IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

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Enteral and Parenteral Nutritional Therapy (NCD 180.2)

electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

These are beneficiaries who, because of chronic illness or trauma, cannot be sustained through oral feeding and must rely on either enteral or parenteral nutritional therapy, depending upon the particular nature of their medical condition.

Enteral nutrition is the provision of nutritional requirements through a tube into the stomach or small intestine. It is covered for beneficiaries who qualify under the Prosthetic Device Benefit requirements outlined in the Enteral Nutrition section under Reimbursement Guidelines.

Parenteral nutrition is the provision of nutritional requirements intravenously. It is covered for beneficiaries who qualify under the Prosthetic Device Benefit requirements outlined in the section under Reimbursement Guidelines.

Some beneficiaries require supplementation of their daily protein and caloric intake. Nutritional supplements are often given as a medicine between meals to boost protein-caloric intake or the mainstay of a daily nutritional plan. Nutritional supplementation is not covered under Medicare Part B.

Reimbursement Guidelines

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"). For an item to be covered by Medicare, a detailed written order (DWO) 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 the completed DWO, the item will be denied as not reasonable and necessary.

Coverage of nutritional therapy as a Part B benefit is provided under the prosthetic device benefit provision which requires that the patient must have a permanently inoperative internal body organ or function thereof. Therefore, enteral and parenteral nutritional therapy is not covered under Part B in situations involving temporary impairments. Coverage of such therapy, however, does not require a medical judgment that the impairment giving rise to the therapy will persist throughout the patient's remaining years. If the medical record, including the judgment of the attending physician, indicates that the impairment will be of long and indefinite duration, the test of permanence is considered met.

If the coverage requirements for enteral or parenteral nutritional therapy are met under the prosthetic device benefit provision, related supplies, equipment and nutrients are also covered under the conditions in the following paragraphs and the Medicare Benefit Policy Manual, Chapter 15, "Covered Medical and Other Health Services," §120.

Parenteral Nutrition Therapy:

Daily parenteral nutrition is considered reasonable and necessary for a patient with severe pathology of the
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alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the patient's general condition.

Since the alimentary tract of such a patient does not function adequately, an indwelling catheter is placed percutaneously in the subclavian vein and then advanced into the superior vena cava where intravenous infusion of nutrients is given for part of the day. The catheter is then plugged by the patient until the next infusion. Following a period of hospitalization which is required to initiate parenteral nutrition and to train the patient in catheter care, solution preparation, and infusion technique, the parenteral nutrition can be provided safely and effectively in the patient's home by nonprofessional persons who have undergone special training. However, such persons cannot be paid for their services, nor is payment available for any services furnished by nonphysician professionals except as services furnished incident to a physician's service.

For parenteral nutrition therapy to be covered under Part B, the claim must contain a physician's written order or prescription and sufficient medical documentation to permit an independent conclusion that the requirements of the prosthetic device benefit are met and that parenteral nutrition therapy is medically necessary. However, coverage of parenteral nutrition therapy for this and any other condition must be approved on an individual, case-by-case basis initially and at periodic intervals of no more than three months by the carrier's medical consultant or specially trained staff, relying on such medical and other documentation as the carrier may require. If the claim involves an infusion pump, sufficient evidence must be provided to support a determination of medical necessity for the pump. Program payment for the pump is based on the reasonable charge for the simplest model that meets the medical needs of the patient as established by medical documentation. The ordering physician is expected to see the patient within 30 days prior to the initial certification or required recertification (but not revised certifications). If the physician does not see the patient within this timeframe, he/she must document the reason why and describe what other monitoring methods were used to evaluate the patient's enteral nutrition needs.

The beneficiary must have a permanent impairment. Permanence does not require a determination that there is no possibility that the patient'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. Parenteral nutrition will be denied as non-covered in situations involving temporary impairments.

The beneficiary must have (a) a condition involving the small intestine and/or its exocrine glands which significantly impairs the absorption of nutrients or (b) disease of the stomach and/or intestine which is a motility disorder and impairs the ability of nutrients to be transported through the GI system. There must be objective evidence supporting the clinical diagnosis.

