



Division of Medical Services
Program Development & Quality Assurance

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



TO: Arkansas Medicaid Health Care Providers – Prosthetics
DATE: September 28, 2009
SUBJECT: Provider Manual Update Transmittal # 146

REMOVE

Section Date
242.150 8-15-09

INSERT

Section Date
242.150 9-28-09

Explanation of Updates

Section 242.150 is being included to advise providers that effective for dates of service on and after September 28, 2009, the Women, Infants and Children (WIC) Program has revised their covered nutritional formula list. The Prosthetics Program nutritional formula list is being revised to mirror the changes made by the WIC Program. The nutritional formulas, Nestle Good Start Supreme with DHA & ARA Powder and Nestle Good Start Supreme Soy with DHA & ARA Powder, are being deleted because; effective September 28, 2009, the WIC Program is no longer covering the formulas. Boost with Benefiber and FOS, Fibersource, IsoSource, Osmolite, Probalance, IsoSource VHN, Resource Diabetic TF, Traumacal, 80056, Enfamil Next Step Lipil, Enfamil Next Step Prosobee Lipil, Similac Isomil and Resource Just for Kids with Fiber are being removed because those formulas have been discontinued by the manufacturer. The nutritional formula, Portagen, has been transferred from B4150 to B4158. There are several formulas with name changes by the manufacturers: Boost Diabetic has been changed to Boost Glucose Control, Glucerna has been changed to Glucerna 1.0 cal, Hepatic Aid has been changed to Hepatic Aid II, Ketocal is now Ketocal 4:1 and Ketocal 3:1, The name of Resource Just for Kids has been changed to Boost Kid Essentials. Information has also been added to advise that the Medicaid nutritional formula list will be updated to continue compliance with the WIC Program in Arkansas. Also included are additions to the list of exceptions to the use of formulas.

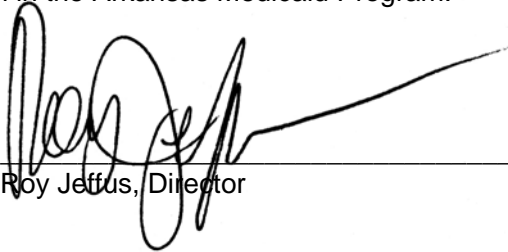
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Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

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

9-28-09

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* (DMS-679A), 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 to their fifth birthday.

The Arkansas Medicaid program mirrors coverage of approved WIC nutritional formulas. As stated in current policy, the WIC Program must be accessed first for Arkansas Medicaid beneficiaries aged 0 to five (5) years, prior to requesting supplemental amounts of WIC approved nutritional formula. The Medicaid nutritional formula list will be updated accordingly to continue compliance with the WIC Program in Arkansas. Changes will be reflected in the appropriate Medicaid provider manual.

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.

- A. **Nutramigen Lipil – sensitivity or allergy to milk and/or soy protein – chronic diarrhea, food allergies, GI bleeds** - Enfamil Gentlease Lipil must first have been tried.
- B. **Nutramigen Enflora LGG – Sensitivity or allergy to milk and/or soy protein; chronic diarrhea, food allergies, GI bleeds** – Enfamil Gentlease Lipil must first have been tried.
- C. **Pregestimil Lipil – Allergy to milk and/or soy protein; chronic diarrhea, short gut; cystic fibrosis; fat malabsorption due to GI or liver disease.**

- D. Alimentum – allergy to milk and/or soy protein; severe malnutrition; chronic diarrhea; short bowel syndrome; known or suspected corn allergy - Enfamil Gentlease Lipil must first have been tried.
- E. EleCare – allergy to intact protein; and casein hydrolysates – severe food allergies, short bowel syndrome; malabsorption - Alimentum, Nutramigen Lipil or Pregestimil Lipil must first have been tried.
- F. Neocate – allergy to intact protein and casein hydrolysates, severe food allergies; short bowel syndrome; malabsorption – Alimentum, Nutramigen Lipil or Pregestimil Lipil must first have been tried.
- G. Nutramigen AA Lipil - Allergy to intact protein and casein hydrolysates; severe food allergies; short bowel syndrome; malabsorption. Alimentum, Nutramigen Lipil or Pregestimil Lipil must first have been tried.
- H. Portagen – Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies; biliary atresia; liver disease; chylothorax.
- I. Similac PM 60/40 – Renal, cardiac or other condition that requires lowered minerals.
- J. Phenyl - Free 1 – PKU; Hyperphenylalaninemia; for infants and toddlers.
- K. Phenex I - PKU; Hyperphenylalaninemia; for infants and toddlers.
- L. Phenyl-Free 2 - PKU; Hyperphenylalaninemia; for children and adults.
- M. Phenex II - PKU; Hyperphenylalaninemia; for children and adults.
- N. 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.
- O. 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). Not approved for an infant previously on term formula or a term infant for increased calories.

