

# Local Coverage Determination (LCD): Enteral Nutrition (L33783)

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## Contractor Information

<b>Contractor Name</b>	<b>Contract Type</b>	<b>Contract Number</b>	<b>Jurisdiction</b>	<b>State(s)</b>
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

## LCD Information

### Document Information

LCD ID L33783	Original Effective Date For services performed on or after 10/01/2015
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Original ICD-9 LCD ID <a href="#">L27214</a> <a href="#">L11553</a> <a href="#">L5041</a> <a href="#">L11568</a>	Revision Effective Date For services performed on or after 01/01/2017
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	Revision Ending Date N/A
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LCD Title Enteral Nutrition	Retirement Date N/A
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Proposed LCD in Comment Period N/A	Notice Period Start Date N/A
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Source Proposed LCD N/A	Notice Period End Date N/A
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## Coverage Guidance

**Coverage Indications, Limitations, and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

Statutory coverage criteria for enteral nutrition are specified in the related Policy Article.

## NUTRIENTS:

Enteral formulas consisting of semi-synthetic intact protein/protein isolates (B4150 or B4152) are appropriate for the majority of beneficiaries requiring enteral nutrition.

The medical necessity for special enteral formulas (B4149, B4153-B4155, B4157, B4161, and B4162) must be justified in each beneficiary. If a special enteral nutrition formula is provided and if the medical record does not document why that item is medically necessary, it will be denied as not reasonable and necessary.

## EQUIPMENT AND SUPPLIES:

Enteral nutrition may be administered by syringe, gravity, or pump. Some enteral beneficiaries may experience complications associated with syringe or gravity method of administration.

If a pump (B9002) is ordered, there must be documentation in the beneficiary's medical record to justify its use (e.g., gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, administration rate less than 100 ml/hr, blood glucose fluctuations, circulatory overload, gastrostomy/jejunostomy tube used for feeding). If the medical necessity of the pump is not documented, the pump will be denied as not reasonable and necessary.

The feeding supply allowance (B4034-B4036) must correspond to the method of administration indicated in question 5 of the DME Information Form (DIF). If it does not correspond, it will be denied as not reasonable and necessary.

If a pump supply allowance (B4035) is provided and if the medical necessity of the pump is not documented, it will be denied as not reasonable and necessary.

The codes for feeding supply allowances (B4034-B4036) are specific to the route of administration. Claims for more than one type of kit code delivered on the same date or provided on an ongoing basis will be denied as not reasonable and necessary.

Enteral feeding supply kit allowances (B4034-B4036), are all-inclusive. Separate billing for any item including an item using a specific HCPCS code, if one exists, or B9998 (ENTERAL SUPPLIES, NOT OTHERWISE CLASSIFIED)

will be denied as unbundling.

Refer to the Enteral Nutrition Related Policy Article CODING GUIDELINES section for additional information about enteral feeding supply allowances.

More than three nasogastric tubes (B4081-B4083), or one gastrostomy/jejunostomy tube (B4087-B4088) every three months is not reasonable and necessary.

#### GENERAL

A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

#### REFILL REQUIREMENTS

For DMEPOS items and supplies provided on a recurring basis, billing must be based on prospective, not retrospective use. For DMEPOS products that are supplied as refills to the original order, suppliers must contact the beneficiary prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the beneficiary. This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order. Contact with the beneficiary or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the DMEPOS product no sooner than 10 calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized.

For all DMEPOS items that are provided on a recurring basis, suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request from a beneficiary. Items delivered without a valid, documented refill request will be denied as not reasonable and necessary.

Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients. Suppliers must verify with the ordering physicians that any changed or atypical utilization is warranted.

Regardless of utilization, a supplier must not dispense more than a 1-month quantity at a time.

#### **Summary of Evidence**

N/A

#### **Analysis of Evidence (Rationale for Determination)**

N/A

# Coding Information

## Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

## Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

### **Group 1 Paragraph:**

The appearance of a code in this section does not necessarily indicate coverage.