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

Suppliers should monitor the patient’s medical condition to confirm that the coverage criteria for parenteral nutrition continue to be met.

Parenteral nutrition is noncovered for the patient with a functioning gastrointestinal tract whose need for parenteral nutrition is only due to any of the following conditions:

- Swallowing disorder,
- Temporary defect in gastric emptying such as a metabolic or electrolyte disorder,
- Psychological disorder impairing food intake such as depression,
- Metabolic disorder inducing anorexia such as cancer,
- Physical disorder impairing food intake such as the dyspnea of severe pulmonary or cardiac disease,
- Side effect of a medication,
- Renal failure and/or dialysis

In order to cover intradialytic parenteral nutrition (IDPN), documentation must be clear and precise to verify that the patient suffers from a permanently impaired gastrointestinal tract and that there is insufficient absorption of nutrients to maintain adequate strength and weight. Records should document that the patient cannot be maintained on oral or enteral feedings and that due to severe pathology of the alimentary tract, the patient must be intravenously infused with nutrients. Infusions must be vital to the nutritional stability of the patient and not supplemental to a deficient diet or deficiencies caused by dialysis. Physical signs, symptoms and test results indicating severe pathology of the alimentary tract must be clearly evident in any documentation submitted. Beneficiaries receiving IDPN must meet the parenteral nutrition coverage criteria.
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listed below.

Maintenance of weight and strength commensurate with the patient’s overall health status must require intravenous nutrition and must not be possible utilizing all of the following approaches:

1. Modifying the nutrient composition of the enteral diet (e.g., lactose free, gluten free, low in long chain triglycerides, substitution with medium chain triglycerides, provision of protein as peptides or amino acids, etc.), and

2. Utilizing pharmacologic means to treat the etiology of the malabsorption (e.g., pancreatic enzymes or bile salts, broad spectrum antibiotics for bacterial overgrowth, prokinetic medication for reduced motility, etc.).

Parenteral nutrition is covered in any of the following situations:

A. The patient has undergone recent (within the past 3 months) massive small bowel resection leaving less than or equal to 5 feet of small bowel beyond the ligament of Treitz, or

B. The patient has a short bowel syndrome that is severe enough that the patient has net gastrointestinal fluid and electrolyte malabsorption such that on an oral intake of 2.5-3 liters/day the enteral losses exceed 50% of the oral/enteral intake and the urine output is less than 1 liter/day, or

C. The patient requires bowel rest for at least 3 months and is receiving intravenously 20-35 cal/kg/day for treatment of symptomatic pancreatitis with/without pancreatic pseudocyst, severe exacerbation of regional enteritis, or a proximal enterocutaneous fistula where tube feeding distal to the fistula isn’t possible, or

D. The patient has complete mechanical small bowel obstruction where surgery is not an option, or

E. The patient is significantly malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl) and has very severe fat malabsorption (fecal fat exceeds 50% of oral/enteral intake on a diet of at least 50 gm of fat/day as measured by a standard 72 hour fecal fat test), or

F. The patient is significantly malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl) and has a severe motility disturbance of the small intestine and/or stomach which is unresponsive to prokinetic medication and is demonstrated either:
   1. Scintigraphically (solid meal gastric emptying study demonstrates that the isotope fails to reach the right colon by 6 hours following ingestion), or
   2. Radiographically (barium or radiopaque pellets fail to reach the right colon by 6 hours following administration). These studies must be performed when the patient is not acutely ill and is not on any medication which would decrease bowel motility.

Unresponsiveness to prokinetic medication is defined as the presence of daily symptoms of nausea and vomiting while taking maximal doses.

For criteria A-F above, the conditions are deemed to be severe enough that the patient would not be able to maintain weight and strength on only oral intake or tube enteral nutrition.

