Therapeutic Class	Drug Class	Diagnosis Description	Diagnosis Code
Enteral Nutrirtion	Legend/	Malignant neoplasm of glottis	C320
	отс	Malignant neoplasm of supraglottis	C321
OTC products are only		Malignant neoplasm of subglottis	C322
covered for clients		Malignant neoplasm of laryngeal cartilage	C323
under the age of 21.		Malignant neoplasm of overlapping sites of larynx	C328
* Enteral Products for		Malignant neoplasm of larynx, unspecified	C329
clients 21 and older are		Malignant neoplasm of mandible	C411
only covered when the		Malignant neoplasm of cerebrum, except lobes and ventricles	C710
client meets the		Malignant neoplasm of frontal lobe	C711
diagnosis requirement and		Malignant neoplasm of temporal lobe	C712
the diagnosis is included		Malignant neoplasm of parietal lobe	C713
in the prescriber's file		Malignant neoplasm of occipital lobe	C714
and documented		Malignant neoplasm of cerebral ventricle	C715
on the prescription.		Malignant neoplasm of cerebellum	C716
**For enteral nutritional		Malignant neoplasm of brain stem	C717
products exceeding		Malignant neoplasm of overlapping sites of brain	C718
21,600 ml in a 30 day			C719
period the following		Malignant neoplasm of brain, unspecified	
high caloric need		Malignant neoplasm of head, face and neck	C760
diagnosis codes may be		Multifocal and unisystemic Langerhans-cell histiocytosis	C965
used.		Unifocal Langerhans-cell histiocytosis	C966
		Adenosine deaminase [ADA] deficiency	D813
		Purine nucleoside phosphorylase [PNP] deficiency	D815
		Biotinidase deficiency	D81810
		Defects in the complement system	D841
		Myxedema coma	E035
		Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	E0843
		Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic	E0943
		(poly)neuropathy Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	E1043
			E1143
		Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	E1145
		Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy Classical phenylketonuria	E700
		Other hyperphenylalaninemias	E701
		Long chain/very long chain acyl CoA dehydrogenase deficiency	E71310
		Medium chain acyl CoA dehydrogenase deficiency	E71311
		Short chain acyl CoA dehydrogenase deficiency	E71312
		Glutaric aciduria type II	E71313
		Muscle carnitine palmitoyltransferase deficiency	E71314
		Other disorders of fatty-acid oxidation	E71318
		Disorders of ketone metabolism	E7132
		Other disorders of fatty-acid metabolism	E7139
		Disorder of carnitine metabolism, unspecified	E7140
		Primary carnitine deficiency	E7141
		Carnitine deficiency due to inborn errors of metabolism	E7142
		latrogenic carnitine deficiency	E7143

	Drug Class	Diagnosis Description	Diagnosis Code
Enteral Nutrirtion	Legend/ OTC	Ruvalcaba-Myhre-Smith syndrome	E71440
		Other secondary carnitine deficiency	E71448
OTC products are only		Peroxisomal disorder, unspecified	E7150
covered for clients		Zellweger syndrome	E71510
under the age of 21.		Neonatal adrenoleukodystrophy	E71511
* Enteral Products for		Other disorders of peroxisome biogenesis	E71518
clients 21 and older are		Childhood cerebral X-linked adrenoleukodystrophy	E71520
only covered when the		Adolescent X-linked adrenoleukodystrophy	E71521
client meets the		Adrenomyeloneuropathy	E71522
diagnosis requirement and		Other X-linked adrenoleukodystrophy	E71528
the diagnosis is included		X-linked adrenoleukodystrophy, unspecified type	E71529
in the prescriber's file		Other group 2 peroxisomal disorders	E7153
and documented		Rhizomelic chondrodysplasia punctata	E71540
on the prescription.		Zellweger-like syndrome	E71541
***			E71542
**For enteral nutritional products exceeding		Other group 3 peroxisomal disorders	E71548
21,600 ml in a 30 day		Other peroxisomal disorders	E7209
period the following		Other disorders of amino-acid transport	E7220
high caloric need		Disorder of urea cycle metabolism, unspecified	
diagnosis codes may be		Argininemia	E7221
used.		Arginosuccinic aciduria	E7222
		Citrullinemia	E7223
		Other disorders of urea cycle metabolism	E7229
		Disorders of ornithine metabolism	E724
		Disorders of gamma aminobutyric acid metabolism	E7281
		Other specified disorders of amino-acid metabolism	E7289
		Congenital lactase deficiency	E730
		Secondary lactase deficiency	E731
		Other lactose intolerance	E738
		Lactose intolerance, unspecified	E739
		Sucrase-isomaltase deficiency	E7431
		Other disorders of intestinal carbohydrate absorption	E7439
		Hurler's syndrome	E7601
		Hurler-Scheie syndrome	E7602
		Scheie's syndrome	E7603
		Mucopolysaccharidosis, type II	E761
		Morquio A mucopolysaccharidoses	E76210
		Morquio B mucopolysaccharidoses	E76211
		Morquio mucopolysaccharidoses, unspecified	E76219
		Sanfilippo mucopolysaccharidoses	E7622
		Other mucopolysaccharidoses	E7629
		Mucopolysaccharidosis, unspecified	E763
			E768
		Other disorders of glucosaminoglycan metabolism	E769
		Glucosaminoglycan metabolism disorder, unspecified	
		Lesch-Nyhan syndrome	E791
		Myoadenylate deaminase deficiency	E792

