



HCPCS Codes for Abbott Enteral Formulas

B4102		Enteral Formula, for Adults, Used to Replace Fluids and Electrolytes (E.g. Clear Liquids)			
Ensure® Clear	Ensure® Pre-Surgery				
B4103		Enteral Formula, for Pediatrics, Used to Replace Fluids and Electrolytes (E.g. Clear Liquids)			
Ensure® Clear	Pedialyte®	Pedialyte AdvancedCare®			
B4150		Enteral Formula, Nutritionally Complete With Intact Nutrients			
Ensure® Original	Ensure® High Protein	Jevity® 1.0 Cal	Osmolite® 1.2 Cal		
Ensure® Original with Fiber	Ensure® Powder	Jevity® 1.2 Cal	Promote®		
	Ensure® Compact	Osmolite® 1.0 Cal	Promote® With Fiber		
B4152		Enteral Formula, Nutritionally Complete, Calorically Dense (Equal to or Greater Than 1.5 Kcal/MI) With Intact Nutrients			
Ensure® Plus	Ensure® Plus High Protein®	Osmolite® 1.5 Cal	TwoCal® HN		
Ensure® Plus with Fiber	Ensure® Complete	Jevity® 1.5 Cal	Hi-Cal®		
	Ensure® Enlive®				
B4153		Enteral Formula, Nutritionally Complete, Hydrolyzed Proteins (Amino Acids And Peptide Chain)			
Perative®	Vital® 1.0 Cal	Vital® 1.5 Cal	EleCare® Jr		
Pivot® 1.5 Cal	Vital® AF 1.2 Cal	Vital® High Protein			
B4154		Enteral Formula, Nutritionally Complete, for Special Metabolic Needs, Excludes Inherited Disease of Metabolism			
Glucerna® 1.0 Cal	Glucerna® Shake	Nepro® with CARBSTEADY®	Similac® PM 60/40		
Glucerna® 1.2 Cal	Glucerna Hunger Smart® Shake	Pulmocare®	Suplena® with CARBSTEADY®		
Glucerna® 1.5 Cal					
B4155		Enteral Formula, Nutritionally Incomplete/Modular Nutrients			
Juven®	Pro-Phree®	RCF®	Similac® Human Milk Fortifier		
	ProViMin®				

NOTE: Each healthcare provider is ultimately responsible for verifying codes, coverage, and payment policies used to ensure that they are accurate for the services and items provided. Providers should consult with the insurance plan for complete and accurate details concerning documentation for claims. Abbott Nutrition does not guarantee reimbursement by any third-party insurance plan and will not reimburse physicians or providers for claims denied by third-party insurance plans.





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B4157 Enteral Formula, Nutritionally Complete, for Special Metabolic Needs for Inherited Disease of Metabolism

Cyclinex®-2	I-Valex®-2	Phenex®-2	Propimex®-2
Glutarex®-2	Ketonex®-2	Phenex®-2 Vanilla	Tyrex®-2
Hominex®-2			

B4158 Enteral Formula, for Pediatrics, Nutritionally Complete With Intact Nutrients

Similac® Advance®	Similac for Spit-Up®	Similac Go & Grow®	PediaSure® Reduced Calorie
Similac Sensitive®	Similac® Organic	Similac® Total Comfort	

B4159 Enteral Formula, for Pediatrics, Nutritionally Complete Soy Based With Intact Nutrients

Similac® Soy Isomil®

B4160 Enteral Formula, for Pediatrics, Nutritionally Complete Calorically Dense (Equal to or Greater Than 0.7 Kcal/MI) With Intact Nutrients

PediaSure®	PediaSure® 1.5 Cal with Fiber	Similac NeoSure®
PediaSure® 1.5 Cal	PediaSure® Enteral Formula 1.0 Cal	Similac® Special Care® 24 with Iron
PediaSure® with Fiber	PediaSure® Enteral Formula 1.0 Cal with Fiber	Similac® Special Care® 30 with Iron

B4161 Enteral Formula, for Pediatrics, Hydrolyzed/Amino Acids and Peptide Chain Proteins

EleCare® Infant	PediaSure® Peptide 1.0 Cal	Similac Alimentum®
EleCare® Jr	PediaSure® Peptide 1.5 Cal	Vital® Peptide

B4162 Enteral Formula, for Pediatrics, Special Metabolic Needs for Inherited Disease of Metabolism

Calcilo XD®	Hominex®-1	Phenex®-1
Cyclinex®-1	I-Valex®-1	Propimex®-1
Glutarex®-1	Ketonex®-1	Tyrex® -1

The following products may be used by children (using code B4162) or adults (using code B4157)

Cyclinex®-2	I-Valex®-2	Phenex®-2 Vanilla
Glutarex®-2	Ketonex®-2	Propimex®-2
Hominex®-2	Phenex®-2	Tyrex®-2

A9270

Ensure® Max Protein Ensure® Surgery Shake

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