Beneficiaries who do not meet criteria A-F above must meet criteria 1-2 above (modification of diet and pharmacologic intervention) plus criteria G and H below:

G. The patient is malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl), and

H. A disease and clinical condition has been documented as being present and it has not responded to altering the manner of delivery of appropriate nutrients (e.g., slow infusion of nutrients through a tube with the tip located in the stomach or jejunum).

The following are some examples of moderate abnormalities which would require a failed trial of tube enteral nutrition before parenteral nutrition would be covered.

- Moderate fat malabsorption - fecal fat exceeds 25% of oral/enteral intake on a diet of at least 50 gm of fat/day as measured by a standard 72 hour fecal fat test
- Diagnosis of malabsorption with objective confirmation by methods other than 72 hour fecal fat test (e.g., Sudan stain of stool, d-xylose test, etc.)
- Gastroparesis which has been demonstrated (a) radiographically or scintigraphically as described in F above with the isotope or pellets failing to reach the jejunum in 3-6 hours, or (b) by manometric motility studies with results consistent with an abnormal gastric emptying, and which is unresponsive to prokinetic medication

Parenteral nutrition is noncovered for beneficiaries who do not meet these criteria.
**Definition Of A Tube Trial:**

A concerted effort must be made to place a tube. For gastroparesis, tube placement must be post-pylorus, preferably in the jejunum. Use of a double lumen tube should be considered. Placement of the tube in the jejunum must be objectively verified by radiographic studies or fluoroscopy. Placement via endoscopy or open surgical procedure would also verify location of the tube, however they are not required.

A trial with enteral nutrition must be made, with appropriate attention to dilution, rate, and alternative formulas to address side effects of diarrhea.

Parenteral nutrition can be covered in a patient with the ability to obtain partial nutrition from oral intake or a combination of oral/enteral (or even oral/enteral/parenteral) intake as long as the following criteria are met:

1a) a permanent condition of the alimentary tract is present which has been deemed to require parenteral therapy because of its severity (criteria A-F); or 1b) a permanent condition of the alimentary tract is present which is unresponsive to standard medical management (criterion H); and 2) the person is unable to maintain weight and strength (criterion G).

Parenteral nutrition provided to a patient in a Part A covered stay must be billed by the SNF to the fiscal intermediary. No payment from Part B is available when parenteral 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, parenteral nutrition is eligible for coverage under Part B and may be billed to the DME MAC by either the SNF or an outside supplier.

When parenteral nutrition is administered in an outpatient facility, the pump used for its administration and IV pole will be denied as not separately payable. The pump and pole are not considered as rentals to a single patient but rather as items of equipment used for multiple beneficiaries.

**Coding Guidelines:**

When homemix parenteral nutrition solutions are used, the component carbohydrates (B4164, B4180), amino acids (B4168-B4178), additives (B4216), and lipids (B4185) are all separately billable. When premix parenteral nutrition solutions are used (B4189-B4199, B5000-B5200) there must be no separate billing for the carbohydrates, amino acids or additives (vitamins, trace elements, heparin, electrolytes). However, lipids (B4185) are separately billable with premix solutions.

For lipids, one unit of service of code B4185 is billed for each 10 grams of lipids provided. 500 ml of 10% lipids contains 50 grams of lipids (5 units of service); 500 ml of 20% lipids contains 100 grams (10 units of service); 500 ml of 30% lipids contains 150 grams (15 units of service).

When an IV pole (E0776) is used in conjunction with parenteral nutrition, the BA modifier should be added to the code. Code E0776 is the only code with which the BA modifier may be used.

For codes B4189-B4199, one unit of service represents one day's supply of protein and carbohydrate regardless of the fluid volume and/or the number of bags. For example, if 60 grams of protein are administered per day in two bags of a premix solution each containing 30 grams of amino acids, correct coding is one (1) unit of B4193, not two units of B4189.

For codes B5000-B5200, one unit of service is one gram of amino acid.

Parenteral nutrition solutions containing less than 10 grams of protein per day are coded using the miscellaneous code B9999.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

**Nutrients:**

A total caloric daily intake (parenteral, enteral, and oral) of 20-35 cal/kg/day is considered sufficient to achieve or maintain appropriate body weight. The ordering physician must document in the medical record the medical necessity for a caloric intake outside this range in an individual patient. This information must be available on request.

