IOWA Health and Human Services

Enteral Codes Requiring Prior Authorization

Code	Description	Effective Date
B4082	Nasogastric tubing without stylet	7/1/2013
B4083	Stomach tube - Levine type	7/1/2013
B4100	Food thickener, administered orally	6/11/2012
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	9/1/2023
B9002	Enteral nutrition pump with alarm	7/1/2013
B9004	"Parenteral nutrition infusion pump, portable	6/1/2023
S9434	Modified solid food supplements for inborn errors of metabolism	6/11/2012
S9435	Medical foods for inborn errors of metabolism	9/1/2018