

Enteral and Parenteral Nutritional Therapy (NCD 180.2)

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Related Medicare Advantage Policy Guidelines

- [Durable Medical Equipment Reference List \(NCD 280.1\)](#)
- [Intestinal and Multi-Visceral Transplantation \(NCD 260.5\)](#)

Related Medicare Advantage Reimbursement Policy

- [Durable Medical Equipment Charges in a Skilled Nursing Facility Policy, Professional](#)

Related Medicare Advantage Coverage Summaries

- [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#)
- [Nutritional Therapy: Enteral and Parenteral Nutritional Therapy](#)

Policy Summary

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Overview

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

Guidelines

Medicare Coverage of nutritional therapy 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 are normally not covered 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.

Enteral Nutrition Therapy

Enteral nutrition is considered reasonable and necessary for a patient with a functioning gastrointestinal tract who, due to pathology to, or non-function 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 non-physician professionals except as services furnished incident to a physician's service.

Typical examples of conditions that qualify for coverage are head and neck cancer with reconstructive surgery and central nervous system disease leading to interference with the neuromuscular mechanisms of ingestion of such severity that the beneficiary cannot be maintained with oral feeding. 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.

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.

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.

Enteral Nutrition Nutrients

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

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.

Enteral Supplies

The unit of service (UOS) for the supply allowance (B4034, B4035, or B4036) is one (1) UOS per day.

Special nutrient formulas, HCPCS codes B4149, B4153, B4154, 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.

Enteral Nutrition Coding Guidelines

Enteral feeding supply allowances (B4034, B4035, and 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, B4035, and 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 supply allowances 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. These items must not be separately

billed using the miscellaneous code (B9998), or using a specific code for any individual item, should a unique HCPCS code for the item exist.

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, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, and 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.

Parenteral Nutrition Therapy

Parenteral Nutrition Therapy Daily is considered reasonable and necessary for a patient with 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. 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 non-physician professionals except as services furnished incident to a physician's service.

For parenteral nutrition therapy to be covered, 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. An example of a condition that typically qualifies for coverage is a massive small bowel resection resulting in severe nutritional deficiency in spite of adequate oral intake. 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 treating practitioner 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.

Parenteral Nutrition 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 treating practitioner must document in the medical record the medical necessity for a caloric intake outside this range in an individual beneficiary. This information must be available on request.

The treating practitioner 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 or B4187) per month.

The medical necessity for special parenteral formulas (B5000, B5100, B5200) must be justified in each beneficiary. 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.

Parenteral Nutrition Equipment and Supplies

Infusion pumps (B9004 or B9006) are covered for beneficiaries in whom parenteral nutrition is covered. Only one pump (stationary or portable) will be covered at any one time.

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.

Parenteral Nutrition Coding Guidelines

When home mix parenteral nutrition solutions are used, the component carbohydrates (B4164, B4180), amino acids (B4168, B4172, B4176, B4178), additives (B4216), and lipids (B4185 or B4187) are all separately billable. When premix parenteral nutrition solutions are used (B4189, B4193, B4197, B4199, B5000, B5100, B5200) there must be no separate billing for the carbohydrates, amino acids or additives (vitamins, trace elements, heparin, electrolytes). However, lipids (B4185 or B4187) are separately billable with premix solutions.

For lipids, one unit of service of code B4185 or B4187 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, B4193, B4197, 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, B5100, 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.

Documentation Requirements – General

There are numerous CMS manual requirements, reasonable and necessary requirements, benefit category, and other statutory and regulatory requirements that must be met in order for payment to be justified. In the event of a claim review, a DMEPOS supplier must provide sufficient information to demonstrate that the applicable criteria have been met thus justifying payment. Refer to the LCD, NCD or other CMS Manuals for more information on what documents may be required.

See Article A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs.

Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
Enteral Nutrition	
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment
A9270	Noncovered 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

HCPSC Code	Description
Enteral Nutrition	
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 (Non-Covered)
B4102	Enteral Formula, For Adults, Used to Replace Fluids and Electrolytes (e.g., clear liquids), 500 MI = 1 Unit (Non-Covered)
B4103	Enteral Formula, For Pediatrics, Used to Replace Fluids and Electrolytes (e.g., clear liquids), 500 MI = 1 Unit (Non-Covered)
B4104	Additive for Enteral Formula (e.g., fiber) (Not separately payable)
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited Disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited Disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