The ordering physician must document the medical necessity for protein orders outside of the range of 0.8-1.5 gm/kg/day, dextrose concentration less than 10%, or lipid use greater than 1500 grams (150 units of service of code B4185) per month.

The medical necessity for special parenteral formulas (B5000-B5200) must be justified in each patient. If a special parenteral nutrition formula is provided and if the medical record does not document why that item is reasonable and necessary, it will be denied as not reasonable and necessary.
Nutrient solutions for parenteral therapy are routinely covered. However, Medicare pays for no more than one month's supply of nutrients at any one time. Claims submitted retroactively, however, may include multiple months. Payment for the nutrients is based on the reasonable charge for the solution components unless the medical record, including a signed statement from the attending physician, establishes that the beneficiary, due to his/her physical or mental state, is unable to safely or effectively mix the solution and there is no family member or other person who can do so. Payment will be on the basis of the reasonable charge for more expensive premixed solutions only under the latter circumstances.

**Equipment and Supplies:**

Infusion pumps (B9004-B9006) are covered for beneficiaries in whom parenteral nutrition is covered. Only one pump (stationary or portable) will be covered at any one time. Additional pumps will be denied as not reasonable and necessary.

If the coverage requirements for parenteral nutrition are met, one supply kit (B4220 or B4222) and one administration kit will be covered for each day that parenteral nutrition is administered.

**Enteral Nutrition Therapy:**

Enteral nutrition is considered reasonable and necessary for a patient with a functioning gastrointestinal tract who, due to pathology to, or nonfunction of, the structures that normally permit food to reach the digestive tract, cannot maintain weight and strength commensurate with his or her general condition. Enteral therapy may be given by nasogastric, jejunostomy, or gastrostomy tubes and can be provided safely and effectively in the home by nonprofessional persons who have undergone special training. However, such persons cannot be paid for their services, nor is payment available for any services furnished by nonphysician professionals except as services furnished incident to a physician's service.

Enteral nutrition is covered under the Prosthetic Device benefit (Social Security Act § 1861(s) (8)). Enteral nutrition products that are administered orally and related supplies are noncovered.

Enteral nutrition is covered for a patient 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 patient's overall health status.

The patient must have a permanent impairment. Permanence does not require a determination that there is no possibility that the patient'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 patient'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 patient'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 patient with dysphagia who can swallow small amounts of food or a patient with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption.

Claims for Part B coverage of enteral nutrition therapy for these and any other conditions must be approved on an individual, case-by-case basis. Each claim must contain a physician's written order or prescription and sufficient medical documentation (e.g., hospital records, clinical findings from the attending physician) to permit an independent conclusion that the patient's condition meets the requirements of the prosthetic device benefit and that enteral nutrition therapy is medically necessary. Allowed claims are to be reviewed at periodic intervals of no more than 3 months by the contractor's medical consultant or specially trained staff, and additional medical documentation considered necessary is to be obtained as part of this review. If the coverage requirements for enteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.

Enteral nutrition provided to a patient 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.
Medicare pays for no more than one month's supply of enteral nutrients at any one time.
If the claim involves a pump, it must be supported by sufficient medical documentation to establish that the
pump is medically necessary, i.e., gravity feeding is not satisfactory due to aspiration, diarrhea, dumping
syndrome. Program payment for the pump is based on the reasonable charge for the simplest model that
meets the medical needs of the patient as established by medical documentation.

**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, B4161, and B4162) must be
justified in each patient. 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.
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.

**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 (B9000-B9002) is ordered, there must be documentation in the patient'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.
More than three nasogastric tubes (B4081-B4083), or one gastrostomy/jejunostomy tube (B4087-B4088)
every three months is not reasonable and necessary.
Payment for a catheter/tube anchoring device is considered included in the allowance for enteral feeding
supply kits (B4036). Code A5200 should not be billed separately and is not paid in addition to the supplies for
enteral nutrition.

