



CLINICAL MEDICAL POLICY	
Policy Name:	Enteral Nutrition
Policy Number:	MP-147-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	07/27/2026
Effective Date:	10/01/2026
Next Annual Review:	10/2027
Implementation Date:	02/18/2026
Products:	Highmark Wholecare SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 7

Policy History

Date	Action
10/01/2026	Provider Effective date
05/20/2026	PARP Approval
02/18/2026	QI/UM Committee review
02/18/2026	Policy initially developed, merged with policy MP-054-MD-PA "Enteral Inline Feeding Cartridge (EFIC) medical policy. Policy created based on DHS Memo: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/mab2025091901.pdf Create guidelines for both under 21 and over 21 users)

Disclaimer

Highmark WholecareSM 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 WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary enteral and oral nutrition supplements and enteral feeding in-line cartridges, however coverage may be provided under specific circumstances listed below.

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.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Fat Malabsorption – Inadequate assimilation of dietary substances due to defects in digestion, absorption, or transport.

Lipase – A digestive enzyme that breaks down fats (triglycerides) into absorbable fatty acids and monoglycerides.

RELIZORB™ (Alcresta Therapeutics) – A single-use, point-of-care digestive enzyme cartridge device that contains an enzyme called lipase. Relizorb increases the delivery of absorbable calories from an enteral tube feeding formula by connecting the cartridge in-line with an enteral pump feed set and pump extension set. The Relizorb device is connected to the enteral tube feeding pump. The device is only for enteral feeding use and is only intended for the connection to enteral feeding lines. The device is an example of an enteral feeding in-line cartridge (EFIC).

Enteral Nutrition - the method of providing nourishment through a feeding tube placed in the nose, stomach, or small intestine. At times, enteral nutrition is administered orally, without the use of a feeding tube. Enteral nutrition may be required for patients who cannot take any or enough nutrition by mouth.

Exocrine Pancreatic Insufficiency (EPI) – A condition characterized by deficiency of the exocrine pancreatic enzymes, resulting in the inability to digest food properly, or maldigestion.

Procedures

1. Enteral feeding solutions administered by ANY method are considered medically necessary for the therapeutic treatment of the following hereditary genetic disorders, as defined by Act 191:
 - Phenylketonuria (PKU)
 - Branched-chain ketonuria
 - Galactosemia
 - Homocystinuria

2. Enteral Nutrition for Individuals Age 21 and Under

Enteral nutrition administered by tube feeding (e.g., nasogastric, gastrostomy, or jejunostomy tube) for individuals age 21 and under is medically necessary in certain circumstances. For medical necessity clinical coverage criteria, please refer to [InterQual®](#).

Enteral Feeding Inline Cartridge (EFIC)

The use of an EFIC, like RELiZORB™ will be considered on a case-by-case basis for individuals that are between the ages of 2 to 21, who have been previously diagnosed with exocrine pancreatic insufficiency (EPI), and who are partially or completely unable to hydrolyze fats in enteral formula.

Placement of an EFIC device requires a Program Exception. The ordering healthcare professional must provide a supporting statement indicating why the requested therapy or device is medically necessary, and the alternative options have been or are likely to be ineffective, adversely affect patient compliance, or cause an adverse reaction.

3. Enteral Nutrition for Individuals Age 21 and Over

For individuals age 21 and over, enteral nutrition by mouth, or enteral nutrition formulated for pediatric use, regardless of route of administration may be considered medically necessary when ANY of the following conditions exist:

- A. The individual has a diagnosis of:
 - 1) Inborn Errors of Metabolism (such as phenylketonuria (PKU), maple syrup urine disease, homocystinuria, methylmalonic acidemia, propionic acidemia, isovaleric acidemia, and other disorders of leucine metabolism; glutaric aciduria type I and tyrosinemia types I and II; and urea cycle disorders); OR
 - 2) End Stage Renal Disease (ESRD), on dialysis, with albumin levels less than 3.5; OR
 - 3) Human Immunodeficiency Virus (HIV); OR
 - 4) Cancer and receiving active treatment; OR
 - 5) Severe malabsorption syndrome (such as cystic fibrosis, short bowel syndrome, or intestinal failure); OR
 - 6) Severe food allergies, including eosinophilic esophagitis, such that careful food selection is incapable of preventing malnourishment or death; AND
- B. Adequate nutrition is not possible by dietary adjustment; AND
- C. There is evidence of malnutrition such as an individual losing more than 10% of their body weight in the past six (6) months, a body mass index (BMI) of less than 18.5, or albumin levels that are consistently less than 3.5.

Documentation Requirements

The following information should be submitted with an initial Prior Authorization request for enteral nutrition for individuals age 21 and over:

- Any height and weight measurements from the previous six (6) months
- Current diet (i.e., unrestricted, 1600 calorie ADA, 70-gram limited protein, pureed, regular diet with two (2) cans of supplement per day, etc.)
- Documentation of the effects of malnutrition or signs of need for extra nutrition
- Reports of any testing relating to disease and nutritional status (i.e., lab reports including albumin, prealbumin, INR, CBC with differential, chemistry profile, or others)

- Evaluations by a nutritionist or dietician, if available
- A description or documentation of any attempted dietary modifications.

The following information should be submitted with a reauthorization request:

- Current height and weight
- Any height and weight measurements from the previous (6) months
- Current diet
- Documentation of the effects of malnutrition or signs of need for extra nutrition
- Documentation (letter or medical record) of any changes in medical situation, or a statement that there have been no significant changes.

Note: With Prior authorization requests for individuals 21 years of age or older for enteral nutrition formulated for pediatric use, in addition to the above information, the request should include a letter of medical necessity or statement explaining the need for the pediatric formula.

4. Post-payment Audit Statement

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

Governing Bodies Approval

The Pennsylvania Department of Human Services Technology Assessment Group (TAG) workgroup meets quarterly to discuss issues revolving around new technologies and technologies or services that were previously considered to be a program exception. During this meeting, decisions are made as to whether or not certain technologies will be covered and how they will be covered. TAG's decisions are as follow:

- Option #1: Approved - Will be added to the Fee Schedule
- Option #2: Approved as Medically Effective - Will require Program Exception
- Option #3: Approved with (or denied due to) Limited/Minimal Evidence of Effectiveness - Will require Program Exception
- Option #4: Denied - Experimental/Investigational

As of October 2019, the TAG workgroup assigned Enteral Feeding In-Line Cartridge an Option # 3, specifically for HCPCS code B4105.

Program Exception

Placement of an Enteral Feeding In-Line Cartridge device requires a Program Exception. The ordering healthcare professional must provide a supporting statement indicating why the requested therapy or device is medically necessary, and the alternative options have been or are likely to be ineffective, adversely affect patient compliance, or cause an adverse reaction.

Coding Requirements

Procedure Codes

CPT/HCPCS Code	Description
B4105*	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4149	Enteral formula, 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 of 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, fats, 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
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**Requires Program Exception, per PA DHS TAG determination.*

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

Reference Sources

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