



Division of Medical Services
Program Planning & Development

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TO: Arkansas Medicaid Health Care Providers – Hyperalimantation

DATE: January 1, 2009

SUBJECT: Provider Manual Update Transmittal # 116

REMOVE

Section Date
242.120 6-1-08

INSERT

Section Date
242.120 1-1-09

Explanation of Updates

Section 242.120 has been revised to advise providers that effective July 1, 2008, the Women, Infants and Children (WIC) Program no longer provides the nutritional formula, Enfamil Kindercal products, because the manufacturer has ceased producing them. WIC will provide Pediasure products in place of the Enfamil Kindercal products.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC not required**242.120 Enteral (Sole Source) Formulas**

1-1-09

The following pages provide the enteral formula HCPCS procedure codes, any associated modifiers, code descriptions and the formula covered for each HCPCS code. The code description lists the formula included in the category of nutrients.

Modifiers in this section are indicated by the headings M1, M2 and M3.

Enteral formulas are divided into several categories. Each unit of service equals 100 calories of formula. All supplies and equipment necessary to administer the nutrients in the beneficiary's place of residence, except the infusion pump and pump supply kit are included in the unit description.

For a non-covered prescribed formula, a review for medical necessity will be performed upon request. The product information, with assigned HCPCS code and physician documentation of the medical necessity of the formula for a specific beneficiary, must be submitted to Utilization Review. [View or print the Utilization Review Section contact information.](#) If approved, the formula will be added to the list of covered formulae and the provider will be notified. If denied, the provider and beneficiary will be notified.

For beneficiaries ages birth through four years of age, the use of modifier **U8**, as well as additional documentation will be required when a non-WIC formula is prescribed or WIC guidelines are not followed when prescribing special formula.

An EPSDT screening, which documents the PCP's medical rationale for prescribing a formula, as well as medical records documenting the beneficiary's failed trials of WIC formula, must be submitted for review. Flavor preference will not be considered for medical necessity.

A separate prior authorization must be obtained for the enteral infusion pump and the pump supply kit. The enteral infusion pump and the pump supply kit may be billed separately.

Exceptions to Use of Formula

The following exceptions must be followed in order to use formulas listed in this section.

The exceptions are indicated by an alpha letter in parenthesis that precedes the product description. For example: ^(A.) Nestlé Good Start Supreme with DHA & ARA Powder.

- A. Nestlé Good Start Supreme with DHS & ARA – sensitive to intact protein – Enfamil Gentlease Lipil must first have been tried.
- B. Nestlé Good Start Supreme Soy with DHA & ARA - sensitive to intact protein – Enfamil Gentlease Lipil must first have been tried.
- C. Nutramigen Lipil – sensitivity or allergy to milk and soy protein – chronic diarrhea, food allergies, GI bleeds – Enfamil Gentlease Lipil and Good Start Supreme must first have been tried.
- D. EleCare – allergy to intact protein and casein hydrolysates – severe food allergies, short bowel syndrome and/or malabsorption - Alimentum, Nutramigen and Pregestimil must first have been tried.
- E. Neocate – allergy to intact protein and casein hydrolysates, severe food allergies, short bowel syndrome, malabsorption – Alimentum, Nutramigen and Pregestimil must have been tried.

- F. Enfamil Premature Lipil – 20 or 24 calories – preterm, low birth weight baby to 44 weeks gestational age or to a maximum weight of 8 pounds – Not approved for an infant previously on term formula or a term infant for increased calories.
- G. Enfamil Enfacare Lipil Powder – preterm infant transitional formula – for use between premature formula and term formula, the infant must have a minimum weight of 1800 grams (four pounds).

WIC (Women Infants Children Program) must be accessed before the Medicaid Program for children from birth to 5 years of age.