### **HCPCS MODIFIERS:**

BA – Item furnished in conjunction with parenteral enteral nutrition (PEN) services

BO – Orally administered nutrition, not by feeding tube

EY – No physician or other licensed health care provider order for this item or service

### **HCPCS CODES:**

#### **Group 1 Codes:**

A5200 PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT

A9270 NON-COVERED ITEM OR SERVICE

B4034 ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE

B4035 ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE

B4036 ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE

B4081 NASOGASTRIC TUBING WITH STYLET

B4082 NASOGASTRIC TUBING WITHOUT STYLET

B4083 STOMACH TUBE - LEVINE TYPE

B4087 GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH

B4088 GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH

B4100 FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE

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)

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

B4149 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

B4150 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

B4152 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

B4153 ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT

B4154 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

B4155 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

B4157 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

B4158 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

B4159 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

B4160 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

B4161 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

B9002 ENTERAL NUTRITION INFUSION PUMP, ANY TYPE

B9998 NOC FOR ENTERAL SUPPLIES

E0776 IV POLE

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** Not specified

**Group 1 Codes:** N/A

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** Not specified

**Group 1 Codes:** N/A

ICD-10 Additional Information [Back to Top](#)

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## [General Information](#)

## Associated Information

### **DOCUMENTATION REQUIREMENTS**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

### **GENERAL DOCUMENTATION REQUIREMENTS**

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

### **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

### **Miscellaneous**

#### **Appendices**

#### **Utilization Guidelines**

Refer to Coverage Indications, Limitations and/or Medical Necessity

#### Sources of Information

Reserved for future use.

#### Bibliography

N/A

[Back to Top](#)

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## **Revision History Information**

<b>Revision History Date</b>	<b>Revision History Number</b>	<b>Revision History Explanation</b>	<b>Reason(s) for Change</b>
01/01/2017	R4	No changes have been made to this LCD	<ul style="list-style-type: none"><li>• Other</li></ul>

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2017	R3	<p><i>04/05/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p> <p>Revision Effective Date: 01/01/2017            COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Removed: Standard Documentation Language            Added: New reference language and directions to Standard Documentation Requirements            Removed: HCPCS Code B9000 from equipment and supplies documentation requirements            Added: Unbundling instructions for enteral supply allowances.            Added: General Requirements            Revised: Refill Requirements            Removed: HCPCS Code B9000 from documentation requirements            HCPCS MODIFIERS:            Deleted: Code B9000            Revised: Code narrative for HCPCS B9002            DOCUMENTATION REQUIREMENTS:            Removed: Standard Documentation Language            Added: General Documentation Requirements            Added: New reference language and directions to Standard Documentation Requirements            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Removed: Standard Documentation Language            Added: Direction to Standard Documentation Requirements            Removed: Information under Miscellaneous and Appendices            RELATED LOCAL COVERAGE DOCUMENTS:            Added: LCD-related Standard Documentation Requirements article</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
07/01/2016	R2	<p>Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.</p>	<ul style="list-style-type: none"> <li>• Change in Assigned States or Affiliated Contract Numbers</li> </ul>
10/01/2015	R1	<p><b>Revision Effective Date: 10/31/2014</b>            COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation Language to add who can enter date of delivery date on the POD            Added: Instructions for Equipment Retained from a Prior Payer            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Added: Instructions for Recertification DIF</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>

[Back to Top](#)

## [Associated Documents](#)

Attachments [Enteral Nutrition DIF - CMS10126](#) (PDF - 61 KB )

Related Local Coverage Documents Article(s) [A52493 - Enteral Nutrition - Policy Article A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#)



Related National Coverage Documents N/A

Public Version(s) Updated on 03/28/2018 with effective dates 01/01/2017 - N/A [Updated on 03/09/2017 with effective dates 01/01/2017 - N/A](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

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## **Keywords**

N/A Read the [LCD Disclaimer](#) [Back to Top](#)

**END OF LOCAL COVERAGE DETERMINATION**

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

# Local Coverage Article: Enteral Nutrition - Policy Article (A52493)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

## Article Information

### General Information

**Article ID**

A52493

**Original Article Effective Date**

10/01/2015

Original ICD-9 Article ID

[A47078](#)[A25512](#)[A25229](#)[A25361](#)**Revision Effective Date**

01/01/2017

**Revision Ending Date**

N/A

**Article Title**

Enteral Nutrition - Policy Article

**Retirement Date**

N/A

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### Article Guidance

**Article Text:****NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Enteral nutrition is covered under the Prosthetic Device benefit (Social Security Act § 1861(s)(8)). In order for a beneficiary's nutrition to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met). In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

#### GENERAL:

Enteral nutrition is the provision of nutritional requirements through a tube into the stomach or small intestine.

