

Clinical Policy: Enteral ~~and Oral~~ Nutrition Supplements

Reference Number: LA.CP.MP.500c

[Coding Implications](#)

~~Date of Last Revision~~new Date: 4/24/23

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Enteral Nutrition (EN) aids in the preservation of the gastrointestinal tract by direct absorption of enteral nutrients into the small intestine. It is easier and safer to administer than parenteral nutrition due to absence of an intravenous access. The short-term methods (< 3 months) are best administered by a percutaneous gastrostomy or jejunostomy tube. Enteral nutritional therapy is considered reasonable and necessary for a beneficiary when medical documentation, such as hospital records and clinical findings, support an independent conclusion that the beneficiary has a permanently inoperative internal body organ or function which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with his/her general condition. For purposes of this policy, permanent means an indefinite period of more than one month.

~~Oral nutritional supplements can be used to meet nutritional requirements when there is a functional gastrointestinal tract and swallowing mechanism. Baby food and other regular grocery products that can be used with an enteral system are not covered.~~

~~Approved requests shall be reviewed at periodic intervals not to exceed six months. Approval may be granted for up to six months at a time.~~

Policy/Criteria

I. It is the policy of Louisiana HealthCare Connections that enteral nutritional supplements are **medically necessary** for adults and children when meeting, both of the following (A-~~BC~~):

A. Documented presence of an enteral tube;

A. Requirement for enteral feeding as the primary source of nutrition ($\geq 70\%$ caloric need); and must be for an average of at least 750 calories per day over the prescribed period. Coverage of prescribed feedings of less than an average of 750 calories per day may only be considered with additional physician documentation and justification of the reason for prescribing less than an average of 750 calories per day. Baby food and other regular grocery products than can be used with an enteral system are not covered.

1. 1.enteral formulas are covered for members/enrollees of all ages when the beneficiary has a diagnosis of an inborn error of metabolism made by a physician board certified in medical genetics or an advanced practice registered nurse collaborating with, or a physician assistant supervised by, a physician board certified in medical genetics **WITHOUT** Prior authorization
2. Enteral formulas are also covered and considered medically necessary **WITHOUT** prior authorization if a beneficiary is suspected of having an inborn error of metabolism, pending the results of a definitive evaluation, when such enteral formula is

needed to prevent morbidity. In this case, the enteral formula does not need to be ordered by a specialist.

B.

~~C. Prescriptions for enteral feedings must be for an average of at least 750 calories per day over the prescribed period.~~

~~1. Prescribed feedings of less than 750 calories per day may only be considered with additional physician documentation and justification of the reason for prescribing less than an average of 750 calories per day~~

II. All requests must include the following information:

A. Name of the nutrient product or nutrient category

B. The physician(s) must document the reason for prescribing a formula including beneficiary's diagnoses.

C. Number of calories prescribed by enteral feeding per day (100 calories equals one unit) and whether the prescribed amount constitutes 70 percent or more of the daily caloric intake;

D. Frequency of administration per day;

E. Method of administration (oral or, if tube, whether syringe, gravity, or pump fed);

F. Route of administration, if tube fed (i.e., nasogastric, jejunostomy, gastrostomy, percutaneous enteral gastrostomy, or naso-intestinal tube); and

G. Reason for use of a pump, if prescribed must include the following documentation:

1. A standard enteral infusion pump will be approved only with documented evidence that the pump is medically necessary and that syringe or gravity feedings are not satisfactory due to complications such as aspiration, diarrhea, dumping syndrome, etc

2. Louisiana HealthCare Connections will pay for the rental of a standard enteral infusion pump and accessories.

3. Louisiana HealthCare Connections can pay for repairs not covered by the warranty or lease agreement

II.III. It is the policy of Louisiana HealthCare Connections that enteral nutritional therapy for temporary impairments or for convenience feeding via gastrostomy is considered **not medically necessary**.

