

ENTERAL NUTRITION

Service Authorization Required: Yes

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: January 2012

REVISED: October 2025

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Nutritional supplementation coverage through Medicaid is considered optional by CMS. The following outlines ND Medicaid’s defined coverage of:

- Products classified by First Data Bank (FDB) as Therapeutic Class Code, Specific C5F (e.g., Ensure, Pediasure, Boost, Resource)
- B4154 - Nutritionally complete formula; for special metabolic needs, excludes inherited disease of metabolism.
 - Effective dates of service starting 1/1/2012.
 - Member has a nasogastric or gastrostomy/jejunostomy tube.
 - The product is the member’s sole source (90% or greater) of nutrition.
- Food thickener requires the additional documents:
 - A swallow study (or a swallow evaluation) completed by a speech and language pathologist.
 - A plan of care.
 - A plan for follow-up at least annually.

Indications and limitations of coverage and medical appropriateness:

Nasogastric or gastrostomy/jejunostomy tube feeding covered if meets **one** of the listed criteria below:

- Malabsorption diagnoses including:
 - Short Bowel (Gut) Syndrome
 - Crohn’s Disease
 - Pancreatic Insufficiency
- Limited volumetric tolerance requiring a concentrated source of nutrition (i.e., athetoid cerebral palsy with high metabolic rate).
- Nutritional supplement is at least 51% of the member’s daily nutritional caloric intake.

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- Severe swallowing and eating disorders where consistency and nutritional requirements can only be met using commercial nutritional supplements, including:
 - Dysphagia due to excoriation of oral-pharyngeal mucosa.
 - Mechanical swallowing dysfunction secondary to a disease process such as:
 - Cancer or herpetic stomatitis.
 - Other oral-pharyngeal tissue injury.
- Weight loss, requires documentation providing **all** the following information:
 - Normal weight, percentile weight, and number of pounds lost in a specified time period.
 - A specific medical problem, which has caused the weight loss.
 - Specific reasons why a diet of normal or pureed food cannot suffice.

Covered supplies and related equipment:

- B4087 and B4088 are the only codes allowed for gastrostomy/jejunostomy tubes. Codes are covered for members with oral aversions to take medications or used for hydration.
- Pump may be covered if medically necessary and ordered by the practitioner. Documentation will be required to accompany the service authorization to support the use of pump therapy. (Example: gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, and administration rate less than 100 ml/hr., blood glucose fluctuations, circulatory overload, gastrostomy/jejunostomy tube used for feeding). If the medical necessity of the pump is not documented, the pump will be denied as not medically necessary.
- Pump & pump supplies are allowed when enteral nutrition is ordered for an infant.
- B4034, B4035, and B4036 - Supply kits must correspond to the method of administration. Allowed one supply kit **per** day.

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- 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.
- No more than a one-month supply of enteral nutrients, equipment, or supplies is allowed per monthly billing.

Documentation Requirements:

- A prescription from an ordering physician/practitioner.
- Physician/practitioner's documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.
- Completed CMN.
- Any additional supporting documents from intradisciplinary team members.
- A new service authorization is required for any changes to the existing approved service authorization. For example, changes in units, method of administration, route of administration, or the type of nutrition.
- Annual certification requires a new service authorization submitted with all required documentation listed above.

Non-covered:

Diagnosis:

- Swallowing disorders, which may lead to aspiration.
- Swallowing disorders, which are psychosomatic in nature, as in anorexia or dementia.
- Reduced appetite due to side effects of drug products, such as methylphenidate, amphetamines, appetite suppressants, etc.
- Mastication problems due to dentition problems

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Products:

- Nucleic acid/nucleotide supplements, protein replacement, diet foods, geriatric supplements, and sports shakes.
- Infant formulas regardless of the age of the member.
- Food thickeners for infants under age 1 who were born at less than 37 weeks of gestation due to FDA caution.
- SimplyThick brand thickener for infants under age 1, regardless of gestational age at birth, is not covered due to FDA caution.
- North Dakota Medicaid encourages the member and provider to work together to contact the Women, Infants, and Children's (WIC) program. WIC is a program for pregnant women, breastfeeding women, infants, and children under five years old, and is available in all counties in North Dakota.
- For more information or to find your local WIC office, please call 1-800-472-2286 or go to www.ndhealth.gov/wic.
- Any product when used in amounts less than 51% of daily intake (must essentially be the majority source of nutrition).
- Nutritional or thickener products for persons living in TLC facilities (enteral products are included in the per diem).

Supplies:

- More than one gastrostomy/jejunostomy tube every 3 months is rarely medically necessary.
- More than three nasogastric tubes every 3 months are rarely medically necessary.
- Dressings/anchoring devices are included in the supply kit and will not be paid separately.
- Must not use B9998 for gastrostomy/jejunostomy tubes (please see coverage section for appropriate covered HCPCS).



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Date Revised	Revisions
February 2017	Reviewed and reformatted/clarified. Added the WIC information
December 20, 2022	<p>Reviewed and reformatted. Add new logo.</p> <p><u>Covered supplies and related equipment.</u></p> <p>Added: 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.</p> <p>Deleted:</p> <ul style="list-style-type: none"> • Or maximum of 31 per month. • Supply kits include all supplies (except for the feeding tube itself) required for the administration of enteral nutrients to the member for one day. <p><u>Required Documents</u></p> <p>Added: First three bullets prescription, practitioner note and medical necessity.</p> <p><u>Non-Covered</u></p> <ul style="list-style-type: none"> • Added: Food thickeners for infants under age 1 who were born at less than 37 weeks gestation due to FDA caution. • SimplyThick brand thickener for infants under age 1 regardless of gestational age at birth is not covered due to FDA caution.
November 17, 2023	Reviewed and reformatted. Revised CMN link as CMN was revised.



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October 3, 2025

Removed "CMN required" and added to Covered supplies and related equipment bullet one. Codes are covered for members with oral aversions to take medications or used for hydration.