ineranelitic (lass	Drug Class	Diagnosis Description	Diagnosis Code
DTC products are only	Legend/	Other disorders of purine and pyrimidine metabolism	E798
covered for clients under the age of 21.	OTC	Disorder of purine and pyrimidine metabolism, unspecified	E799
inder the age of 21.		Hereditary erythropoietic porphyria	E800
* Enteral Products for		Porphyria cutanea tarda	E801
clients 21 and older are		Unspecified porphyria	E8020
only covered when the		Acute intermittent (hepatic) porphyria	E8021
client meets the diagnosis requirement		Other porphyria	E8029
and		Defects of catalase and peroxidase	E803
he diagnosis is included		Gilbert syndrome	E804
n the prescriber's file		Crigler-Najjar syndrome	E805
and documented		Other disorders of bilirubin metabolism	E806
on the prescription.		Disorder of bilirubin metabolism, unspecified	E807
**For enteral nutritional		Cystic fibrosis with pulmonary manifestations	E840
products exceeding		Meconium ileus in cystic fibrosis	E8411
21,600 ml in a 30 day		Cystic fibrosis with other intestinal manifestations	E8419
period the following		Cystic fibrosis with other manifestations	E848
high caloric need diagnosis codes may be		Cystic fibrosis, unspecified	E849
used.		Non-neuropathic heredofamilial amyloidosis	E850
		Neuropathic heredofamilial amyloidosis	E851
		Heredofamilial amyloidosis, unspecified	E852
		Secondary systemic amyloidosis	E853
		Organ-limited amyloidosis	E854
		Wild-type transthyretin-related (ATTR) amyloidosis	E8582
		Other amyloidosis	E8589
		Amyloidosis, unspecified	E859
		Alpha-1-antitrypsin deficiency	E8801
		Other disorder of plasma-protein metabolism, not elsewhere classified	E8809
		Lipodystrophy, Not elsewhere classified	E881
			E882
		Lipomatosis, not elsewhere classified	E883
		Tumor lysis syndrome Mitschoodziel metabolism disorder, unspecified	E8840
		Mitochondrial metabolism disorder, unspecified	
		MELAS syndrome	E8841
		MERRF syndrome	E8842
		Other mitochondrial metabolism disorders	E8849
		Metabolic syndrome	E8881
		Other specified metabolic disorders	E8889
		Metabolic disorder, unspecified	E889
		Parkinson's disease	G20
		Vascular parkinsonism	G214
		Lesion of femoral nerve, unspecified lower limb	G5720
		Lesion of femoral nerve, right lower limb	G5721
		Lesion of femoral nerve, left lower limb	G5722
		Hereditary motor and sensory neuropathy	G600
		Refsum's disease	G601
		Neuropathy in association with hereditary ataxia	G602
		Idiopathic progressive neuropathy	G603

