
Pediasure Peptide 1.5	B4161	Promote	B4150
Peptamen	B4153	Pro-Phree	B4155
Peptamen 1.5	B4153	Propimex 1	B4162
Peptamen Jr	B4161	Propimex 2	B4157
Perative	B4153	Prosobee	B4159
Periflex Advance	B4162	Pro-Stat	B4155
Periflex Jr Plus	B4162	Pro-Stat (sugar free) +AWC	B4155
PFD – 2	B4155	ProSource	B4155
Phenex 1	B4162	ProViMin	B4155
Phenex 2	B4157	Pulmocare	B4154
PhenylAde Amino Acid	B4155	Real Food Blends	B4149
PhenylAde Drink Mix	B4157	Renalcal	B4154
PhenylAde Essential	B4157	Renastart	B4154
PhenylAde 40	B4157	Replete	B4150
PhenylAde 60	B4157	Resource 2.0	B4152
Phenylalanine AA	B4155	RCF (Ross Carbohydrate Free)	B4155

PRODUCT	CODE	PRODUCT	CODE
ScandiShake	B4152		
Similac PM 60/40	B4154		
Similac Soy Isomil	B4159		
Similac Alimentum	B4153		
Suplena	B4154		
Sustacal	B4150		
Tolerex	B4153		
TwoCal – HN	B4152		
TYR 1	B4155		
TYR 2	B4155		
TYR Cooler	B4157		
TYR Express	B4157		
TYR Gel	B4162		
Tyrex – 1	B4162		
Tyrex – 2	B4157		
TYROS 2	B4157		
UCD – 1	B4155		
UCD – 2	B4155		
Valine 1000 Amino Acid	B4155		
Vital – HN	B4153		
Vivonex Pediatric	B4161		
Vivonex Plus	B4153		
Vivonex RTF	B4153		
Vivonex – TEN	B4153		
WND 1	B4162		
WND 2	B4157		

- 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 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 and for 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](#)

- Prior approval (via paper PA form, fax or epaces) 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 is needed for code B4155.

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