III. It is the policy of Louisiana HealthCare Connections that oral nutritional supplements are **medically necessary** when meeting one of the following (A—B),

~~A. Requested for poor weight gain/failure to thrive for members < 2 years old with all of the following (1-4):~~

~~1. Has an underlying disease process and body mass index (BMI) or height < 5th percentile for their age (must include growth charts);~~

~~2. Has not been diagnosed with a medical condition such as dwarfism or other syndrome normally associated with low body mass;~~

~~3. Has demonstrated inadequate response to regular foods or formulas;~~

~~4. Has tried and failed readily available high calorie foods such as Carnation Instant Breakfast or other age appropriate choices;~~

- ~~B. Requested for a condition other than poor weight gain/failure to thrive, one of the following (1-3):~~
- ~~1. Nutritional pudding products for documented oropharyngeal motor dysfunction, regardless of age;~~
 - ~~2. Electrolyte replacement products (e.g. Pedialyte or Oralyte), both of the following (a-b):~~
 - ~~a. Any of the following indications (i-ii):~~
 - ~~i. Age < 21, with underlying acute or chronic medical diagnosis or conditions that indicate the need to replace fluid and electrolyte losses;~~
 - ~~ii. Mild to moderate dehydration due to persistent mild to moderate diarrhea or vomiting;~~
 - ~~b. None of the following conditions (i-v):~~
 - ~~i. Intractable vomiting;~~
 - ~~ii. Adynamic ileus;~~
 - ~~iii. Intestinal obstruction or perforated bowel;~~
 - ~~iv. Anuria, oliguria or impaired homeostatic mechanism;~~
 - ~~v. Severe, continuing diarrhea when electrolyte replacements are intended for use as the sole therapy;~~
 - ~~3. Oral nutrition other than nutritional pudding products or electrolyte replacement, both of the following (a-b):~~
 - ~~a. Underlying condition, any of the following (i-vii):~~
 - ~~i. Inability to ingest adequate nutrition orally, any of the following (a-j):~~
 - ~~a) Disorders of sucking and swallowing (e.g. jaw fracture, mechanical disorders, craniofacial disorder, cleft lip, etc.);~~
 - ~~b) Neurological or neuromuscular disorders (e.g. Cerebral Palsy, dysphagia, ALS, Parkinson's, etc.);~~
 - ~~c) Prematurity (excludes standard formulas that do not require prescription for WIC);~~
 - ~~d) Congenital abnormalities of the upper GI tract or airways (e.g. tracheoesophageal fistula, esophageal atresia, etc.);~~
 - ~~e) Tumors (e.g. oral, head or neck cancer, etc.);~~
 - ~~f) Trauma;~~
 - ~~g) Critical illness (e.g. mechanical ventilation);~~
 - ~~h) GERD with weight loss;~~
 - ~~i) CVA with dysphasia, dysphagia or aspiration diagnosis;~~
 - ~~j) Chronic renal failure or end stage renal disease with a recent albumin level documented;~~
 - ~~ii. Disorders of digestion and malabsorption, any of the following (a-o):~~
 - ~~a) Cystic fibrosis;~~
 - ~~b) Pancreatic insufficiency;~~
 - ~~c) Short bowel syndrome;~~
 - ~~d) Inflammatory bowel disease (e.g. ulcerative colitis, Crohn's, etc.);~~
 - ~~e) Celiac disease;~~
 - ~~f) Congenital abnormalities of the GI tract (e.g. microvillus inclusion, tufting enteropathy, etc.);~~
 - ~~g) Chronic enteritis of 3 weeks or more;~~
 - ~~b. Underlying condition, any of the following (i-vii):~~
 - ~~i. Inability to ingest adequate nutrition orally, any of the following (a-j):~~
 - ~~a) Disorders of sucking and swallowing (e.g. jaw fracture, mechanical disorders, craniofacial disorder, cleft lip, etc.);~~
 - ~~b) Neurological or neuromuscular disorders (e.g. Cerebral Palsy, dysphagia, ALS, Parkinson's, etc.);~~
 - ~~c) Prematurity (excludes standard formulas that do not require prescription for WIC);~~
 - ~~d) Congenital abnormalities of the upper GI tract or airways (e.g. tracheoesophageal fistula, esophageal atresia, etc.);~~
 - ~~e) Tumors (e.g. oral, head or neck cancer, etc.);~~
 - ~~f) Trauma;~~
 - ~~g) Critical illness (e.g. mechanical ventilation);~~
 - ~~h) GERD with weight loss;~~
 - ~~i) CVA with dysphasia, dysphagia or aspiration diagnosis;~~
 - ~~j) Chronic renal failure or end stage renal disease with a recent albumin level documented;~~
 - ~~ii. Disorders of digestion and malabsorption, any of the following (a-o):~~
 - ~~a) Cystic fibrosis;~~
 - ~~b) Pancreatic insufficiency;~~
 - ~~c) Short bowel syndrome;~~
 - ~~d) Inflammatory bowel disease (e.g. ulcerative colitis, Crohn's, etc.);~~
 - ~~e) Celiac disease;~~
 - ~~f) Congenital abnormalities of the GI tract (e.g. microvillus inclusion, tufting enteropathy, etc.);~~
 - ~~g) Chronic enteritis of 3 weeks or more;~~