**Coding Guidelines:**
The codes for enteral feeding supplies (B4034-B4036) include all supplies, other than the feeding tube itself,
required for the administration of enteral nutrients to the patient for one day. Codes B4034-B4036 describes a
daily supply fee rather than a specifically defined "kit". Some items are changed daily; others may be used for
multiple days. 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, 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 specific codes for dressings or tape. The use of individual items may
differ from patient to patient and from day to day. Only one unit of service may be billed for any one day.
Units of service in excess of one per day will be rejected as incorrect coding.
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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. Code B4149 describes formulas containing natural foods that are blenderized and packaged by a manufacturer. Code B4149 must not be used for foods that have been blenderized by the patient or caregiver for administration through a tube.

Suppliers should refer to the Enteral Nutrition Product Classification list on the Pricing, Data Analysis, and Coding (PDAC) Contractor website or contact the PDAC for guidance on the correct coding for these items. Only those products included in the Product Classification List published by the PDAC may be billed using code B4149, B4153, B4154, B4155, B4157, B4161, or B4162. If a manufacturer or supplier thinks that another product meets the definition of this code, they should contact the PDAC for a coding determination.

#### Enteral And Parenteral Proof Of Delivery:

Proof of delivery (POD) is a Supplier Standard and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers are required to maintain POD documentation in their files. For medical review purposes, POD serves to assist in determining correct coding and billing information for claims submitted for Medicare reimbursement. Regardless of the method of delivery, the contractor must be able to determine from delivery documentation that the supplier properly coded the item(s), that the item(s) delivered are the same item(s) submitted for Medicare reimbursement and that the item(s) are intended for, and received by, a specific Medicare beneficiary. Proof of delivery documentation must be available to the Medicare contractor on request. All services that do not have appropriate proof of delivery from the supplier will be denied and overpayments will be requested.

#### Enteral And Parenteral 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/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. (CMS Program Integrity Manual, Internet-Only Manual, CMS Pub. 100-8, Chapter 5, Section 5.2.6).

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 one (1) month quantity at a time. Supply allowance HCPCS codes (B4034-B4036) are daily allowances which are considered all inclusive and therefore refill requirements are not applicable to these HCPCS codes.

#### Enteral And Parenteral Documentation Guidelines:

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 patient's medical records will reflect the need for the care provided. The patient'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.

All items billed to Medicare require a prescription. A detailed written order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated detailed written order has been received by the supplier must be submitted
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with an EY modifier added to each affected HCPCS code.

A routine refill prescription is not needed. A new prescription is needed when:
- There is a change of supplier
- There is a change in treating physician
- There is a change in the item(s), frequency of use, or amount prescribed
- There is a change in the length of need or a previously established length of need expires
- State law requires a refill renewal

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

The DIF for enteral nutrition is CMS Form 10126 (DME form 10.03). The initial claim must include an electronic copy of the DIF.

Enteral And Parenteral Continued Use and Continued Medical Need:

Continued use describes the ongoing utilization of supplies or a rental item by a beneficiary. Beneficiary medical records or supplier records may be used to confirm that a DMEPOS item continues to be used by the beneficiary. For ongoing supplies and rental DME items, in addition to initial justification for medical need for the initial provision of the item(s) and/or supplies, there must be information in the beneficiary's medical record to support that the item continues to be used by the beneficiary and remains reasonable and necessary. Information used to justify continued medical need must be timely for the date of service under review.

