

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.

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.aspx> 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
80056	B4155	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
Boost Kids Essentials	B4160	Diabetisource AC	B4154
Boost Diabetic (Glucose Control)	B4154	Duocal	B4155
Boost Plus	B4152	EAA	B4157
Boost VHC	B4152	Egg/Pro	B4155
Bright Beginnings Soy	B4160	<i>EleCare</i>	B4161
Calcilo XD	B4162	<i>Enfamil AR</i>	B4158
Citrulline 1000 Amino Acid	B4155	<i>Ensure</i>	B4150
Compleat	B4149	<i>Ensure Plus</i>	B4152
Compleat Pediatric	B4149	E028 Splash	B4161
Complete Amino Acid	B4155	Essential Amino Acid	B4155

PRODUCT	CODE	PRODUCT	CODE
Fibersource HN	B4150	Isosource-HN	B4150
GA	B4157	I-Valex-1	B4162
GA Gel	B4157	I-Valex-2	B4157
Glucerna Shake	B4154	Jevity 1 Cal	B4150
Gluco-Pro	B4154	Jevity 1.2 Cal	B4150
Glutapak-10	B4155	Jevity 1.5 Cal	B4152
Glutarex-1	B4162	Juven	B4155
Glutarex-2	B4157	K-PAX	B4155
Glutasolve	B4155	KetoCal	B4154
Glutasorb	B4153	Ketonex 1	B4162
Glytrol	B4154	Ketonex 2	B4157
Good Start Soy	B4159	Kindercal	B4160
HCU Cooler	B4157	L-Emental	B4153
HCU Express	B4157	L-Emental Pediatric	B4161
HCU Gel	B4162	Leucine	B4155
HCY 1	B4162	Lipistart	B4150
HCY 2	B4157	Lophlex	B4157
Hepatic-Aid	B4154	LMD	B4157
Hominex-1	B4162	LPS 15/30	B4155
Hominex-2	B4157	Maxamaid formulas	B4162
HOM 1	B4155	MCT Oil	B4155
HOM 2	B4155	MCT Procal	B4155
Immunocal	B4155	Microlipid	B4155
Impact	B4154	Monogen	B4150
Impact 1.5	B4154	MMA/PA Gel	B4162
Impact Glutamine	B4153	MMA/PA Express	B4157
Isocal II	B4150	MSUD Express	B4157
Isoleucine Amino Acid	B4155	MSUD Gel	B4162
Isoleucine 1000 Amino Acid	B4155	MSUD-2	B4155
Isomil Soy	B4159	Neocate	B4161
Isosource 1.5	B4152	Nepro	B4154

PRODUCT	CODE	PRODUCT	CODE
Novasource Renal	B4154	PhenylAde 40	B4157
Nutramigen	B4161	PhenylAde 60	B4157
Nutra Pro	B4154	Phenylalanine AA	B4155
Nutrassist	B4152	Phenylene	B4157
Nutren Junior	B4160	Phenyl-Free 1	B4162
Nutren – 1	B4150	Phenyl-Free 2	B4157
Nutren – 1.5	B4152	Phenylfree 2HP	B4157
Nutren – 2	B4152	Phlexy-10 Drink Mix	B4157
Nutren Pulmonary	B4154	Pivot 1.5	B4153
Nutrihep	B4154	PKU 1	B4155
Optimental	B4153	PKU 2	B4155
OA 1	B4162	PKU 3	B4155
OA 2	B4157	PKU Cooler, 10, 15, 20	B4157
OS 2	B4155	PKU Express	B4162
Osmolite 1.0	B4150	PKU Gel	B4162
Osmolite 1.2	B4150	Polycose	B4155
Osmolite 1.5	B4152	Portagen	B4150
Pediasure	B4160	Pregestimil	B4161
Pepdite Jr	B4161	ProMod	B4155
Peptamen	B4153	Promote	B4150
Peptamen 1.5	B4153	Pro-Phree	B4155
Peptamen Jr	B4161	Propimex 1	B4162
Perative	B4153	Propimex 2	B4157
Periflex	B4153	Prosobee	B4159
PFD – 1	B4155	Pro-Stat	B4155
PFD – 2	B4155	Pro-Stat (sugar free) +AWC	B4155
Phenex 1	B4162	ProSource	B4155
Phenex 2	B4157	Proteinex Liquid	B4155
PhenylAde Amino Acid	B4155	ProViMin	B4155
PhenylAde Drink Mix	B4157	Pulmocare	B4154
PhenylAde Essential	B4157	Renalcal	B4154

PRODUCT	CODE	PRODUCT	CODE
Replete	B4150		
Resource 2.0	B4152		
RCF (Ross Carbohydrate Free)	B4155		
ScandiShake	B4152		
Similac PM 60/40	B4154		
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 eMedNY 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 pg. 30. <http://www.emedny.org/ProviderManuals/index.aspx>
- 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 needed.

Questions may be referred to the Division of OHIP Operations at 1-800-342-3005.