- h) ~~Intractable diarrhea in infancy;~~
- i) ~~Auto-immune enteropathy immunodeficiency (e.g. HIV/AIDS, severe combined immunodeficiency, etc.);~~
- j) ~~Post gastrointestinal surgery;~~
- k) ~~Graft versus host disease;~~
- l) ~~Solid organ transplant;~~
- m) ~~Intestinal fistula;~~
- n) ~~Hepatobiliary disease (biliary atresia, alagille syndrome, etc.);~~
- o) ~~Inborn errors of metabolism;~~
- iii. ~~Disorders of gastrointestinal motility or chronic pseudo-obstruction (e.g. gastroparesis);~~
- iv. ~~Acute or chronic pancreatitis;~~
- v. ~~Administration of disease treatment, any of the following (a-c):~~
 - a) ~~Ketogenic diet in epilepsy;~~
 - b) ~~Administration of pharmaceutical agents (chemotherapy, chronic renal failure or long term antibiotic use. This doesn't include ADHD medication for those capable of taking oral feeds);~~
 - c) ~~Bowel washouts in severe chronic constipation;~~
- vi. ~~Behavioral disorders affecting eating (anorexia, bulimia, severe depression);~~
- vii. ~~Food allergy, any of the following (a-b):~~
 - a) ~~Food protein induced enterocolitis and enteropathy;~~
 - b) ~~Allergic eosinophilic gastroenteritis (requires supported history/physical findings and laboratory testing);~~
- b. ~~One of the following specified age groups (i-iii):~~
 - i. ~~Age > 21 years and any of the following (a-c):~~
 - a) ~~BMI < 18.5 kg/m²;~~
 - b) ~~BMI < 20 kg/m² and unintentional weight loss > 5% within past 3-6 months;~~
 - c) ~~Unintentional weight loss > 10% within past 3-6 months;~~
 - ii. ~~Age > 1 year and ≤ 21 years and any of the following (a-b):~~
 - a) ~~Nutritional needs are not met through diet due to a medical condition, as shown on growth chart by a trend in weight loss, poor weight gain, or poor growth;~~
 - b) ~~Inadequate oral intake or expected inadequate oral intake over a period of 3-5 days;~~
 - iii. ~~Age < 1 year and any of the following (a-c):~~
 - a) ~~Specialized formula is predominant source of nutritional intake (>70%);~~
 - b) ~~Inadequate oral intake or expected inadequate oral intake over a period of 1-3 days;~~
 - c) ~~Commercial formulas including soy-based products have been tried and failed or are contraindicated.~~

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are

ENTERAL AND ORAL NUTRITION

from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
N/A	

HCPCS Codes	Description
<u>B4034</u>	<u>Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
<u>B4035</u>	<u>Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
<u>B4036</u>	<u>Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
<u>B4081</u>	<u>Nasogastric tubing with stylet</u>
<u>B4082</u>	<u>Nasogastric tubing without stylet</u>
<u>B4083</u>	<u>Stomach tube - Levine type</u>
<u>B4088</u>	<u>Gastrostomy/jejunostomy tube, low-profile, any material, any type, each</u>
<u>B4100</u>	<u>Food thickener, administered orally, per oz</u>
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (e.g., fiber)
B4149	Enteral formula, manufactured 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
B4150	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
B4152	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
B4153	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
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats,

