

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.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. Standard formulas categorized as B4150 should be billed using B4158 if provided to a pediatric patient.

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
80056	B4155
Acerflex	B4162
Accupepha	B4153
Advantage 10+	B4150
Advantage 60+	B4150
Advera	B4154
<i>Alimentum</i>	B4161
Alitraq Powder	B4153
Amin-Aid Powder	B4154
<i>Analog Formulas</i>	B4162
Apple Fiber	<u>B9998</u>
Aquasol E	<u>B9998</u>
AMTF	B4150
AMTF Diabetic	B4154
AMTF High Cal 2.0	B4152

PRODUCT	CODE
AMTF Pediatric	B4158
AMTF Renal	B4154
AMTF Renal 2.0	B4154
AMTF Trauma	B4154
Attain	B4150
BCAD-1	B4162
BCAD-2	B4157
Bio-care	B4150
<i>Boost</i>	B4150
Boost Diabetic	B4154
Boost Plus	B4152
Boost Pudding	B4150
Bright Beginnings Soy	B4160
Calcilo XD	B4162
Calories Plus	B4152

ENTERAL PRODUCT CLASSIFICATION LIST

PRODUCT	CODE
CIB Lactose Free	B4150
CIB Lactose Free Plus	B4152
CIB Lactose Free VHC	B4152
Casec Powder	B4155
Choice DM	B4154
Compleat	B4149
Compleat Pediatric	B4149
Complete Amino Acid	B4155
Comply	B4152
Complex MSUD AA Blend	B4155
Complex MSUD Drink Mix	B4155
Criticare-HN	B4153
Crucial	B4153
Cyclinex-1	B4162
Cyclinex-2	B4157
Deliver 2.0	B4152
Diabetisource AC	B4154
Duocal	B4155
Egg/Pro	B4155
<i>EleCare</i>	B4161
Elemental 028 Extra	B4154
Enfamil AR	B4158
Enriched Antioxidant Formula	B4155
<i>Ensure</i>	B4150
Ensure Light	B4150
<i>Ensure Plus</i>	B4152

PRODUCT	CODE
Ensure Pudding	B4150
Enteralife HN	B4150
Enteralife HN-2	B4150
Entrition HN	B4150
Epulor	B4155
Essential Amino Acid	B4155
Essential Protein Plus	B4155
Essential Protein	B4155
FAA	B4153
Fibersource	B4150
Fibersource HN	B4150
Flavonex	<u>B9998</u>
Forta Drink or Shake	B4150
Fortison	B4150
GA	B4157
Gevral Protein	B4155
Glucerna/Select/Shake	B4154
Gluco-Pro	B4154
Glutamine-Plain	B4155
Glutamine Rapid Release	B4155
Glutapak-10	B4155
Glutarex-1	B4162
Glutarex-2	B4157
Glutasolve	B4155
Glutasorb	B4153
Glytrol	B4154

ENTERAL PRODUCT CLASSIFICATION LIST

PRODUCT	CODE
Good Start Soy	B4159
Good Start 2 Soy	B4159
HCU Express	B4155
HCU Gel	B4154
HCY 1	B4162
HCY 2	B4157
Hepatic-Aid	B4154
Hominex-1	B4162
Hominex-2	B4157
HOM 1	B4155
HOM 2	B4155
HPF Plus	B4155
Immu-life	B4155
Immun-Aid	B4154
Immune System Booster	B4155
Immucal	B4155
Imu-Plus	B4155
Impact	B4154
Impact 1.5	B4154
Impact Glutamine	B4153
Impact Recover	B4154
IntensiCal	B4153
Introlite	B4150
<i>Isocal</i>	B4150
Isocal HN Plus	B4150
<i>Isocal-HN</i>	B4150

PRODUCT	CODE
Isocal II	B4150
Isomil	B4159
Isosource	B4150
Isosource 1.5	B4152
Isosource VHN	B4154
Isosource-HN	B4150
I-Valex-1	B4162
I-Valex-2	B4157
Jevity 1 Cal	B4150
Jevity 1.2 Cal	B4150
Jevity 1.5 Cal	B4152
Juven	B4155
KetoCal	B4154
Ketonex 1	B4162
Ketonex 2	B4157
Kindercal	B4160
LactAid tablets	<u>B9998</u>
<i>Lactofree</i>	B4158
L-Emental	B4161
L-Emental AA Glutamine	B4155
L-Emental AA Arginine	B4155
L-Emental Pediatric	B4161
L-Emental Hepatic	B4154
Lipisorb Powder	B4154
Lipomul	B4155
Lofenelac	B4154

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PRODUCT	CODE
Lonalac	B4150
Lophlex	B4155
Lorenzo Oil	B4154
LMD	B4157
LPS 15/30	B4155
Magnacal Renal	B4154
<i>Maximaid formulas</i>	B4162
<i>Maximum formulas</i>	B4157
<i>MCT Oil</i>	B4155
Microlipid	B4155
Moducal	B4155
Modulen IBD	B4154
MMA/PA Gel	B4162
MMA/PA Express	B4157
MSUD Diet	B4162
MSUD Express	B4155
MSUD Gel	B4154
<i>MSUD-1</i>	B4155
MSUD-2	B4155
Naturite	B4150
Naturite Plus	B4152
<i>Neocate</i>	B4161
Nepro	B4154
Nestle Flavor Pkts	<u>B9998</u>
Neutra-Phos	<u>B9998</u>
Nitrolan	B4150

