

## Enteral Nutrition

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary enteral nutrition.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

**Enteral feeding** – The provision of nutrition into the gastrointestinal tract. Nutrition, in the form of formula or a food-based solution, is administered orally or through a feeding tube that can go into the stomach or directly into the small intestines. Enteral feeding is provided due to an individual's inability to consume needed calories and nutrition by mouth to sustain life and growth.

### PROCEDURES

A prior authorization is required for items over \$500.00.

### Mandated Enteral Nutrition

Delaware law (18 Del. C. Sections 3355 and 3571) which applies to insured business requires that both individual and group benefit plans provide coverage for medical formulas, medical food products and low protein modified formulas and modified food products if such formula and foods:

- Are prescribed as medically necessary for the therapeutic treatment of an inherited metabolic disease for which nutritional requirements and restrictions have been established by medical research; **and**
- Formulated to be consumed and are administered under the direction of a physician; **and**
- Do not include food products that are naturally low in protein.

Note: "Inherited metabolic diseases include any diseases for which the State of Delaware pursuant to the Delaware Health and Social Services guidelines, screens newborn babies and medical formula."

Enteral feeding solutions administered by any method are eligible when necessary for the therapeutic treatment of Inherited Metabolic Diseases. Benefits for medically necessary enteral formulas, administered under the direction of a physician for these conditions are exempt from any contract deductibles.

### Non-Mandated Enteral Nutrition

Infant formulas administered either by mouth or through a tube for lactose intolerance, milk protein intolerance or other milk allergies may be considered medically necessary when the infant has at least **ONE** of following persistent indications:

- Atopic dermatitis;
- Colic;
- Diarrhea;
- Frequent regurgitation;
- Persistent failure to thrive;
- Symptoms of allergic reaction such as, vomiting, wheezing, rashes;
- Vomiting.

Enteral feeding via nasogastric, nasojejunal, nasoduodenal, jejunostomy, or gastrostomy tubes are an alternative to parenteral nutrition for the individual with a functioning gastrointestinal tract but for whom regular, oral feeding is impossible. Indications for enteral feeding solutions via tube feeding include but are not limited to:

- Anorexia Nervosa
- Catheter sepsis from hyperalimentation
- Central nervous system diseases
- Fistula
- Gastrointestinal cancer
- Granulomatous colitis
- Head and neck cancer and reconstructive surgery
- Infection, chronic
- Inflammatory Bowel Disease
- Intestinal atresia (infants)
- Irradiated bowel
- Ischemic bowel disease
- Jaw fracture

- Liver Failure
- Malabsorption syndrome
- Malnutrition
- Obstruction of gastric outlet due to ulcer diathesis
- Pancreatitis, acute or chronic
- Partial obstruction
- Renal failure
- Short-bowel syndrome
- Stroke

Enteral nutrition will be considered not medically necessary when above criteria are not met.

### **Enteral Accessories and Supplies**

Accessories and/or supplies that are used directly with enteral systems to achieve therapeutic benefit or assure proper functioning of the feeding system are considered durable medical equipment (DME) and may be considered medically necessary. They include:

- Catheters
- Concentrated nutrients
- Dressings
- Enteral nutrition preparation
- Extension tubing
- Filters
- Infusion bottles
- IV pole
- Needles
- Pumps (food or infusion)
- Tape

Three month's supply of enteral nutrients, equipment or other related supplies may be dispensed at one time.

Enteral feeding supply kits may be considered medically necessary when enteral feeding solution and route of administration are medically necessary.

The codes for the enteral feeding supplies include all supplies, other than the feeding tube itself, required for the administration of enteral nutrients to the individual for one day. Codes B4034-B4036 describe 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 tube site, tape (to secure tube or dressings), Y connector, adapter, gastric pressure relief valve, declogging device, etc. These items must not be separately billed using the miscellaneous code or using specific codes for dressings or tape. The use of individual items may differ from individual to individual and from day to day. Only one unit of service may be billed for any one day. Units of service in excess of one per day will be denied as not separately payable.

### **Digestive Enzyme Cartridge**

A digestive enzyme cartridge for example, RELiZORB® for use with enteral tube feeding will be considered medically necessary for individuals five (5) years and older to hydrolyze fats in enteral formula.

Use of the digestive enzyme cartridge for any other indication will be considered experimental investigational (E/I) and therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

**Quantity Level Limits (QLL) for nasogastric/nasojejunal tubes/nasoduodenal, gastrostomy/jejunostomy tubes.**

Three (3) nasogastric/nasojejunal/nasoduodenal tubes per every three (3) months may be considered medically necessary.

Three (3) gastrostomy/jejunostomy tube per every three (3) months may be considered medically necessary.

QLL or quantity of supplies for nasogastric/nasojejunal tubes/ nasoduodenal, gastrostomy/jejunostomy tubes that exceed the frequency guidelines listed on the policy are considered not medically necessary.

**Reasons for Noncoverage**

Basic milk or soy formulas are noncovered.

Food thickener, blenderized baby food or regular shelf food used with an enteral system, and nutritional supplements, are noncovered.

Prosthetic devices which are dispensed to an individual prior to performance of the procedure that will necessitate use of the device are not covered. Dispensing a prosthetic device in this manner would not be considered medically necessary for the treatment of the individual's condition.

**Post-payment Audit Statement**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

**Place of Service: Outpatient**

Enteral feeding via nasogastric, nasojejunal, nasoduodenal, jejunostomy, or gastrostomy tubes is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

**CODING REQUIREMENTS**

**Covered Codes**

CPT code	Description
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.
B4149	Enteral formula, for pediatrics, 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 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, fat, 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.
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.
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each.
B4034	Enteral feeding supply kit; syringe fed, per day, includes by not limited for feeding/flushing syringe, administration set tubing, dressings, tape
B4035	Enteral feeding supply kit; pump fed, per day, includes by not limited for feeding/flushing syringe, administration set tubing, dressings, tape.
B4036	Enteral feeding supply kit; gravity fed, per day, includes by not limited for 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.
B9002	Enteral nutrition infusion pump-with alarm.
B4100	Food thickener, administered orally, per ounce.
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 MI=1 unit.
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 MI=1 unit.
B4104	Additive for enteral formula (e.g., fiber).

### Diagnosis Codes

#### Covered Diagnosis Codes for B4157, B4162 and B9998

E70.0                      E71.0                      E72.11                      E72.12                      E72.19                      E74.21

### REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

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**POLICY UPDATE HISTORY**

06/22/2022	Approved in Medical Policy Committee
07/2022	Approved in QI/UM
05/24/2023	Annual review; approved in medical policy committee
05/30/2023	Approved in QI/UM