HCPCS Codes	Description
	carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	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
B4159	Enteral formula, for pediatrics, nutritionally complete soy based 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
B4160	Enteral formula, for pediatrics, nutritionally complete 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
B4161	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	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
<u>B9002</u>	<u>Enteral nutrition infusion pump, any type</u>
<u>B9998</u>	<u>NOC for enteral supplies</u>
<u>E0776</u>	<u>Portable IV pole with adjustable stand to hang bags of fluids or medications</u>

Reviews, Revisions, and Approvals	<u>Revision Date</u>	<u>Approval Date</u>
Criteria annual review in LA.UM.10.50	05/19	05/19
Clinical policy created from medical necessity criteria removed from LA.UM.10.50. Policy restructured and reworded for clarity.	06/19	
Formatting changes only	08/19	
Added supportive oncology 2011 reference Added to Administration of pharmaceutical agents: chemotherapy, chronic renal failure or long term antibiotic use and that it doesn't include ADHD meds	10/19	
Added what is not covered for enteral feedings Added review time frame for enteral feedings Added caloric criteria for enteral feedings	04/21	

Added LDH Reference		
<u>Changed name of policy from Enteral and Oral Nutrition Supplements to Enteral Nutrition. Changed revision date in header to read Date of Last Revision. Updated description to match LDH description. Combined the 750 calorie day prescription with I.B. and added language from LDH provider manual. Added section to include the information that is required in all requests. Removed sections on oral nutrition. Added HCPCS codes that are included on the DME listed fee service: B4034, B4035, B4036, B4081, B4082, B4083, B4088, B4100, B9002, B9998, E0776. Changed Date in revision log to say Revision Date.</u>	<u>1/23</u>	

References

1. Louisiana Department of Health Durable Medical Equipment Provider Manual Issued September 1, 2010; updated 02/23/21
2. American Academy of Pediatrics Committee on Nutrition. Reimbursement for medical foods for inborn errors of metabolism. *Pediatrics*. 1994; 93(5):860.
3. ASPEN. American Society for Parenteral and Enteral Nutrition Board of Directors. Standards of Practice for Home Nutrition Support. *Journal of Parenteral and Enteral Nutrition, Volume 33, Number 2, March/April/2009* 122-167. Available at <http://pen.sagepub.com> Accessed June 3, 2013.
4. Cabre Gelada E. Enteral nutrition in gastrointestinal disease. *Gastroenterol Hepatol*. 1998; 21(5):245- 256.
5. DeWitt RC, Kudsk KA. Enteral nutrition. *Gastroenterol Clin North Am*. 1998; 27(2):371-386.
6. Forchielli M, Bines J. *Enteral Nutrition* 68, 766-775. Abbot Nutrition Health Institute. Available at http://anhi.org/learning/pdfs/bcdecker/Enteral_Nutrition.pdf. Accessed June 3, 2013.
7. Howard L, Patton L, Dahl RS. Outcome long-term enteral feeding. *Gastrointest Endosc Clin N Am*. 1998; 8(3):705-722.
8. Kirkland, Rebecca MD, MPH and Motil, Kathleen, MD, PhD. Etiology and evaluation of failure to thrive (undernutrition) in children younger than two years. Up-to-date. July 2013. Accessed August 13, 2013.
9. Scrimshaw NS, Murray EB. The acceptability of milk and milk products in populations with a high prevalence of lactose intolerance. *Am J Clin Nutr*. 1988; 48(4 Suppl):1079-1159.
10. Texas Medicaid Healthcare Partnership (TMHP). 2.4.11 Nutritional Products. Texas Medicaid Providers Procedures Manual Vol 1&2. May 2013. Available at http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2013/Mary2013TMPPM.pdf Accessed June 3, 2012.
11. Louisiana Medicaid Program Ch18.Durable Medical Equipment Section 18.2, Specific Coverage pg. 47
12. Louisiana Medicaid Program DME Provider Manual Section 18.2 page 43-44/66.
13. Doina Kulick, MD, MS and Darwin Deen, MD, MS. Specialized Nutrition Support. Jan15, 2011 pages 173-183. Available at <http://www.aafp.org/afp/2011/0115/p173.html>

14. Drs. Davis, Feyer, Ortner and Zimmermann. Supportive Oncology 2011 pages 635-655.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers,

ENTERAL AND ORAL NUTRITION

members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.