CPT/HCPCS Codes: Enteral Nutrition

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A5200</td>
<td>Percutaneous catheter/tube anchoring device, adhesive skin attachment</td>
</tr>
<tr>
<td>A9270</td>
<td>Noncovered item or service</td>
</tr>
<tr>
<td>B4034</td>
<td>Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</td>
</tr>
<tr>
<td>B4035</td>
<td>Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</td>
</tr>
<tr>
<td>B4036</td>
<td>Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</td>
</tr>
<tr>
<td>B4081</td>
<td>Nasogastric tubing with stylet</td>
</tr>
<tr>
<td>B4082</td>
<td>Nasogastric tubing without stylet</td>
</tr>
<tr>
<td>B4083</td>
<td>Stomach tube - Levine type</td>
</tr>
<tr>
<td>B4087</td>
<td>Gastrostomy/jejunostomy tube, standard, any material, any type, each</td>
</tr>
<tr>
<td>B4088</td>
<td>Gastrostomy/jejunostomy tube, low-profile, any material, any type, each</td>
</tr>
<tr>
<td>B4100</td>
<td>Food Thickener, Administered Orally, Per Ounce Not covered by Medicare</td>
</tr>
<tr>
<td>B4102</td>
<td>Enteral Formula, For Adults, Used To Replace Fluids And Electrolytes (E.G. Clear Liquids), 500 Ml = 1 Unit Not covered by Medicare</td>
</tr>
<tr>
<td>B4103</td>
<td>Enteral Formula, For Pediatrics, Used To Replace Fluids And Electrolytes (E.G. Clear Liquids), 500 Ml = 1 Unit Not covered by Medicare</td>
</tr>
<tr>
<td>B4104</td>
<td>Additive For Enteral Formula (E.G. Fiber) Not covered by Medicare</td>
</tr>
<tr>
<td>B4149</td>
<td>Enteral formula, manufactured blended 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</td>
</tr>
<tr>
<td>B4150</td>
<td>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</td>
</tr>
</tbody>
</table>
### Enteral and Parenteral Nutritional Therapy (NCD 180.2)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4152</td>
<td>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</td>
</tr>
<tr>
<td>B4153</td>
<td>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</td>
</tr>
<tr>
<td>B4154</td>
<td>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</td>
</tr>
<tr>
<td>B4155</td>
<td>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</td>
</tr>
<tr>
<td>B4157</td>
<td>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</td>
</tr>
<tr>
<td>B4158</td>
<td>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</td>
</tr>
<tr>
<td>B4159</td>
<td>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</td>
</tr>
<tr>
<td>B4160</td>
<td>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</td>
</tr>
<tr>
<td>B4161</td>
<td>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</td>
</tr>
<tr>
<td>B4162</td>
<td>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</td>
</tr>
<tr>
<td>B9000</td>
<td>Enteral nutrition infusion pump - without alarm</td>
</tr>
<tr>
<td>B9002</td>
<td>Enteral nutrition infusion pump - with alarm</td>
</tr>
<tr>
<td>B9998</td>
<td>NOC for enteral supplies</td>
</tr>
<tr>
<td>E0776</td>
<td>IV pole</td>
</tr>
</tbody>
</table>

### CPT/HCPCS Codes: Parenteral Nutrition

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4164</td>
<td>Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml 1 unit) - home mix</td>
</tr>
<tr>
<td>B4168</td>
<td>Parenteral nutrition solution; amino acid, 3.5%, (500 ml 1 unit) - home mix</td>
</tr>
<tr>
<td>B4172</td>
<td>Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml 1 unit) - home mix</td>
</tr>
<tr>
<td>B4176</td>
<td>Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml 1 unit) - home mix</td>
</tr>
<tr>
<td>B4178</td>
<td>Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml 1 unit) - home mix</td>
</tr>
<tr>
<td>B4180</td>
<td>Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml 1 unit) - home mix</td>
</tr>
<tr>
<td>B4185</td>
<td>Parenteral nutrition solution, per 10 grams lipids</td>
</tr>
</tbody>
</table>
## Enteral and Parenteral Nutritional Therapy (NCD 180.2)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4189</td>
<td>Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix</td>
</tr>
<tr>
<td>B4193</td>
<td>Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix</td>
</tr>
<tr>
<td>B4197</td>
<td>Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix</td>
</tr>
<tr>
<td>B4199</td>
<td>Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix</td>
</tr>
<tr>
<td>B4216</td>
<td>Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) - home mix, per day</td>
</tr>
<tr>
<td>B4220</td>
<td>Parenteral nutrition supply kit; premix, per day</td>
</tr>
<tr>
<td>B4222</td>
<td>Parenteral nutrition supply kit; home mix, per day</td>
</tr>
<tr>
<td>B4224</td>
<td>Parenteral nutrition administration kit, per day</td>
</tr>
<tr>
<td>B5000</td>
<td>Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - amirosyn RF, nephramine, renamine - premix</td>
</tr>
<tr>
<td>B5100</td>
<td>Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine HBC, hepatamine - premix</td>
</tr>
<tr>
<td>B5200</td>
<td>Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix</td>
</tr>
<tr>
<td>B9004</td>
<td>Parenteral nutrition infusion pump, portable</td>
</tr>
<tr>
<td>B9006</td>
<td>Parenteral nutrition infusion pump, stationary</td>
</tr>
<tr>
<td>B9999</td>
<td>NOC for parenteral supplies</td>
</tr>
<tr>
<td>E0776</td>
<td>IV pole (BA Modifier needs to be used with this code)</td>
</tr>
</tbody>
</table>

