

# ARKANSAS REGISTER

## Transmittal Sheet



Charlie Daniels  
Secretary of State  
State Capitol Room 026  
Little Rock, Arkansas 72201-1094  
(501) 682-3527

**For Office**

**Use Only:** Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Nikki Wade E-mail Nikki.Wade@arkansas.gov Phone 682-8859

Statutory Authority for Promulgating Rule \_\_\_\_\_

Rule Title: Prosthetics Update #117 & Hyperalimentionation Update #110

Intended Effective Date \_\_\_\_\_ Date \_\_\_\_\_

Emergency Legal Notice Published..... March 19<sup>th</sup> – March 21<sup>st</sup>

10 Days After Filing Final Date for Public Comment..... April 17, 2008

Other June 1, 2008 Reviewed by Legislative Council \_\_\_\_\_

Adopted by State Agency.....June 1, 2008

Electronic Copy of Rule Provided (per Act 1478 of 2003)

Electronic Copy of Rule to be e-mailed from: Rozeline Jenkins Rozeline.Jenkins@arkansas.gov  
Contact Person Email Address

**CERTIFICATION OF AUTHORIZED OFFICER**  
I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended

  
Signature

(501) 682-8292  
Phone Number

roy.jeffus@medicaid.state.ar.us  
E-mail Address

\_\_\_\_\_  
Title

May 1, 2008  
Date

FILED  
AR. REGISTER OFF.  
COLUMBIA - 1 PM 3:45  
CLARENCE DANIELS  
SECRETARY OF STATE  
STATE OF ARKANSAS

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Health and Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Randy Helms

TELEPHONE NO. 682-1857 FAX NO. 682-3889 EMAIL: Randy.Helms@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE: Hyperalimantation Update 110 and Prosthetics Update 117

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?  
Yes X No \_\_\_\_\_

2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

Not applicable

3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue \_\_\_\_\_

General Revenue \_\_\_\_\_

Federal Funds \_\_\_\_\_

Federal Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Special Revenue \_\_\_\_\_

Special Revenue \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation? Identify the party subject to the proposed regulation, and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

Current Fiscal Year

Next Fiscal Year

Nutritional formula will be prior authorized based on the physician's prescription for the Prosthetics program. Cost savings associated with the prior authorization requirement can not be determined because allowable amount differs for each beneficiary. The same is true for coverage changes in certain formula requirements in the Hyperalimantation program. The proposed rule will assist the Division of Medical Services in insuring that the beneficiary's needs are met while also providing additional safeguards from program abuse. There is no budget impact associated with updating the formula product list for currently available product.



Division of Medical Services
Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480 · TDD: 501-682-6789



TO: Arkansas Medicaid Health Care Providers – Hyperalimentation
DATE: June 1, 2008
SUBJECT: Provider Manual Update Transmittal # 110

REMOVE

Table with 2 columns: Section, Date. Rows: 221.000 (10-13-03), 242.120 (10-1-07)

INSERT

Table with 2 columns: Section, Date. Rows: 221.000 (6-1-08), 242.120 (6-1-08)

Explanation of Updates

Section 221.000 has been included to clarify that hyperalimentation prior authorizations are performed by the Arkansas Foundation for Medical Care, Inc. (AFMC).
Section 242.120 has been revised. Several products have been discontinued by their manufacturer, and have been removed from the formulas list. New products have been added. Formulas and modifiers, including a new modifier, U8, have been added to correspond with procedure codes established for coverage for children ages birth through four years when a non-WIC formula is prescribed or WIC guidelines are not followed when prescribing special formula. The formula list has been modified to add a new column, titled M3, for coverage of a third modifier, when needed. Typographical errors in the section have 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) 682-8323 or (501) 682-6789 (TDD).
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, by Kylene W. Hawkins
Roy Jeffus, Director

*TOC not required*

221.000      Prior Authorization      6-1-08

Hyperalimentation fluids, equipment and supplies must be prior authorized by the Arkansas Foundation for Medical Care, Inc. (AFMC).

242.120      Enteral (Sole Source) Formulas      6-1-08

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: <sup>(A)</sup> 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.

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
				<b>Covered formulae:</b> Boost Diabetic Glucerna Nutren Glytrol Hepatic Aid Impact	Impact with Fiber IsoSource VHN Ketocal Nepro with Carb NutriHep  Pulmocare Resource Diabetic TF Similac 60/40 Suplena with 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
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 Prosoabee Lipil Enfamil Prosoabee 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 Enfamil Kindercal Enfamil Kindercal with 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 Pediasure Pediasure with Fiber Resource Just For Kids Resource Just for Kids-with Fiber

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
<b>Covered Formulae:</b>					
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



Division of Medical Services
Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
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TO: Arkansas Medicaid Health Care Providers – Prosthetics
DATE: June 1, 2008
SUBJECT: Provider Manual Update Transmittal # 117

REMOVE

Section Date
242.150 10-1-07

INSERT

Section Date
242.150 6-1-08

Explanation of Updates

Section 242.150 has been revised. Several products have been discontinued by their manufacturer, and have been removed from the nutritional formulas list. New products have been added. Formulas and modifiers, including two new modifiers; U7 added to correspond with procedure codes established for coverage for children ages birth through four years, and U8 for coverage of nutritional formulas for beneficiaries ages birth through four years when a non-WIC formula is prescribed or WIC guidelines are not followed when prescribing special formula. Prior authorization is required for formulas for children from birth through four years of age. The formula list has been modified to add a new column, titled M4, for coverage of a fourth modifier, when needed. Typographical errors in the section have 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) 682-8323 or (501) 682-6789 (TDD).

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director (Handwritten signature)

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

6-1-08

The following list 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.

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 AFMC-103.](#)

**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: <sup>(A)</sup> 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.

**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
<b>Covered Formulae:</b>						
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	Boost Pudding Ensure Pudding
B4150	EP	U1	U7	BO	proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
Ages 0 – 4 Years requires PA						
B4152	EP				Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 Kcal/ml), with intact nutrients, includes	Boost Plus Carnation Instant Breakfast – Lactose Free Plus
B4152	EP	BO			proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Ensure Plus Nutren 1.5 Nutren 2.0 Osmolite 1.5 Cal Resource 2.0 Scandishake Two-Cal HN
B4152	EP	U7				
B4152	EP	U7	BO			
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 Tolerex Vital HN Vivonex Plus Vivonex TEN
B4153	EP	U7				
B4153	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
B4155	EP	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	EP	U1	BO			
B4155	EP	U1	U7		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	
B4155	EP	U1	U7	BO		
Ages 0 – 4 Years requires PA						
B4155	EP	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	EP	U2	BO			
B4155	EP	U2	U7		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	
B4155	EP	U2	U7	BO		
Ages 0 – 4 Years requires PA						
B4155	EP	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
B4155	EP	U3	BO			
B4155	EP	U3	U7		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	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
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 PediaSure PediaSure 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
B4160	EP	U8	U7	BO		Resource Just For Kids with Fiber
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
B4160	EP	U1	U7	BO		(F.) Enfamil Premature Lipil-Low Iron 20 Cal
Ages 0 – 4 Years requires PA						
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
B4161	EP	BO				(E.) Neocate Infant (E.) Neocate Jr
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	(E.) Neocate One + Powder
B4161	EP	U7	BO			(C.) Nutramigen Lipil Pregestimil Lipil Similac Alimentum
Ages 0 – 4 Years requires PA						

**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 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.**

**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.**

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