Enteral nutrition is covered for a beneficiary who has (a) permanent non-function or disease of the structures that normally permit food to reach the small bowel or (b) disease of the small bowel which impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the beneficiary's overall health status.

The beneficiary must have a permanent impairment. Permanence does not require a determination that there is no possibility that the beneficiary's condition may improve sometime in the future. If the judgment of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Enteral nutrition will be denied as non-covered in situations involving temporary impairments.

The beneficiary's condition could be either anatomic (e.g., obstruction due to head and neck cancer or reconstructive surgery, etc.) or due to a motility disorder (e.g., severe dysphagia following a stroke, etc.). Enteral nutrition is non-covered for beneficiaries with a functioning gastrointestinal tract whose need for enteral nutrition is due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc.

The beneficiary must require tube feedings to maintain weight and strength commensurate with the beneficiary's overall health status. Adequate nutrition must not be possible by dietary adjustment and/or oral supplements. Coverage is possible for beneficiaries with partial impairments - e.g., a beneficiary with dysphagia who can swallow small amounts of food or a beneficiary with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption.

Enteral nutrition products that are administered orally and related supplies are noncovered, no benefit.

If the coverage requirements for enteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.

Enteral nutrition provided to a beneficiary in a Part A covered stay must be billed by the SNF to the fiscal intermediary. No payment from Part B is available when enteral nutrition services are furnished to a beneficiary in a stay covered by Part A. However, if a beneficiary is in a stay not covered by Part A, enteral nutrition is eligible for coverage under Part B and may be billed to the DME MAC by either the SNF or an outside supplier.

#### NUTRIENTS:

Food thickeners (B4100), baby food, and other regular grocery products that can be blenderized and used with the enteral system will be denied as noncovered.

Codes B4102 and B4103 describe electrolyte-containing fluids that are noncovered by Medicare.

Self-blenderized formulas are noncovered by Medicare.

Code B4104 is an enteral formula additive. The enteral formula codes include all nutrient components, including vitamins, mineral, and fiber. Therefore, code B4104 will be denied as not separately payable.

#### SUPPLIES:

The unit of service (UOS) for the supply allowance (B4034-B4036) is one (1) UOS per day. Claims that are submitted for more than one UOS per day for HCPCS codes B4034-B4036 will be rejected.

### **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

The supplier must enter a diagnosis code corresponding to the beneficiary's diagnosis on each claim.

### **DME INFORMATION FORM (DIF)**

A DME Information Form (DIF) which has been completed, signed, and dated by the supplier, must be kept on file by the supplier and made available upon request.

The DIF for Enteral Nutrition is CMS Form 10126. The initial claim must include an electronic copy of the DIF.

A new Initial DIF for enteral nutrients is required when:

- A formula billed with a different code, which has not been previously certified, is ordered, or
- Enteral nutrition services are resumed after they have not been required for two consecutive months.

A new Initial DIF for a pump (B9002) is required when:

- Enteral nutrition services involving use of a pump are resumed after they have not been required for two consecutive months, or
- A beneficiary receiving enteral nutrition by the syringe or gravity method is changed to administration using a pump.

A revised DIF for enteral nutrients is required when:

- The number of calories per day is changed, or
- The number of days per week administered is changed, or
- The method of administration (syringe, gravity, pump) changes, or
- The route of administration is changed from tube feedings to oral feedings (if billing for denial), or
- The HCPCS code for the current nutrient changes

A revised DIF must be submitted when the length of need previously entered on the DIF has expired and the ordering physician is extending the length of need for the item(s).

Special nutrient formulas, HCPCS codes B4149, B4153-B4155, B4157, B4161, and B4162, are produced to meet unique nutrient needs for specific disease conditions. The beneficiary's medical record must adequately document the specific condition and the need for the special nutrient. This information shall be available upon request.