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, 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
B4149	EP	BO				
B4149	EP	U7			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
B4149	EP	U7	BO			
Ages 0 – 4 Years requires PA						
B4150	EP				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
B4150	EP	BO				
B4150	EP	U7			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
B4150	EP	U7	BO			
Ages 0 – 4 Years requires PA						
Covered Formulae:						
Boost					Fibersource HN	Nutren 1.0 Fiber
Carnation Instant Breakfast – Lactose Free					IsoSource HN	Osmolite 1.0 CAL
Ensure					Jevity 1.0 CAL	Promote
Ensure Fiber with FOS					Nutren 1.0	Promote with Fiber
Ensure High Protein						
Ensure Powder						
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	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
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
B4152	EP	BO				Carnation Instant Breakfast – Lactose Free Plus
B4152	EP	U7			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	Ensure Plus
B4152	EP	U7	BO			Nutren 1.5 Nutren 2.0 Osmolite 1.5 Cal Resource 2.0 Scandishake Two-Cal HN
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
B4153	EP	BO				Peptamen 1.5 Peptamen with Prebio 1
B4153	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	Perative
B4153	EP	U7	BO			Tolerex Vital HN Vivonex Plus Vivonex TEN
Ages 0 – 4 Years requires PA						
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						

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					Impact with Fiber	Pulmocare
Glucerna					Ketocal 4:1	Similac 60/40
Nutren Glytrol					Ketocal 3:1	Suplena with Carb
Hepatic Aid II					Nepro with Carb Steady	Steady
Impact					NutriHep	
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.)						
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	Polycose Powder Scandical
B4155	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
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		(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	MSUD 1 MSUD 2
B4155	EP	U3	BO			
B4155	EP	U3	U7		(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						
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 Enfamil Gentlease – Lipil Powder Enfamil Lactofree Lipil Enfamil Lipil with Iron
B4158	EP	BO				
B4158	EP	U7			carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfagrow Premium Next Step Enfamil Premium with Triple Health Guard Portagen
B4158	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
B4159	EP				Enteral formula, for pediatrics, nutritionally complete soy base with intact nutrients, includes	Enfagrow Soy Next Step
B4159	EP	BO				
B4159	EP	U7			proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Soy Lipil
B4159	EP	U7	BO			
Ages 0 – 4 Years requires PA						
B4159	EP				Enteral formula, for pediatrics, nutritionally complete soy base with intact nutrients, includes	Similac Isomil
B4159	EP	BO				
B4159	EP	U8	U7		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						
B4160	EP				Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than	Enfamil Enfacare
B4160	EP	BO				
B4160	EP	U7			0.7 Kcal/ml) with intact nutrients, includes	Pediasure with 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	Boost Kids Essentials
B4160	EP	BO				
B4160	EP	U8	U7		0.7 Kcal/ml) with intact nutrients, includes	Nutren Jr with Fiber
B4160	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	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 With Iron 24 Cal
B4160	EP	U1	BO			
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	Enfamil Premature Lipil-with Iron 20 Cal
B4160	EP	U1	U7	BO		
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	EleCare Neocate Infant Neocate Jr Neocate One + Powder
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	Nutramigen AA Lipil Nutramigen Enflora LGG
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	
B4161	EP	U7	U8			
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
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						
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 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
B4162	EP	U1	BO			
B4162	EP	U1	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	U1	U7	BO		
Ages 0 – 4 Years requires PA						

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.



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Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers – Hyperalimentation

DATE: September 28, 2009

SUBJECT: Provider Manual Update Transmittal # 135

REMOVE

Section Date
242.120 1-1-09

INSERT

Section Date
242.120 9-28-09

Explanation of Updates

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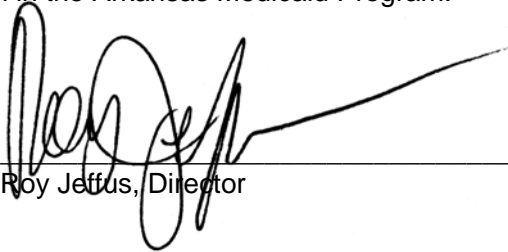
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Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

242.120 Enteral (Sole Source) Formulas

9-28-09

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.