Therapeutic Class	Drug Class	Diagnosis Description	Diagnosis Code
OTC products are only	Legend/	Other hereditary and idiopathic neuropathies	G608
covered for clients	OTC	Hereditary and idiopathic neuropathy, unspecified	G609
under the age of 21.		Myasthenia gravis without (acute) exacerbation	G7000
* Enteral Products for		Myasthenia gravis with (acute) exacerbation	G7001
clients 21 and older are		Kearns-Sayre syndrome, right eye	H49811
only covered when the		Kearns-Sayre syndrome, left eye	H49812
client meets the		Kearns-Sayre syndrome, bilateral	H49813
diagnosis requirement and		Kearns-Sayre syndrome, unspecified eye	H49819
the diagnosis is included		Other diseases of pharynx	J392
in the prescriber's file		Esophageal obstruction	K222
and documented		Acute gastritis without bleed	K222 K2900
on the prescription.		Functional dyspepsia	K30
***			K30 K31
**For enteral nutritional products exceeding		Other diseases of stomach and duodenum	K31 K310
21,600 ml in a 30 day		Acute dilatation of stomach	
period the following		Achlorhydria	K3183
high caloric need		Gastroparesis	K3184
diagnosis codes may be		Other diseases of stomach and duodenum	K3189
used.		Disease of stomach and duodenum, unspecified	к319
		Crohn's disease of small intestine without complications	к5000
		Crohn's disease of small intestine with rectal bleeding	K50011
		Crohn's disease of small intestine with intestinal obstruction	к50012
		Crohn's disease of small intestine with fistula	к50013
		Crohn's disease of large intestine without complications	к5010
		Crohn's disease of large intestine with rectal bleeding	к50111
		Crohn's disease of large intestine with intestinal obstruction	к50112
		Crohn's disease of large intestine with fistula	K50113
		Crohn's disease of large intestine with abscess	K50114
		Crohn's disease of large intestine with other complication	K50118
		Crohn's disease of large intestine with unspecified complications	К50119
		Crohn's disease of both small and large intestine without complications	к5080
		Crohn's disease of both small and large intestine with rectal bleeding	К50811
		Crohn's disease of both small and large intestine with intestinal obstruction	K50812
		Crohn's disease of both small and large intestine with fistula	к50813
		Crohn's disease of both small and large intestine with abscess	K50814
		Crohn's disease of both small and large intestine with other complication	K50818
		Crohn's disease of both small and large intestine with unspecified complications	K50819
		Crohn's disease, unspecified, without complications	K5090
		Crohn's disease, unspecified, with rectal bleeding	K50911
		Crohn's disease, unspecified, with intestinal obstruction	K50912
		Crohn's disease, unspecified, with fistula	K50913
		Crohn's disease, unspecified, with installa	K50914
		Ulcerative (chronic) pancolitis with fistula	K50914 K51013
		Ulcerative (chronic) proctitis with fistula	K51013
		Ulcerative (chronic) rectosigmoiditis with fistula	K51313
		Inflammatory polyps of colon with fistula	K51413

Therapeutic Class	Drug Class	Diagnosis Description	Diagnosis Code
OTC products are only	Legend/	Left sided colitis with fistula	K51513
covered for clients	отс	Other ulcerative colitis with fistula	K51813
under the age of 21.		Ulcerative colitis, unspecified with fistula	К51913
* Enteral Products for		Other specified noninfective gastroenteritis and colitis	К5289
clients 21 and older are		Noninfective gastroenteritis and colitis, unspecified	К529
only covered when the		Partial intestinal obstruction unspecified as to cause	К56600
client meets the diagnosis requirement		Complete intestinal obstruction unspecified as to cause	K56601
and		Unspecified intestinal obstruction unspecified as to partial versus complete obstruction	К56609
the diagnosis is included		Anal fistula	К603
in the prescriber's file		Rectal fistula	К604
and documented		Anorectal fistula	К605
on the prescription.		Fistula of intestine	К632
**For enteral nutritional		Other intestinal malabsorption	К90.8
products exceeding		Other intestinal malabsorption	К90.89
21,600 ml in a 30 day		Celiac disease	к900
period the following high caloric need		Tropical sprue	К901
diagnosis codes may be		Blind loop syndrome, not elsewhere classified	к902
used.		Pancreatic steatorrhea	к903
		Malabsorption due to intolerance, not elsewhere classified	К9049
		Other intestinal malabsorption	к9089
		Intestinal malabsorption, unspecified	к909
		Postsurgical malabsorption, not elsewhere classified	К912
		Acute nephritic syndrome with minor glomerular abnormality	N000
		Acute nephritic syndrome with focal and segmental glomerular lesions	N001
		Acute nephritic syndrome with diffuse membranous glomerulonephritis	N002
		Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	N003
		Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	N004
		Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	N005
		Acute nephritic syndrome with dense deposit disease	N006
		Acute nephritic syndrome with diffuse crescentic glomerulonephritis	N007
		Acute nephritic syndrome with other morphologic changes	N008
		Acute nephritic syndrome with unspecified morphologic changes	N009
		Rapidly progressive nephritic syndrome with minor glomerular abnormality	N010
		Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	N011
		Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis	N012
		Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	N013
		Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	N014
		Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	N015
		Rapidly progressive nephritic syndrome with dense deposit disease	N016
		Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis	N017
		Rapidly progressive nephritic syndrome with other morphologic changes	N018
		Rapidly progressive nephritic syndrome with unspecified morphologic changes	N019
		Glomerular disorders in diseases classified elsewhere	N019
		Asphyxia	R09.01
			R09.02
		Hypoxenia Description access	
		Respiratory arrest	R092
		Vomiting, unspecified	R1110