### Modifiers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA</td>
<td>Item used in conjunction with parenteral enteral nutrition (PEN) services (LCD)</td>
</tr>
<tr>
<td>BO</td>
<td>Orally Administered nutrition, not by feeding tube (LCD)</td>
</tr>
<tr>
<td>EY</td>
<td>No physician or other health care provider order for this item or service (LCD)</td>
</tr>
<tr>
<td>KX</td>
<td>Requirements specified in the medical policy have been met</td>
</tr>
</tbody>
</table>

### References Included (but not limited to):

**CMS NCD**
NCD 180.2 Enteral and Parenteral Nutritional Therapy

**CMS LCD(s)**
Numerous LCDs

**CMS Article(s)**
Numerous Articles

**CMS Benefit Policy Manual**
Chapter 15; § 120 Prosthetic Devices
# Enteral and Parenteral Nutritional Therapy (NCD 180.2)

**CMS Claims Processing Manual**
- Chapter 8; § 60.5 Intradialytic Parenteral/Enteral Nutrition (IDPN)
- Chapter 20; § 30.7 – 30.7.2 Payment for Parenteral and Enteral Nutrition (PEN) Items and Services; § 40 – 40.3 Payment for Maintenance and Service for Non-ESRD Equipment; § 50.3 Payment for Replacement of Parenteral and Enteral Pumps; § 100.2.2 Evidence of Medical Necessity for Parenteral and Enteral Nutrition (PEN) Therapy; § 160 – 160.2 Billing for Total Parenteral Nutrition and Enteral Nutrition
- Chapter 23; § 70 – 70.1 Parenteral and Enteral Nutrition (PEN) Fee Schedule

**CMS Transmittals**
- Transmittal 2902, Change Request 8645, Dated 03/11/2014 (April Quarterly Update for 2014 DME, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule)

**UnitedHealthcare Medicare Advantage Coverage Summaries**
- DME, Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid
- Home Health Services and Home Health Visits
- Nutritional Therapy - Enteral and Parenteral Nutritional Therapy

**UnitedHealthcare Medical Policies**
- Gastrointestinal Motility Disorders, Diagnosis and Treatment

## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/2014</td>
<td>Administrative updates</td>
</tr>
<tr>
<td>06/16/2014</td>
<td>Administrative updates</td>
</tr>
<tr>
<td>06/11/2014</td>
<td>MRP Committee approved</td>
</tr>
<tr>
<td>04/09/2014</td>
<td>Annual Review for MRP Committee presentation and approval</td>
</tr>
<tr>
<td></td>
<td>The Enteral and Parenteral Nutritional Therapy RP has been merged with this NCD document; the RP will be retired and this NCD policy will be retained</td>
</tr>
<tr>
<td>04/10/2013</td>
<td>Annual review for MRP Committee presentation and approval</td>
</tr>
<tr>
<td>07/11/2012</td>
<td>Administrative updates</td>
</tr>
</tbody>
</table>