- A. **Nutramigen Lipil – sensitivity or allergy to milk and/or soy protein – chronic diarrhea, food allergies, GI bleeds** – Enfamil Gentlease Lipil must first have been tried.
- B. **Nutramigen Enflora LGG – Sensitivity or allergy to milk and/or soy protein; chronic diarrhea, food allergies, GI bleeds** – Enfamil Gentlease Lipil must first have been tried.
- C. **Pregestimil Lipil – Allergy to milk and/or soy protein; chronic diarrhea, short gut; cystic fibrosis, fat malabsorption due to GI or liver disease**
- D. **Alimentum – allergy to milk and/or soy protein; severe malnutrition; chronic diarrhea; short bowel syndrome, known or suspected corn allergy - Enfamil Gentlease Lipil must first have been tried.**
- E. **EleCare – allergy to intact protein and casein hydrolysates – severe food allergies, short bowel syndrome; malabsorption - Alimentum, Nutramigen Lipil or Pregestimil Lipil must first have been tried.**
- F. **Neocate – allergy to intact protein and casein hydrolysates, severe food allergies, short bowel syndrome, malabsorption – Alimentum, Nutramigen Lipil or Pregestimil Lipil must have been tried.**

- G. Nutramigen AA Lipil - Allergy to intact protein and casein hydrolysates; severe food allergies; short bowel syndrome; malabsorption. Alimentum, Nutramigen Lipil or Pregestimil Lipil must first have been tried.
- H. Portagen – Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies; biliary atresia; liver disease; chylothorax.
- I. Similac PM 60/40 – Renal, cardiac or other condition that requires lowered minerals.
- J. Phenyl - Free 1 – PKU; Hyperphenylalaninemia; for infants and toddlers.
- K. Phenex I - PKU; Hyperphenylalaninemia; for infants and toddlers.
- L. Phenyl-Free 2 - PKU; Hyperphenylalaninemia; for children and adults.
- M. Phenex II - PKU; Hyperphenylalaninemia; for children and adults.
- N. 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.
- O. 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). Not approved for an infant previously on term formula or a term infant for increased calories.

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

The Arkansas Medicaid program mirrors coverage of approved WIC nutritional formulas. As stated in current policy, the WIC Program must be accessed first for Arkansas Medicaid beneficiaries aged 0 to five (5) years, prior to requesting supplemental amounts of WIC approved nutritional formula. The Medicaid nutritional formula list will be updated accordingly to continue compliance with the WIC program in Arkansas. Changes will be reflected in the appropriate Medicaid provider manual.

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

HCPCS Code	M1	M2	M3	Description	Covered Formulae
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
Carnation Instant Breakfast – Lactose Free				IsoSource HN	Osmolite 1.0 CAL
Ensure				Jevity 1.0 CAL	Promote
Ensure Fiber with FOS				Nutren 1.0	Promote with Fiber
Ensure High Protein					
Ensure Powder					
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
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

HCPCS Code	M1	M2	M3	Description	Covered Formulae
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 Glucose Control Glucerna 1.0 cal Nutren Glytrol Hepatic Aid II Impact	Impact with Fiber Ketocal 4:1 Ketocal 3:1 Nepro with Carb NutriHep
					Pulmocare Similac 60/40 Suplena with Carb Steady
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.)	
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

HCPCS Code	M1	M2	M3	Description	Covered Formulae
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	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 Enfagrow Premium Next Step Enfamil Premium with Triple Health Guard Portagen
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	Enfagrow Soy Next Step Enfamil Prosobee Lipil Enfamil Soy Lipil

HCPCS Code	M1	M2	M3	Description	Covered Formulae
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 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	Enfamil Enfacare Pediasure Pediasure 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	Boost Kids Essentials Nutren Jr. Nutren Jr. 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 With Iron 24 Cal Enfamil Premature Lipil Low Iron 24 Cal Enfamil Premature Lipil-with Iron 20 Cal Enfamil Premature Lipil-Low Iron 20 cal

HCPCS Code	M1	M2	M3	Description	Covered Formulae
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	EleCare Neocate Infant Neocate Jr. Neocate One + Powder Nutramigen AA Lipil Nutramigen Enflora LGG 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	
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

HCPCS Code	M1	M2	M3	Description	Covered Formulae
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