HCPCS Code	M1	M2	M3	Description	Covered Formulae	
B4149	U9			Enteral formula, blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Compleat	
B4150	U9			Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below	
Covered Formulae:						
				Boost	Fibersource HN	Nutren 1.0 Fiber
				Boost with Benefiber and FOS	IsoSource	Osmolite
				Carnation Instant Breakfast – Lactose Free	IsoSource HN	Osmolite 1.0 CAL
				Ensure	Jevity 1.0 CAL	Portagen
				Ensure Fiber with FOS	Nutren 1.0	Probalance
				Ensure High Protein		Promote
				Ensure Powder		Promote with Fiber
				Fibersource		
B4152	U9			Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 Kcal/ml), with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Boost Plus Carnation Instant Breakfast – Lactose Free Plus Ensure Plus Nutren 1.5 Nutren 2.0 Osmolite 1.5 Cal Resource 2.0 Scandishake Two-Cal HN	

HCPCS Code	M1	M2	M3	Description	Covered Formulae
B4153	U9			Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Peptamen Peptamen 1.5 Peptamen with Prebio 1 Perative Tolerex Vital HN Vivonex Plus Vivonex TEN
B4154	U9			Enteral formula, nutritionally complete, for special metabolic needs, includes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
				Covered formulae:	
				Boost Diabetic	Pulmocare
				Glucerna	Resource Diabetic TF
				Nutren Glytrol	Similac 60/40
				Hepatic Aid	Suplena with
				Impact	Carb Steady
					Traumacal
B4155	U9			Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	MCT Oil Procel Protein Supplement Provimin
				Bill on Paper (Indicate specific name of formula on claims.)	

HCPCS Code	M1	M2	M3	Description	Covered Formulae
B4155	U9	U1		Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Polycose Powder Scandical
B4155	U9	U2		Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Microlipid
B4155	U9	U3		Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	80056 MSUD 1 MSUD 2 PKU 1 PKU 2 PKU 3 RCF TYR1 TYR 2
B4158	U9			Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil AR Lipil Enfamil Gentlease Lipil Powder Enfamil Lactofree Lipil Enfamil Lipil with Iron Enfamil Next Step Lipil: (A.) Nestlé Good Start Supreme with DHA & ARA Powder

HCPCS Code	M1	M2	M3	Description	Covered Formulae
B4159	U9			Enteral formula, for pediatrics, nutritionally complete soy base with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Next Step Prosobee Lipil Enfamil Prosobee Lipil (B.) Nestlé Good Start Supreme Soy-with DHA & ARA Powder
B4159 (Ages 0-4 Years)	U9	U8		Enteral formula, for pediatrics, nutritionally complete soy base with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Similac Isomil Similac Isomil Advance Soy-Formula with Iron
B4160	U9			Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	(G.) Enfamil Enfacare Lipil Powder Pediasure Pediasure with Fiber Effective 7-1-08, WIC no longer provides Enfamil Kindercal products due to manufacturer ceasing production of the product. WIC replaced Enfamil Kindercal products with Pediasure or Pediasure w. Fiber.
B4160 (Ages 0-4 Years)	U9	U8		Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Nutren Jr. Nutren Jr. with Fiber Resource Just For Kids Resource Just for Kids-with Fiber

HCPCS Code	M1	M2	M3	Description	Covered Formulae
B4160	U9	U1		Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	(F.) Enfamil Premature Lipil With Iron 24 Cal (F.) Enfamil Premature Lipil Low Iron 24 Cal (F.) Enfamil Premature Lipil-with Iron 20 Cal (F.) Enfamil Premature Lipil-Low Iron 20 cal
B4160 (Ages 0-4 Years)	U9	U1	U8	Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Similac Neosure
B4161	U9			Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	(D.) EleCare (E.) Neocate Infant (E.) Neocate Jr. (E.) Neocate One + Powder (C.) Nutramigen Lipil Pregestimil Lipil Similac Alimentum
B4161 Ages 5 to 99 Years	U9			Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	E028 Splash Peptamen Jr. Vivonex Pediatric
B4161 (Ages 0-4 Years)	U9	U8		Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	

HCPCS Code	M1	M2	M3	Description	Covered Formulae
B4162	U9			Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
Covered Formulae:					
Calcilo XD				MSUD Maxamaid	Phenex-2
Cyclinex-1				MSUD Maxamum	Phenyl Free 1
Cyclinex-2				MSUD Analog	Phenyl Free 2
Hominex-1				Periflex Advance	Propimex-1
Hominex-2				Periflex Infant	Propimex-2
I-Valex-1				Periflex Junior	XLys, XTrp Maxamaid
I-Valex-2				Phenex-1	Xphe Maxamaid
Ketonex-1					Xphe Maxamum
Ketonex-2					XPhe, XTyr Analog
					XPhe, XTyr Maxamaid
B4162	U9	U1		Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	XMTVI Maxamaid



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TO: Arkansas Medicaid Health Care Providers – Prosthetics
DATE: January 1, 2009
SUBJECT: Provider Manual Update Transmittal # 123