HCPCS Code	Description
Enteral Nutrition	
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited Disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B9002	Enteral nutrition infusion pump, any type
B9998	NOC for enteral supplies
E0776	IV pole (BA modifier required)
Parenteral Nutrition	
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit)-home mix
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit)-home mix
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit)-home mix
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit)-home mix
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit)-home mix
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit)-home mix
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids
B4187	Omegaven, 10 grams lipids (Effective 01/01/2020)
B4189	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
B4193	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
B4197	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
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein-premix
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes)-home mix, per day
B4220	Parenteral nutrition supply kit; premix, per day
B4222	Parenteral nutrition supply kit; home mix, per day
B4224	Parenteral nutrition administration kit, per day
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-Amirosyn RF, NephroAmine, RenAmine-premix
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, any strength, hepatic-HepatAmine-premix
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
B9999	NOC for parenteral supplies
E0776	IV pole (BA modifier required)

Modifier	Description
BA	Item used in conjunction with parenteral enteral nutrition (PEN) services
BO	Orally Administered nutrition, not by feeding tube

References

CMS National Coverage Determination (NCD)

[NCD 180.2 Enteral and Parenteral Nutritional Therapy](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
L33783 Enteral Nutrition Retired 11/12/2020	A52493 Enteral Nutrition-Policy Article Retired 11/12/2020	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
L33798 Parenteral Nutrition Retired 11/12/2020	A52515 Parenteral Nutrition-Policy Article Retired 11/12/2020	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
N/A	A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY

CMS Benefit Policy Manual

[Chapter 15; § 110 Durable Medical Equipment, § 120 Prosthetic Devices](#)

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, § 40.3 Maintenance and Service of PEN Pumps, § 50.3 Payment for Replacement of Parenteral and Enteral Pumps, § 100.2.2-100.2.2.3 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](#)

MLN Matters

[Article MM11554, Manual Update to Publication \(Pub.\) 100-04, Chapter 20, to Revise the Section 10-Where to Bill Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) and Parenteral and Enteral Nutrition \(PEN\) Items and Services](#)

[Article MM10626, New Q Code for In-Line Cartridge Containing Digestive Enzymes](#)

Other(s)

[Enteral Nutrition - Correct Coding and Billing; Joint DME MAC Article, Posted October 8, 2020 effective for claims with dates of service on or after November 12, 2020, Noridian DME Website](#)

[Enteral Nutrition - Correct Coding and Billing; Joint DME MAC Article, Posted October 12, 2020 effective for claims with dates of service on or after November 12, 2020, CGS DME Website](#)

[Parenteral Nutrition Calculator; Noridian DME Website](#)

[Parenteral Nutrition - Correct Coding and Billing; Joint DME MAC Article, Posted October 8, 2020 effective for claims with dates of service on or after November 12, 2020, Noridian DME Website](#)

[Parenteral Nutrition - Correct Coding and Billing; Joint DME MAC Article, Posted October 12, 2020 effective for claims with dates of service on or after November 12, 2020, CGS DME Website](#)

[Retirement of Enteral Nutrition Local Coverage Determination \(LCD\) and Related Policy Article - Effective November 12, 2020; Joint DME MAC Article, Posted October 8, 2020, Noridian DME Website](#)

[Retirement of Parenteral Nutrition Local Coverage Determination \(LCD\) and Related Policy Article - Effective November 12, 2020; Joint DME MAC Article, Posted October 8, 2020, Noridian DME Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/14/2021	<p>Policy Summary</p> <p>Guidelines</p> <ul style="list-style-type: none">Replaced language indicating “coverage of nutritional therapy requires that the patient must have a permanently inoperative internal body organ or function thereof” with “<i>Medicare</i> coverage of nutritional therapy <i>is provided under the prosthetic device benefit provision which</i> requires that the patient must have a permanently inoperative internal body organ or function thereof” <p>Enteral Nutrition Therapy</p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">Nonprofessional persons who have undergone special training cannot be paid for their services, nor is payment available for any services furnished by non-physician professionals except as services furnished incident to a physician’s serviceNutritional 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 <p>Enteral Supplies</p> <ul style="list-style-type: none">Revised language to indicate:<ul style="list-style-type: none">The unit of service (UOS) for the supply allowance (HCPCS codes B4034, B4035, or B4036) is one (1) UOS per daySpecial nutrient formulas (HCPCS codes B4149, B4153, B4154, B4155, B4157, B4161, and B4162) are produced to meet unique nutrient needs for specific disease conditions<ul style="list-style-type: none">The beneficiary's medical record must adequately document the specific condition and the need for the special nutrientThis information shall be available upon requestIf 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 <p>Enteral Nutrition Coding Guidelines</p> <ul style="list-style-type: none">Added language (relocated from the <i>Enteral Supplies</i> section) to indicate:<ul style="list-style-type: none">Enteral feeding supply allowances (HCPCS codes B4034, B4035, and B4036) include all supplies, other than the feeding tube and nutrients, required for the administration of enteral nutrients to the beneficiary for one day<ul style="list-style-type: none">Only one unit of service may be billed for any one day

