Michigan Department of Community Health

CATEGORIES FOR APPROVED ENTERAL FORMULAE

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Twelve enteral formula HCPCS categories have been defined for oral or tube feedings. **The enteral formula products that are listed under each main category possess similar characteristics and are priced as similar products**. Nevertheless, each list is not all-inclusive nor are all the enteral formulae generically equivalent within a specific category. The categories are provided as a **guideline** for medical suppliers when the prescriber has ordered an enteral formula using the brand name. For products not listed below, providers may contact the Statistical Analysis DME Regional Carrier (SADMERC) for a coding determination or refer to the Enteral Product Classfication List on the SADMERC web site at www.palmettogba.com. If none of the classifications are appropriate, the not otherwise classified code (NOC) B9998 should be used.

CODE B4102– ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES		
Resource Fruit Beverage		

CODE B4149– ENTERAL FORMULA, BLENDERIZED NATURAL FOOD WITH INTACT NUTRIENTS (Commercially prepared formulas only)		
Compleat –B Modified	Compleat Pediatric	

CODE B4150 – ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENT			
Boost	Fiberlan	Isosource HN	Osmolite 1.2 Cal
Boost High Protein Liquid	Fibersource	Jevity (1.0 Cal)	ProBalance
Boost High Protein Powder	Fibersource HN	Jevity Plus (1.2 Cal)	Promote
Boost w/Fiber	Isocal	Carnation Instant Breakfast Lactose Free	Replete
Ensure	Isocal HN	NutriHeal Complete Nutrition for Healing Support	Replete w/Fiber
Ensure HN	Isocal HN Plus	Nutren 1.0	Resource
Ensure High Protein	Isolan	Osmolite	Ultracal
Ensure w/ Fiber	Isosource	Osmolite 1.0 Cal	Ultracal HN Plus

CODE B4152– ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSDE (= OR > 1.5 KCAL/ML) WITH INTACT NUTRIENTS			
Boost Plus	Isosource 1.5	Nutren 1.5	Sustacal Plus
Comply	NovaSource 2.0	Nutren 2.0	TwoCal HN
Deliver 2.0	Carnation Instant Breakfast Lactose Free Plus	Resource Plus	
Ensure Plus	NuBasics 2.0 Complete	Respalor	
Ensure Plus HN	NutriAssist 1.5	ScandiShake	

CODE B4153 – ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLZYED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN)			
Alitraq	Peptamen	Peptinex DT	Tolerex
Criticare HN	Peptamen 1.5 Diet	Perative	Vital HN
Glutasorb RTU	Peptamen w/Prebio 1	Pro-Peptide	Vivonex Plus
L-Emental	Peptamen VHP	Pro-Peptide VHN	Vivonex T.E.N.
Optimental	Peptical	Subdue	

CODE B4154– ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM			
3232A	Hepatic-Aid	Modulen IBD	Pulmocare
Advera	Immun-Aid	Nepro	Renalcal
Amin Aid Powder	Impact	Novasource Pulmonary	Resource Diabetic
Choice DM	Isosource VHN	Novasource Renal	Similac PM 60/40
Diabetisource AC	Ketocal	Nutrihep	Suplena (Replena)
Glucerna	L-Emental Hepatic	NutriRenal	Traumacal
Glucerna OS	Lipisorb Liquid	NutriVent	
Glytrol	Magnacal Renal	Pro-Peptide VHN	

CODE B4155– ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS			
80056	Juven	Phlexy-10 Drink Mix	Propac Powder
Casec Powder	MCT Oil	Polycose Liquid	Propass Powder
Duocal	Microlipid	Polycose Powder	ReSource Inst Protein Powder
Essential Pro Plus	Moducal Powder	ProCel Powder	Ross Carbohydrate Free (RCF)
Immunocal	Phlexy-10 Capsules	ProMod Powder	Sumacal

CODE B4157 – ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM			
Cylinex - 2	Maxamum Formulas	PhenylAde Drink Mix	Propimex 2 (powder)
Hominex - 2	Phenex 2	Phenyl-Free 2	

CODE B4158 – ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS			
Kindercal	Pediasure	Resource for Kids	
Nutren Junior	Pediasure w/Fiber	Resource Just for Kids w/Fiber	
Nutren Junior w/Fiber	Portagen	Similac Special Care Advance w/Iron 24	

CODE B4161 – ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM			
3232A	Neocate Junior	Nutramigen	Pregestimil
EleCare Powder	Neocate One + Powder	Peptamen Junior	Similac Alimentum Advance with Iron
Enfamil Nutramigen	Neocate One + Liquid	Peptamen Jr. w/Prebio 1	Vivonex Pediatric
Neocate Infant Formula			

CODE B4162 – ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM			
Acerflex	Maxamum Formulas	PhenylAde Drink Mix	Periflex
Cyclinex - 1	MSUD Diet Powder	Phenyl-Free 1	Propimex 1 (powder)
Cyclinex 2	Phenex - 1	Phenyl-Free 2	Propimex 2 (powder)
Hominex - 2	Phenex - 2		