Coverage Summary

Nutritional Therapy: Enteral and Parenteral Nutritional Therapy

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<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
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<td>Last Review Date: 05/19/2020</td>
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<td>Related Medicare Advantage Policy Guideline: Enteral and Parenteral Nutritional Therapy (NCD 180.2)</td>
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The benefit information in this Coverage Summary is based on existing national coverage policy, however Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. Coverage

Coverage Statement: Enteral and parenteral nutritional therapy is covered in accordance with Medicare coverage criteria.

Guidelines/Notes:
Coverage of nutritional therapy is provided under the prosthetic device benefit which requires that the patient must have a permanently inoperative internal body organ or function thereof. See the NCD for Enteral and Parenteral Nutritional Therapy (180.2). (Accessed April 28, 2020)

1. Enteral Nutritional Therapy
   Enteral Nutrition is the provision of nutritional requirements through a tube into the stomach. It may be administered by syringe, gravity, or pump.
   Coverage Requirements
   - 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 noncovered 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 noncovered for patients 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 patient 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 patients 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.

**Notes:**

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

- Enteral nutrition products that are administered orally and related supplies are noncovered.

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

For additional detailed coverage guidelines (including nutrients, equipment and supplies), see the DME MAC LCD for Enteral Nutrition (L33783) and the DME MAC LCA for Enteral Nutrition – Policy Article (A52493). (Accessed April 28, 2020)

2. **Parenteral Nutritional Therapy**

Parenteral nutrition is nutritional support given by means, such as intravenously (IV), other than through the GI tract.

**Coverage Requirements**

- Parenteral nutrition is covered for a patient with permanent, severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the patient's general condition.

- 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. Parenteral nutrition will be denied as noncovered in situations involving temporary impairments.

- The patient 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.

- Parenteral nutrition is not covered 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

- Intradialytic Parenteral Nutrition (IDPN) – In order to cover 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. Patients receiving IDPN must meet the parenteral nutrition coverage criteria.

- 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:
  - 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
  - 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
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. Patients who do not meet criteria A-F above must meet the criteria 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).

Notes:

❖ 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).

❖ 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 provided to a patient in a Part A covered stay must be billed by the SNF. 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 by either the SNF or a 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 patients.

❖ When nutritional support other than the oral route is needed, tube enteral nutrition is usually preferable to parenteral nutrition for the following reasons: (1) In a fluid restricted patient, tube enteral nutrition permits delivery of all necessary nutrients in a more concentrated volume than parenteral nutrition and (2) tube enteral nutrition allows for safer home delivery of nutrients.
For additional detailed coverage guidelines (including nutrients, equipment and supplies), see the DME MAC LCD for Parenteral Nutrition (L33798) and the DME MAC LCA for Parenteral Nutrition – Policy Article (A52515). (Accessed April 28, 2020)

II. DEFINITIONS

None

III. REFERENCES

See above.

IV. REVISION HISTORY

05/19/2020 Guideline 1 (Enteral Nutritional Therapy)
- Reorganized content; added language (relocated from Definitions section) to indicate:
  - Enteral Nutrition is the provision of nutritional requirements through a tube into the stomach; it may be administered by syringe, gravity, or pump

Guideline 1.b (Nutrients)
- Removed detailed coverage guidelines [ duplicative to the language outlined in the referenced DME MAC LCD for Enteral Nutrition (L33783) and/or the DME MAC LCA for Enteral Nutrition (A52493)]
- Removed list of HCPCS codes for enteral nutrition: B4100, B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4157, B4161, and B4162

Guideline 1.c (Equipment and Supplies)
- Removed detailed coverage guidelines [ duplicative to the language outlined in the referenced DME MAC LCD for Enteral Nutrition (L33783) and/or the DME MAC LCA for Enteral Nutrition - Policy Article (A52493)]
- Removed list of HCPCS codes for enteral nutrition equipment and supplies: B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B9002, and B9998

Guideline 2 (Parenteral Nutritional Therapy)
- Reorganized content; added language (relocated from Definitions section) to indicate parenteral nutrition is nutritional support given by means, such as intravenously (IV), other than through the GI tract
- Removed language pertaining to abnormalities requiring a failed trial of tube enteral nutrition before parenteral nutrition is covered [ duplicative to the language outlined in the referenced DME MAC LCD for Parenteral Nutrition (L33798) and/or the DME MAC LCA for Parenteral Nutrition - Policy Article (A52515)]

Guideline 2.b (Nutrients)
- Removed detailed coverage guidelines [ duplicative to the language outlined in the referenced DME MAC LCD for Parenteral Nutrition (L33798) and/or the DME MAC LCA for Parenteral Nutrition -Policy Article (A52515)]
- Removed list of HCPCS for parenteral nutrition therapy: B4185, B5000, B5001, and B5002

Guideline 2.c (Equipment and Supplies)
- Removed detailed coverage guidelines [ duplicative to the language outlined in the referenced DME MAC LCD for Parenteral Nutrition (L33798) and/or the DME MAC LCA for Parenteral Nutrition -Policy Article (A52515)]
- Removed list of HCPCS for equipment and supplies: B9004, B9005, B9006,
Definitions

- Relocated definition of:
  - Enteral Nutrition (refer to Guideline 1)
  - Parenteral Nutrition (refer to Guideline 2)

- Removed definition of:
  - Dysphagia
  - Intradialytic Parenteral Nutrition (IDPN)