PRODUCT	CODE
NovaSource 2.0	B4152
NovaSource Pulmonary	B4154
Novasource Renal	B4154
Nutri-Drink	B4150
<i>Nutramigen</i>	B4161
Nutrassist-1.5	B4152
Nutren Junior	B4160
Nutren-1	B4150
Nutren-1.5	B4152
Nutren-2	B4152
Nutren Pulmonary	B4154
Nutren Renal	B4154
Nutrifocus	B4154
NutriHeal	B4150
Nutrihep	B4154
NutriVir	B4155
NutriVir NSA	B4155
Optimital	B4153
OA 1	B4162
OA 2	B4157
OS 1	B4155
OS 2	B4155
<i>Osmolite</i>	B4150
Osmolite 1.2	B4150
Osmolite 1.5	B4152
Pediatric E028	B4161

ENTERAL PRODUCT CLASSIFICATION LIST

PRODUCT	CODE
<i>Pediasure</i>	B4160
Pepdite One +	B4161
Peptamen	B4153
Peptamen 1.5 Diet	B4153
Peptamen Jr	B4161
Peptamen VHP	B4153
Peptinex DT	B4153
Peptical	B4153
Perative	B4153
Periflex	B4162
PFD-1	B4155
PFD-2	B4155
<i>Phenex 1</i>	B4162
<i>Phenex 2</i>	B4157
PhenylAde Amino Acid	B4155
PhenylAde Drink Mix	B4157
PhenylAde 40	B4157
PhenylAde MTE	B4155
<i>Phenyl-Free 1</i>	B4162
<i>Phenyl-Free 2</i>	B4157
Phenylfree 2HP	B4157
Phlexy-10	B4155
PKU1	B4155
<i>PKU2</i>	B4155
<i>PKU3</i>	B4155
PKU Express	B4162

PRODUCT	CODE
PKU Gel	B4162
<i>Polycose</i>	B4155
<i>Portagen</i>	B4150
<i>Pregestimil</i>	B4161
ProBalance	B4150
ProCell	B4155
Product 3200AB	B4162
Product 3232A	B4161
Product 80056	B4155
Profiber	B4150
Promix	B4155
<i>ProMod</i>	B4155
Promote	B4150
Propac	B4150
Pro-Peptide	B4153
Pro-Peptide for Kids	B4161
Pro-Peptide VHN	B4153
Pro-Phree	B4155
Propimex 1	B4162
Propimex 2	B4157
<i>Prosobee</i>	B4159
Pro-Stat 64	B4155
Pro-Stat 101	B4155
Pro-Stat 121	B4155
Pro-Stat 150	B4155
ProSource	B4155

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PRODUCT	CODE
ProSure	B4154
Protain XL	B4154
Proteinex	B4155
ProViMin	B4155
Pulmocare	B4154
ReGain Plus	B4154
Re-Gen	B4154
Re-Gen Sugar-free	B4154
Renalcal	B4154
Replete	B4150
Resource	B4150
Resource Arginaid	B4155
Resource Diabetic	B4154
Resource for Kids	B4160
Resource Glutasolve	B4155
ReSource Instant Protein	B4155
Resource Plus	B4152
Resource Support	B4152
Resource 2.0	B4154
Respalor	B4154
Restore-X	B4155
Resurgex	B4155
Resurgex Plus	B4152
Ross Carbohydrate Free	B4155
Scandi Shake	B4152
<i>Similac PM 60/40</i>	B4154

PRODUCT	CODE
SoyPro	B4155
Subdue	B4153
Subdue Plus	B4153
Sumacal	B4155
Suplena	B4154
Sustacal	B4150
Sustacal Pudding	B4150
Sustagen	B4150
Sympt-X Glutamine	B4155
Tarvil (requires prior approval)	B4154
Tolerex	B4153
Traumacal	B4154
Traum-Aid HBC	B4154
TwoCal-HN	B4152
TYR 1	B4155
TYR 2	B4155
TYR Express	B4157
Tyrex-1	B4162
Tyrex-2	B4157
TYROS 2	B4157
UCD-1	B4155
UCD-2	B4155
Ultracal	B4150
Ultracal HN Plus	B4150
Ultracare Kids	B4154
Vari-Flavors	<u>B9998</u>

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PRODUCT	CODE
VitaFlo Flavor Packets	<u>B9998</u>
Vital-HN	B4153
Vitaneed	B4149
Vivonex flavor pkts	<u>B9998</u>
Vivonex Pediatric	B4161

PRODUCT	CODE
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 that the prescriber's authorization matches the fiscal order and for correctly coding the product through the authorization system. The Prescriber Worksheet and Dispenser Worksheet are available by clicking on your specific Provider Manual link at <http://www.emedny.org/ProviderManuals/index.html>, then clicking the Provider Communications link, then on the worksheet link.
- 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 Medical Review and Provider Enrollment at 518-474-8161.