

ENTERAL NUTRITION

Service Authorization Required: Yes

CMN Required: [782](#)

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: January 2012

REVISED: November 2023

ENTERAL NUTRITION

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.

ENTERAL NUTRITION

Service Authorization Required: Yes

CMN Required: [782](#)

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: January 2012

REVISED: November 2023

ENTERAL NUTRITION

- 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.
- Pump may be covered if medically necessary and ordered by the practitioner. Documentation will be required to accompany the service authorization to support pump therapy. (Example: gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, administration rate less than 100 ml/hr., blood glucose fluctuations, circulatory overload, gastrostomy/jejunostomy tube used for feeding). If the medical necessity of the pump is not documented, the pump will be denied as not 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.
- 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.

ENTERAL NUTRITION

Service Authorization Required: Yes

CMN Required: [782](#)

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: January 2012

REVISED: November 2023

ENTERAL NUTRITION

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

Documentation Requirements:

- A prescription from 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 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

Products:

- Nucleic acid/nucleotide supplements, protein replacement, diet foods, geriatric supplements, sport shakes.
- Infant formulas regardless of age of member.

ENTERAL NUTRITION

Service Authorization Required: Yes

CMN Required: [782](#)

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: January 2012


REVISED: November 2023

ENTERAL NUTRITION

- 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.
- 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 younger than five 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 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 are 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).

 <p>Health & Human Services</p>	<p>ENTERAL NUTRITION</p> <p>Service Authorization Required: Yes</p> <p>CMN Required: 782</p>
<p>DURABLE MEDICAL EQUIPMENT MANUAL</p>	<p>COVERAGE AND LIMITATION CRITERIA AND POLICIES</p>
<p>EFFECTIVE: January 2012</p>	<p>REVISED: November 2023</p>
<p>ENTERAL NUTRITION</p>	
<p>Date Revised</p>	<p>Revisions</p>
<p>February 2017</p>	<p>Reviewed and reformatted/clarified. Added the WIC information</p>
<p>December 20, 2022</p>	<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.
<p>November 17, 2023</p>	<p>Reviewed and reformatted. Revised CMN link as CMN was revised.</p>