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ HCPCS codes B4034, B4035, and 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 supply allowances include, but are not limited to: <ul style="list-style-type: none"> - 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 ▪ These items must not be separately billed using the miscellaneous code (B9998), or using a specific code for any individual item, should a unique HCPCS code for the item exist ○ 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 ○ Products that are only administered orally should be coded as A9270 ● Added language pertaining to HCPCS code B4149 to indicate: <ul style="list-style-type: none"> ○ 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 ○ HCPCS code B4149 must not be used for foods that have been blenderized by the beneficiary or caregiver for administration through a tube ● Removed language indicating: <ul style="list-style-type: none"> ○ Enteral nutrition products that are administered orally and related supplies are non-covered ○ The medical necessity for special enteral formulas (B4149, B4153, B4154, B4155, B4157, B4161, and B4162) must be justified in each member ○ If a special enteral nutrition formula is provided and the medical record does not document why that item is medically necessary, it will be denied as not reasonable and necessary ○ 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 <p>Parenteral Nutrition Therapy</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ 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; such persons cannot be paid for their services, nor is payment available for any services furnished by non-physician professionals except as services furnished incident to a physician's service ● Removed language indicating: <ul style="list-style-type: none"> ○ The member must have a permanent impairment <ul style="list-style-type: none"> ▪ Permanence does not require a determination that there is no possibility that the patient's condition may improve sometime in the future

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ If the judgment of the treating practitioner, 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 member must have a condition involving the small intestine and/or its exocrine glands which significantly impairs the absorption of nutrients or 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 non-covered for the patient with a functioning gastrointestinal tract whose need for parenteral nutrition is only due to any of the following conditions: <ul style="list-style-type: none"> ▪ 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 <p>Intradialytic Parenteral Nutrition (IDPN) (removed)</p> <ul style="list-style-type: none"> ● Removed content/language addressing intradialytic parenteral nutrition (IDPN) <p>Definition of a Tube (Enteral) Trial (removed)</p> <ul style="list-style-type: none"> ● Removed content/language addressing tube (enteral) trial <p>Parenteral Nutrition Equipment and Supplies</p> <ul style="list-style-type: none"> ● Removed language indicating additional pumps will be denied as not reasonable and necessary <p>Parenteral Nutrition Miscellaneous (removed)</p> <ul style="list-style-type: none"> ● Removed coverage criteria for parenteral nutrition for members with the ability to obtain partial nutrition from oral intake or a combination of oral/enteral (or even oral/enteral/parenteral) ● Removed language addressing coverage guidelines for the pump and IV pole used to administer parenteral nutrition in an outpatient facility <p>Enteral and Parenteral Nutrition Refill Requirements (removed)</p> <ul style="list-style-type: none"> ● Removed content/language addressing refill requirements for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for enteral and parenteral nutrition <p>Enteral and Parenteral Nutrition of Delivery (removed)</p> <ul style="list-style-type: none"> ● Removed content/language addressing proof of delivery documentation for DMEPOS suppliers <p>Documentation Requirements – General</p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ There are numerous CMS manual requirements, reasonable and necessary requirements, benefit category, and other statutory and regulatory requirements that must be met in order for payment to be justified ○ In the event of a claim review, a DMEPOS supplier must provide sufficient information to demonstrate that the applicable criteria have been met thus justifying payment ○ Refer to the Local Coverage Determination (LCD), National Coverage Determination (NCD) or other CMS Manuals for more information on what documents may be required ○ See the Local Coverage Article (LCA) titled <i>Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)</i> <p>Enteral and Parenteral Nutrition Continued Use and Continued Medical Need (removed)</p> <ul style="list-style-type: none"> ● Removed content/language addressing continued use and medical need for enteral and parenteral nutrition

Date	Summary of Changes
	<p>Applicable Codes</p> <ul style="list-style-type: none"> Removed HCPCS code Q9994 <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of: <ul style="list-style-type: none"> Enteral Nutrition Parenteral Nutrition <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG099.07

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).