If two enteral nutrition products, which are described by the same HCPCS code, are being provided at the same time, they should be billed on a single claim line with the units of service reflecting the total calories of both nutrients.

### **CODING GUIDELINES**

Enteral feeding supply allowances (B4034-B4036) include all supplies, other than the feeding tube and nutrients, required for the administration of enteral nutrients to the beneficiary for one day. Only one unit of service may be billed for any one day. Codes B4034-B4036 describe a daily supply fee rather than a specifically defined "kit". The use of individual items may differ from beneficiary to beneficiary, and from day to day. Items included in these codes are not limited to pre-packaged "kits" bundled by manufacturers or distributors. These supplies include, but are not limited to, a catheter/tube anchoring device, feeding bag/container, flushing solution bag/container, administration set tubing, extension tubing, feeding/flushing syringes, gastrostomy tube holder, dressings (any type) used for gastrostomy tube site, tape (to secure tube or dressings), Y connector, adapter, gastric pressure relief valve, declogging device, etc.. These items must not be separately billed using the miscellaneous code (B9998) or using a specific codes for any individual item, should a unique HCPCS code for item exist (for examples dressing, tape, etc.).

When an IV pole (E0776) is used for enteral nutrition administered by gravity or a pump, the BA modifier should be added to the code. Code E0776 is the only code with which the BA modifier may be used.

When enteral nutrients (B4149-B4162) are administered by mouth, the BO modifier must be added to the code. Products that are only administered orally should be coded as A9270.

Code B4149 describes formulas containing natural foods that are blenderized and packaged by a manufacturer. B4149 formulas are classified based upon this manufacturer requirement, not on the composition of the enteral formula. Code B4149 must not be used for foods that have been blenderized by the beneficiary or caregiver for administration through a tube.

For calorically dense formulas which also contain characteristics of other HCPCS codes, the calorically dense characteristic of the enteral formula determines the HCPCS code.

The only products which may be billed using codes B4149, B4153-B4155, B4157, B4161, or B4162 are those for which a written Coding Verification Review has been made by the Pricing, Data Analysis and Coding (PDAC) Contractor and subsequently published on the appropriate Product Classification List.

Suppliers should refer to the Enteral Nutrition Product Classification list on the PDAC Contractor web site or contact the PDAC for guidance on the correct coding for these items.

[Back to Top](#)

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## [Coding Information](#)

### **Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### **Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes** N/A

**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

[Back to Top](#)

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## [Revision History Information](#)

<b>Revision History Date</b>	<b>Revision History Number</b>	<b>Revision History Explanation</b>
01/01/2017	R4	Revision Effective Date: 01/01/2017 POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Updated: "patient" to "beneficiary" CODING GUIDELINES: Revised: Typographical, updated code set to represent a span

Revision History Date	Revision History Number	Revision History Explanation
01/01/2017	R3	<p><i>04/05/2018: At this time 21st Century Cures Act applies to new and revised LCDs that restrict coverage, which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p> <p>Revision Effective Date: 01/01/2017</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:            Added: Supply payment allowance for HCPCS B4034 – B4036</p> <p>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Added: DIF requirements            Updated: Recertification DIF to revised DIF</p> <p>CODING GUIDELINES:            Revised: Coding guidelines of items included in the feeding supply allowance            Added: Guidelines for blenderized and calorically dense formulations</p> <p>RELATED LOCAL COVERAGE DOCUMENTS:            Added: LCD-related Standard Documentation Requirements Language Article Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.</p> <p><b>Revision Effective Date: 10/31/2014</b></p> <p>CODING GUIDELINES:            Updated: Standard language documentation for PDAC coding verification</p>
07/01/2016	R2	
10/01/2015	R1	

[Back to Top](#) **Related Local Coverage Document(s)** Article(s) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#) LCD(s) [L33783 - Enteral Nutrition](#)

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

**Public Version(s)** Updated on 03/28/2018 with effective dates 01/01/2017 - N/A [Updated on 03/09/2017 with effective dates 01/01/2017 - N/A](#) Some older versions have been archived. Please visit [MCD Archive Site](#) to retrieve them. [Back to Top](#)

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