



# Arkansas Department of Health and Human Services

## Division of Medical Services



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TO: Arkansas Medicaid Health Care Providers – Hyperalimentation

DATE: October 1, 2007

SUBJECT: Provider Manual Update Transmittal # 89

### REMOVE

Section	Date
242.120	7-1-07

### INSERT

Section	Date
242.120	10-1-07

### Explanation of Updates

Section 242.120 has been included to remove covered formulae, **Ensure Plus HN**, **Choice DM**, **Maxamaid XP Analog**, and **Periflex** because they have been discontinued by the manufacturer. Arkansas Medicaid is replacing the formulae with coverage of **Osmolite 1.5 Cal**, **Boost Diabetic**, (which is currently covered and is noted in the program manual) **Periflex Infant**, **Periflex Junior** and **Periflex Advanced**. The spelling of the names of several other formulae has been corrected.

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) 682-6789 (TDD only).

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

*TOC not required***242.120 Enteral (Sole Source) Formulas****10-1-07**

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. The supplies and equipment are not specified.

A separate prior approval 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.

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.

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

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

<b>HCPCS Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>Covered Formulae</b>
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
<b>Covered Formulae:</b>				
Boost			Fibersource HN	Nutren 1.0 with Fiber
Boost with Benefiber and FOS			Fortison	Osmolite
Carnation Instant Breakfast – Lactose Free			Intraolite	Osmolite 1.0 CAL
Ensure			Isocal	Osmolite HN
Ensure Fiber with FOS			Isocal HN	Portagen
Ensure High Protein			IsoSource	Probalance
Ensure HN			IsoSource HN	Promote
Ensure Powder			Jevity 1.0 CAL	Promote with Fiber
Fibersource			Nutrapack	Ultracal
			Nutren 1.0	

HCPCS Code	M1	M2	Description	Covered Formulae
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 Comply Ensure Plus Novasource 2.0 Nutren 1.5 Nutren 2.0 Osmolite 1.5 Cal Scandishake Two-Cal HN
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	Alitraq Criticare HN Isotein HN Peptamen Peptamen 1.5 Peptamen VHP 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
<b>Covered formulae:</b>				
Advera			Impact with Fiber	Pulmocare
AminAid			IsoSource VHN	Resource Diabetic
Boost Diabetic			Ketocal	Respilor
Forta Drink			Lipisorb	Similac 60/40
Glucerna			Lofenalac	Suplena
Glytrol			Nepro	Traumacal
Hepatic Aid			NutriHep	Trumaid Powder
Impact			Protain XL	

<b>HCPCS Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>Covered Formulae</b>
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	Casec Powder Fructose Powder MCT Oil Moducal Polycose Liquid Procel Protein Power Provimin Sumacal
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 Dextrose 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	Microlipids
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	Product 80056 PKU 1, 2 and 3 RCF Try 1 and 2

<b>HCPCS Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>Covered Formulae</b>
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 Enfamil AR Lipil Enfamil Lactofree Enfamil Lactofree Lipil Enfamil Lipil Low Iron Enfamil Lipil with Iron Enfamil Next Step Lipil Nutren Jr. Nutren JR with Fiber Resource for Kids Resource Just for Kids with Fiber
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 Isomil Isomil Advance Soy with Iron Prosobee
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	Enfamil Enfacare Lipil Powder Kindercal Kindercal with Fiber PediaSure PediaSure with Fiber
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	Enfamil Premature Lipil 24 Cal Low Iron Enfamil Premature Lipil 24 Cal with Iron Similac Neosure Similac Neosure Advance Special Care Advance 20 Special Care Advance 20 with Iron Special Care Advance 24 Special Care Advance 24 with Iron

HCPCS Code	M1	M2	Description	Covered Formulae
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	Alimentum ELECARE Enfamil Nutramigen Lipil Enfamil Pregestimil Neocate Infant Formula Neocate Jr Neocate One + (Pediatric E028) Liquid Neocate One + Powder Nutramigen Peptamen Jr Pregestimil Similac Alimentum Advance with Iron Vivonex Pediatric
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
<b>Covered Formulae:</b>				
Calcilo XD			Low Phe Try Diet Powder	Periflex Advanced
Cyclinex-1			Maxamaid MSUD	Periflex Infant
Cyclinex-2				Periflex Junior
Hominex-1				Phenex-1
Hominex-2				Phenex-2
I-Valex-1			Maxamum MSUD	Phenyl Free 1
I-Valex-2				Phenyl Free 2
Ketonex-1			MSUD Analog	Propimex-1
Ketonex-2			MSUD 1 and 2	Propimex-2
				XLys, XTrp Maxamaid
				Xphe Maxamaid
				Xphe Maxamum
				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 Maximaid

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. 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.