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Row 1: 242.150, 6-1-08, 242.150, 1-1-09

Explanation of Updates

Section 242.150 has been revised to advise providers that effective July 1, 2008, the Women, Infants and Children (WIC) Program no longer provides the Enfamil Kindercal nutritional products, because the manufacturer has ceased producing them. WIC will provide Pediasure products in place of the Enfamil Kindercal products.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC not required**242.150 Nutritional Formulae for Child Health Services (EPSDT)
Beneficiaries Under 21 Years of Age**

1-1-09

The following list provides the enteral formula HCPCS procedure codes, any associated modifiers, code descriptions and the formula covered for each HCPCS code. The code description lists the formula included in the category of nutrients.

The coverage listed is payable only if the service is prescribed as a result of a Child Health Services (EPSDT) screening/referral.

There is no prior authorization required for nutritional formulas for EPSDT beneficiaries from age five years through twenty years.

Prior authorization is required for beneficiaries from birth through four years. Use of modifier **U7** in the following list will be necessary, as indicated.

To request prior authorization, providers should complete the Arkansas Foundation for Medical Care, Inc. Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components (AFMC-103), attaching a copy of the EPSDT screening/referral as well as a prescription signed by the beneficiary's PCP. [View or print form DMS-679A.](#)

NOTE: The Women, Infant and Children program (WIC) must be accessed first for children from birth through their fifth birthday.

For beneficiaries from birth through four years of age, the use of modifier **U8**, as well as additional documentation will be required when a non-WIC formula is prescribed or WIC guidelines are not followed when prescribing special formula.

An EPSDT screening, which documents the PCP's medical rationale for prescribing a formula, as well as medical records documenting the beneficiary's failed trials of WIC formula, must be submitted for review. Flavor preferences for formulas will not be considered for medical necessity.

Exceptions to Use of Formulas

The following exceptions must be followed in order to use formulas listed in this section.

The exceptions are indicated by an alpha letter in parenthesis that precedes the product description. For example: ^(A) Nestlé Good Start Supreme with DHA & ARA Powder.

- A. Nestlé Good Start Supreme with DHA & ARA – sensitive to intact protein – Enfamil Gentlease Lipil must first have been tried.
- B. Nestlé Good Start Supreme Soy with DHA & ARA - sensitive to intact protein – Enfamil Gentlease Lipil must first have been tried.
- C. Nutramigen Lipil – sensitivity or allergy to milk and soy protein – chronic diarrhea, food allergies, GI bleeds – Enfamil Gentlease Lipil and Good Start Supreme must first have been tried.
- D. EleCare – allergy to intact protein and casein hydrolysates – severe food allergies, short bowel syndrome and/or malabsorption - Alimentum, Nutramigen and Pregestimil must first have been tried.
- E. Neocate – allergy to intact protein and casein hydrolysates, severe food allergies, short bowel syndrome, malabsorption – Alimentum, Nutramigen and Pregestimil must have been tried.

- F. Enfamil Premature Lipil – 20 or 24 calories – preterm, low birth weight baby to 44 weeks gestational age or to a maximum weight of 8 pounds – Not approved for an infant previously on term formula or a term infant for increased calories.
- G. Enfamil Enfacare Lipil Powder – preterm infant transitional formula – for use between premature formula and term formula, the infant must have a minimum weight of 1800 grams (four pounds).

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age. Modifier **BO** is used to bill for oral usage. When a second or third modifier is listed, that modifier must be used in conjunction with **EP**.

For beneficiaries from birth through four years of age, the use of modifier **U7**, as well as additional documentation will be required when a non-WIC formula is prescribed or WIC guidelines are not followed when prescribing special formula.

Modifiers in this section are indicated by the headings M1, M2, M3 and M4.

Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	M4	Description	Covered Formulae
B4149	EP				Enteral formula,	Compleat
B4149	EP	BO			blenderized natural foods with intact nutrients,	
B4149	EP	U7			includes proteins, fats,	
B4149	EP	U7	BO		carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
Ages 0 – 4 Years requires PA						
B4150	EP				Enteral formula,	See list below
B4150	EP	BO			nutritionally complete with intact nutrients, includes proteins, fats,	
B4150	EP	U7			carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4150	EP	U7	BO			
Ages 0 – 4 Years requires PA						

Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	M4	Description	Covered Formulae
Covered Formulae:						
Boost					Fibersource HN	Nutren 1.0 Fiber
Boost with Benefiber and FOS					IsoSource	Osmolite
Carnation Instant Breakfast – Lactose Free					IsoSource HN	Osmolite 1.0 CAL
Ensure					Jevity 1.0 CAL	Portagen
Ensure Fiber with FOS					Nutren 1.0	Probalance
Ensure High Protein						Promote
Ensure Powder						Promote with Fiber
Fibersource						
B4150	EP	U1	BO		Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Boost Pudding Ensure Pudding
B4150 Ages 0 – 4 Years requires PA	EP	U1	U7	BO		
B4152	EP				Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 Kcal/ml), with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Boost Plus Carnation Instant Breakfast – Lactose Free Plus
B4152	EP	BO				Ensure Plus
B4152	EP	U7				Nutren 1.5
B4152	EP	U7	BO			Nutren 2.0
B4152						Osmolite 1.5 Cal
B4152						Resource 2.0
B4152						Scandishake
B4152						Two-Cal HN
B4152 Ages 0 – 4 Years requires PA						
B4153	EP				Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Peptamen Peptamen 1.5 Peptamen with Prebio 1
B4153	EP	BO				Perative
B4153	EP	U7				Tolerex
B4153	EP	U7	BO			Vital HN
B4153						Vivonex Plus
B4153						Vivonex TEN
B4153 Ages 0 – 4 Years requires PA						

Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	M4	Description	Covered Formulae
B4154	EP				Enteral formula, nutritionally complete, for special metabolic needs, includes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
B4154	EP	BO				
B4154	EP	U7			Enteral formula, nutritionally complete, for special metabolic needs, includes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
B4154	EP	U7	BO			
Ages 0 – 4 Years requires PA						
Covered formulae:						
Boost Diabetic					Impact with Fiber	Pulmocare
Glucerna					IsoSource VHN	Resource Diabetic TF
Nutren Glytrol					Ketocal	Similac 60/40
Hepatic Aid					Nepro with Carb Steady	Suplena with Carb Steady
Impact					NutriHep	Traumacal
B4155	EP				Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	MCT Oil Procel Protein Supplement Provimin
B4155	EP	BO				
Bill on paper (Indicate specific name of formula on claims.)						
B4155	EP				Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	MCT Oil Procel Protein Supplement Provimin
B4155	EP	U7	BO			
Ages 0 – 4 Years requires PA						
Bill on paper (Indicate specific name of formula on claims.)						

Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	M4	Description	Covered Formulae
B4155	EP	U1			Enteral formula, nutritionally incomplete/modular	Polycose Powder Scandical
B4155	EP	U1	BO			
B4155	EP	U1	U7		nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	
B4155	EP	U1	U7	BO		
Ages 0 – 4 Years requires PA						
B4155	EP	U2			Enteral formula, nutritionally incomplete/modular	Microlipid
B4155	EP	U2	BO			
B4155	EP	U2	U7		nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	
B4155	EP	U2	U7	BO		
Ages 0 – 4 Years requires PA						
B4155	EP	U3			Enteral formula, nutritionally incomplete/modular	80056 MSUD 1 MSUD 2
B4155	EP	U3	BO			
B4155	EP	U3	U7		nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	PKU 1 PKU 2 PKU 3 RCF TYR 1 TYR 2
B4155	EP	U3	U7	BO		
Ages 0 – 4 Years requires PA						

Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	M4	Description	Covered Formulae	
B4158	EP				Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil AR Lipil	
B4158	EP	BO				Enfamil Gentlease – Lipil Powder	
B4158	EP	U7			Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Lactofree Lipil	
B4158	EP	U7	BO			Enfamil Lipil with Iron	
Ages 0 – 4 Years requires PA							Enfamil Next Step-Lipil (A.) Nestlé Good Start Supreme with DHA & ARA Powder
B4159	EP				Enteral formula, for pediatrics, nutritionally complete soy base with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Next Step	
B4159	EP	BO				Prosobee Lipil	
B4159	EP	U7			Enteral formula, for pediatrics, nutritionally complete soy base with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Prosobee Lipil	
B4159	EP	U7	BO			(B.) Nestlé Good Start Supreme Soy-with DHA & ARA Powder	
Ages 0 – 4 Years requires PA							
B4159	EP				Enteral formula, for pediatrics, nutritionally complete soy base with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Similac Isomil	
B4159	EP	BO				Similac Isomil Advance Soy with Iron	
B4159	EP	U8	U7		Enteral formula, for pediatrics, nutritionally complete soy base with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit		
B4159	EP	U8	U7	BO			
Ages 0 – 4 Years requires PA							

Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	M4	Description	Covered Formulae
B4160	EP				Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Enfacare Lipil Powder
B4160	EP	BO				Pediasure Pediasure with Fiber
B4160	EP	U7			Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Effective 7-1-08, WIC no longer provides Enfamil Kindercal products due to manufacturer ceasing production of the product. WIC replaced Kindercal products with Pediasure or Pediasure w. Fiber.
B4160	EP	U7	BO			
Ages 0 – 4 Years requires PA						
B4160	EP				Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Nutren Jr
B4160	EP	BO				Nutren Jr with Fiber
B4160	EP	U8	U7		Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Resource Just For Kids Resource Just For Kids with Fiber
B4160	EP	U8	U7	BO		
Ages 0 – 4 Years requires PA						
B4160	EP	U1			Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	(F.) Enfamil Premature Lipil
B4160	EP	U1	BO			With Iron 24 Cal (F.) Enfamil Premature Lipil
B4160	EP	U1	U7		Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Low Iron 24 Cal (F.) Enfamil Premature Lipil-with Iron 20 Cal (F.) Enfamil Premature Lipil-Low Iron 20 Cal
B4160	EP	U1	U7	BO		
Ages 0 – 4 Years requires PA						

Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	M4	Description	Covered Formulae
B4160	EP	U1	U8		Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Similac Neosure
B4160	EP	U1	U8	BO		
Ages 0 – 4 Years requires PA						
B4161	EP				Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	(D.) EleCare (E.) Neocate Infant (E.) Neocate Jr (E.) Neocate One + Powder (C.) Nutramigen Lipil Pregestimil Lipil Similac Alimentum
B4161	EP	BO				
B4161	EP	U7			Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	E028 Splash Peptamen Jr. Vivonex Pediatric
B4161	EP	U7	BO			
Ages 0 – 4 Years requires PA						
B4161	EP				Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	E028 Splash Peptamen Jr. Vivonex Pediatric
B4161	EP	BO				
B4161	EP	U7	U8	BO	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	E028 Splash Peptamen Jr. Vivonex Pediatric
B4161	EP	U7				
Ages 0 – 4 Years requires PA						
B4162	EP				Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
B4162	EP	BO				
B4162	EP	U7			Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
B4162	EP	U7	BO			
Ages 0 – 4 Years requires PA						

Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	M4	Description	Covered Formulae
Covered Formulae:						
Calcilo XD					MSUD Maxamaid	Phenyl Free 1
Cyclinex-1					MSUD Maxamum	Phenyl Free 2
Cyclinex-2					MSUD Analog	Propimex-1
Hominex-1					Periflex Advance	Propimex-2
Hominex-2					Periflex Infant	XLys, XTrp Maxamaid
I-Valex-1					Periflex Junior	Xphe Maxamaid
I-Valex-2					Phenex-1	Xphe Maxamum
Ketonex-1					Phenex-2	Xphe, XTyr Maxamaid
Ketonex-2						
B4162	EP	U1			Enteral formula, for	XMTVI Maxamaid
B4162	EP	U1	BO		pediatrics, special	
					metabolic needs for	
B4162	EP	U1	U7		inherited disease of	
B4162	EP	U1	U7	BO	metabolism, includes fats,	
					carbohydrates, vitamins	
					and minerals, may include	
					fiber, administered	
					through an enteral feeding	
					tube, 100 calories = 1 unit	

One unit of service equals 100 calories with a reimbursable maximum of 30 units per day. Supplies furnished by prosthetics providers in conjunction with the nutritional formula must be billed to Medicaid with the prosthetics medical supply codes. These formulae are covered as nutritional supplements rather than as the sole source of nutrition.

NOTE: Beneficiaries who require enteral nutrition as the sole source of nutrition with the formulae being administered through a nasogastric, jejunostomy or gastrostomy tube should be referred to a hyperalimentation provider enrolled in the Medicaid Program.

Each claim should reflect a "from" and "through" date of service. The claims must not be filed until after the "through" date has elapsed. Claims may be submitted on either a weekly or a monthly basis.

NOTE: If a specific formula is not listed but is prescribed as the result of the EPSDT screening of an Arkansas Medicaid beneficiary, the provider may forward a copy of the screening and prescription, along with product information, to Utilization Review for consideration.