

ENTERAL NUTRITION

Service Authorization Required: Yes

CMN Required: [782](#)

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: January 2012

REVISED: March 2024

ENTERAL NUTRITION

CMS considers nutritional supplementation coverage through Medicaid optional. 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 nutrition source (90% or greater).
- 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 is covered if it 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 that has caused the weight loss.
 - Specific reasons why a regular or pureed food diet 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. One supply kit per day is allowed.
- 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 a specific code for any individual item, should a unique HCPCS code exist.

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- 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, such as changes in units, method of administration, route of administration, or 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.
- Psychosomatic Swallowing disorders such as 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, and sport shakes.
- Infant formulas regardless of the age of the member.

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- Due to FDA caution, • Food thickeners for infants under age 1 who were born at less than 37 weeks gestation.
- SimplyThick brand thickener is not covered for infants under age 1, regardless of gestational age at birth, due to FDA caution.
- North Dakota Medicaid encourages members and providers 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 [Women, Infants & Children \(WIC\) Program | Health and Human Services North Dakota](#).
- Any product used in amounts less than 51% of daily intake (it 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 a 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.
March 18, 2024	Reviewed and reformatted. Add new WIC link.



Health & Human Services

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