ENTERAL AND PARENTERAL NUTRITIONAL THERAPY
(NCD 180.2)

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Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY SUMMARY</td>
<td>1</td>
</tr>
<tr>
<td>APPLICABLE CODES</td>
<td>7</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>9</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>10</td>
</tr>
<tr>
<td>GUIDELINE HISTORY/REVISION INFORMATION</td>
<td>10</td>
</tr>
<tr>
<td>TERMS AND CONDITIONS</td>
<td>10</td>
</tr>
</tbody>
</table>

Terms and Conditions

Related Medicare Advantage Policy Guidelines

- Durable Medical Equipment Reference List (NCD 280.1)
- Intestinal and Multi-Visceral Transplantation (NCD 260.5)
- KX Modifier

Related Medicare Advantage Reimbursement Policy

- Durable Medical Equipment Charges in a Skilled Nursing Facility Policy

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

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. 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.

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.

Guidelines
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 are normally 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.

**Enteral Nutrition Therapy**

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. However, 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 A/B MAC (B) medical consultant or specially trained staff, and additional medical documentation considered necessary is to be obtained as part of this review.

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.

**Enteral Nutrition Nutrients**

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

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

Self-blenderized formulas are noncovered by Medicare.

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

**Enteral Supplies**

Enteral feeding supply kit allowances (B4034-B4036), are all-inclusive. Separate billing for any item including an item using a specific HCPCS code, if one exists, or B9998 (Enteral Supplies, Not Otherwise Classified) will be denied as unbundling.

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. 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.

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.

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

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.

If a pump (B9002) is ordered, there must be documentation in the beneficiary's medical record to justify its use.

**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 beneficiary 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 site, tape (to secure tube or dressings), Y connector, adapter, gastric pressure relief valve,
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.

**Parenteral Nutrition Therapy**

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 non-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 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 beneficiary cannot be maintained on oral or enteral feedings and that due to severe pathology of the alimentary tract, the beneficiary must be intravenously infused with nutrients. Infusions must be vital to the nutritional stability of the beneficiary 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 listed below.

Maintenance of weight and strength commensurate with the beneficiary'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 beneficiary 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 beneficiary has a short bowel syndrome that is severe enough that the beneficiary 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 beneficiary 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 beneficiary has complete mechanical small bowel obstruction where surgery is not an option, or
E. The beneficiary 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 beneficiary 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 beneficiary 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 beneficiary 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 beneficiary 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 (Enteral) 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.

An example of a failed tube trial would be after an attempt of sufficient time (5-6 hours) to get a tube into the jejunum, the tube does not progress and remains in the stomach or duodenum.

**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 ordering physician 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 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 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.

Medicare pays for no more than one month’s supply of nutrients at any one time. Claims submitted retroactively, however, may include multiple months.

**Parenteral Nutrition 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.

**Parenteral Nutrition Miscellaneous**

Parenteral nutrition can be covered in a beneficiary 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 beneficiary in a Part A covered stay must be billed by the SNF to the fiscal intermediary. No payment from Part B is available when 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 beneficiary but rather as items of equipment used for multiple beneficiaries.

**Parenteral Nutrition Coding Guidelines**

When home mix 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.

**Enteral and Parenteral Nutrition Refill Requirements**

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

**Enteral and Parenteral Nutrition 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. 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 Nutrition Documentation Guidelines**

It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

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 with an EY modifier added to each affected HCPCS code.

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.

**Enteral and Parenteral Nutrition 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.
**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.

**Coding Clarification:** The number of ICD-10 diagnosis codes is too broad and extensive to list within the document.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Enteral Nutrition</strong></td>
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<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 LCDs)</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 LCDs)</td>
</tr>
<tr>
<td>B4104</td>
<td>Additive For Enteral Formula (e.g., fiber) (Not separately payable by Medicare LCDs)</td>
</tr>
<tr>
<td>B4105</td>
<td>In-line cartridge containing digestive enzyme(s) for enteral feeding, each (Effective 01/01/2019)</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>
<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>
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<tr>
<td>HCPCS Code</td>
<td>Description</td>
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<tr>
<td><strong>Enteral Nutrition</strong></td>
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<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>B9002</td>
<td>Enteral nutrition infusion pump, any type</td>
</tr>
<tr>
<td>B9998</td>
<td>NOC for enteral supplies</td>
</tr>
<tr>
<td>E0776</td>
<td>IV pole</td>
</tr>
<tr>
<td>Q9994</td>
<td>In-line cartridge containing digestive enzyme(s) for enteral feeding, each <em>(Expired code 12/31/2018; see B4105)</em></td>
</tr>
<tr>
<td><strong>Parenteral Nutrition</strong></td>
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<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>
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<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>
<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>
</tbody>
</table>
**HCPCS Code** | **Description**  
---|---  
**Parenteral Nutrition**  
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 - Amirosisyn RF, NephrAmine, RenAmine - premix  
B5100 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, any strength, hepatic-HepaAmine-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 needs to be used with this code)  

**Modifier** | **Description**  
---|---  
**Parenteral Nutrition**  
BA | Item used in conjunction with parenteral enteral nutrition (PEN) services  
BO | Orally Administered nutrition, not by feeding tube  
EY | No physician or other health care provider order for this item or service  
KX | Requirements specified in the medical policy have been met  

**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 LCDs, NCDs, 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.

**REFERENCES**

**CMS National Coverage Determinations (NCDs)**

NCD 180.2 Enteral and Parenteral Nutritional Therapy

**CMS Local Coverage Determinations (LCDs)**

<table>
<thead>
<tr>
<th>LCD</th>
<th>DME</th>
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<tbody>
<tr>
<td>L33783 (Enteral Nutrition)</td>
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**GS:** AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, W.VA  
**Noridian:** AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NMI, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
### LCD

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<td>L33798 (Parenteral Nutrition)</td>
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### CMS Articles

<table>
<thead>
<tr>
<th>Article</th>
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<tr>
<td>A52493 (Enteral Nutrition - Policy Article)</td>
<td>CGS: AL, AR, CO, FL, GA, IL, IN, KY, LA, MS, MI, MN, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, W.VA Noridian: AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NMI, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY</td>
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| A52515 (Parenteral Nutrition - Policy Article) | CGS: AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, W.VA Noridian: AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NMI, 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 Intradiatytic Parenteral/Enteral Nutrition (IDPN)

**Chapter 17:** § 70.1 Billing Drugs Electronically: B - Certificate of Medical Necessity (CMN)

**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 - 100.2.3 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 MM10626, New Q Code for In-Line Cartridge Containing Digestive Enzymes**

### Others

**CMS DME PEN Fee Schedules**

**PDAC Correct Coding - Q9994 (In-Line Cartridge Containing Digestive Enzyme(S) For Enteral Feeding, Each) Coverage Indicator Changed, Palmetto**

### 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.

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>04/10/2019</td>
<td>• Annual review</td>
</tr>
<tr>
<td></td>
<td>• Updated HCPCS codes; added B4105</td>
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### 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.