Therapeutic Class	Drug Class	Diagnosis Description	Diagnosis Code
OTC products are only	Legend/	Nausea with vomiting, unspecified	R112
covered for clients	отс	Aphagia	R130
under the age of 21.		Dysphagia, unspecified	R1310
* Enteral Products for		Dysphagia, oral phase	R1311
clients 21 and older are		Dysphagia, oropharyngeal phase	R1312
only covered when the		Dysphagia, pharyngeal phase	R1313
client meets the diagnosis requirement		Dysphagia, pharyngoesophageal phase	R1314
and		Other dysphagia	R1319
the diagnosis is included		Somnolence	R400
in the prescriber's file		Stupor	R401
and documented on the prescription.		Unspecified coma	R4020
on the prescription.		Coma scale, eyes open, never, unspecified time	R402110
**For enteral nutritional		Coma scale, eyes open, never, in the field [EMT or ambulance]	R402111
products exceeding		Coma scale, eyes open, never, at arrival to emergency department	R402112
21,600 ml in a 30 day period the following		Coma scale, eyes open, never, at hospital admission	R402113
high caloric need		Coma scale, eyes open, never, 24 hours or more after hospital admission	R402114
diagnosis codes may be		Coma scale, eyes open, to pain, unspecified time	R402120
used.		Coma scale, eyes open, to pain, in the field [EMT or ambulance]	R402121
		Coma scale, eyes open, to pain, at arrival to emergency department	R402122
		Coma scale, eyes open, to pain, at hospital admission	R402123
		Coma scale, eyes open, to pain, 24 hours or more after hospital admission	R402124
		Coma scale, best verbal response, none, unspecified time	R402210
		Coma scale, best verbal response, none, in the field [EMT or ambulance]	R402211
		Coma scale, best verbal response, none, at arrival to emergency department	R402212
		Coma scale, best verbal response, none, at hospital admission	R402213
		Coma scale, best verbal response, none, 24 hours or more after hospital admission	R402214
		Coma scale, best verbal response, incomprehensible words, unspecified time	R402220
		Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]	R402221
		Coma scale, best verbal response, incomprehensible words, at arrival to emergency department	R402222
		Coma scale, best verbal response, incomprehensible words, at hospital admission	R402223
		Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission	R402224
		Coma scale, best motor response, none, unspecified time	R402310
		Coma scale, best motor response, none, in the field [EMT or ambulance]	R402311
		Coma scale, best motor response, none, at arrival to emergency department	R402312
		Coma scale, best motor response, none, at hospital admission	R402313
		Coma scale, best motor response, none, 24 hours or more after hospital admission	R402314
		Coma scale, best motor response, extension, unspecified time	R402320
		Coma scale, best motor response, extension, in the field [EMT or ambulance]	R402321
		Coma scale, best motor response, extension, at arrival to emergency department	R402322
		Coma scale, best motor response, extension, at hospital admission	R402323
		Coma scale, best motor response, extension, 24 hours or more after hospital admission	R402324
		Coma scale, best motor response, flexion withdrawal, unspecified time	R402340
		Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]	R402341
		Coma scale, best motor response, flexion withdrawal, at arrival to emergency department	R402342
		Coma scale, best motor response, flexion withdrawal, at hospital admission	R402343

Therapeutic Class	Drug Class	Diagnosis Description	Diagnosis Code
OTC products are only	Legend/	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission	R402344
covered for clients under the age of 21.	отс	Frontal lobe and executive function deficit	R41844
		Other symptoms and signs involving cognitive functions and awareness	R4189
* Enteral Products for		Other malaise	R5381
clients 21 and older are		Unspecified lack of expected normal physiological development in childhood	R6250
only covered when the		Failure to thrive (child)	R6251
client meets the diagnosis requirement		Oth lack of expected normal physiol development in childhood	R6259
and		Abnormal weight loss	R634
the diagnosis is included		Underweight	R636
in the prescriber's file		Anorexia	R630
and documented		Polydipsia	R631
on the prescription.		Polyphagia	R632
**For enteral nutritional		Feeding difficulties	R633
products exceeding		Abnormal weight gain	R635
21,600 ml in a 30 day		Other symptoms and signs concerning food and fluid intake	R638
period the following high caloric need		Cachexia	R64
diagnosis codes may be		Illness, unspecified	R69
used.		III-defined and unknown cause of mortality	R99
		Allergy to milk products	Z91011
		Gastrostomy status	Z931
		Other artificial openings of gastrointestinal tract status	Z934

* Enteral Tube Feeding Age 21 and older

** High Caloric > 21,600ml

