

**ALL OF THE FOLLOWING CRITERIA MUST BE MET TO QUALIFY FOR STANDARD TUBE FEEDING REIMBURSEMENT:\***

- Diagnosis reflecting a functional impairment
- Tube feeding is required to “provide sufficient nutrients to maintain weight and strength commensurate with the patient’s overall health status”
- Impairment of long and indefinite duration
- Adequate nutrition must not be possible by dietary adjustment and/or oral supplements

\* [www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=180.2&ncd\\_version=1&basket=ncd%3A180%2E2%3A1%3AEnteral+and+Parenteral+Nutritional+Therapy](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=180.2&ncd_version=1&basket=ncd%3A180%2E2%3A1%3AEnteral+and+Parenteral+Nutritional+Therapy)

[http://www.cms.hhs.gov/mcd/viewarticle\\_popup.asp?from=basket&type=article&page=viewlmp.asp&article\\_id=25361&article\\_version=14&contractor\\_id=139](http://www.cms.hhs.gov/mcd/viewarticle_popup.asp?from=basket&type=article&page=viewlmp.asp&article_id=25361&article_version=14&contractor_id=139)

HCPCS Code	Enteral Nutrient Categories
B4149	Blenderized natural foods with intact nutrients
B4150	Nutritionally complete with intact nutrients
B4152	Nutritionally complete, calorically dense, with intact nutrients
B4153	Nutritionally complete hydrolyzed proteins (amino acids and peptide chain)
B4154	Nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism
B4155	Nutritionally incomplete/modular nutrients
B4158	For Pediatrics, nutritionally complete with intact nutrients
B4159	For Pediatrics, nutritionally complete, soy based with intact nutrients
B4160	For Pediatrics, nutritionally complete, calorically dense (equal to or greater than 0.7 kcal/mL) with intact nutrients
B4161	For Pediatrics, nutritionally complete hydrolyzed/amino acids and peptide chain proteins
THE FOLLOWING ARE LISTED FOR INFORMATION ONLY. These formulas are non-covered by Medicare for enteral or oral use, even when ordered by a physician.	
B4102	Formula used to replace fluids and electrolytes
B4104	Additive for enteral formula (e.g. fiber)

For additional information on Nestlé HealthCare Nutrition products, please contact your local Nestlé HealthCare Nutrition Representative, or call Infolink™ Product and Nutrition Information Services:

**1-800-422-ASK2 (2752)**



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MEDICARE PART B

GENERAL  
COVERAGE  
**GUIDELINES**  
FOR ENTERAL  
NUTRITION



The documentation information provided in *Medicare Part B: General Coverage Guidelines for Enteral Nutrition* should not be interpreted as a guarantee of reimbursement or as endorsed by Medicare, Medicaid or any other insurance carrier. While this publication may provide examples of data that may be pertinent in seeking enteral coverage for a beneficiary, such examples do not constitute a recommendation related to medical necessity or the documentation that should be provided in connection with a given patient or claim. All medical necessity determinations must be made by the responsible clinician(s). In addition, the actual documentation used to support a given claim must be true in all respects and accurately represent the individual beneficiary’s condition and circumstances. The person or entity submitting claims for reimbursement is solely responsible for ensuring the appropriate filing and content of any particular claim. Persons who submit false or fraudulent claims for reimbursement are subject to significant civil and criminal penalties.

## MEDICARE PART B DEFINES ENTERAL NUTRITION AS:

“...the provision of nutritional requirements through a tube into the stomach or small intestine.”

Medicare generally covers enteral nutrition when provided in the following patient care settings:

- Patient’s Home
- Custodial Care Facility
- Intermediate Care Facility
- Skilled Nursing Facility (unless patient is covered under a Part A stay)
- Adult Foster Care or Group Home
- Assisted Living Facility

Medicare does not cover:\*

- Temporary impairment
- Diagnosis that does not address the inability to consume and digest foods through the normal route
- Oral nutrition
- Enteral products furnished during a Part A stay
- Food thickeners, self-blenderized formula

Medicare outlines very specific enteral nutrition medical necessity guidelines that must be met to qualify for coverage.

\*[http://www.cms.hhs.gov/mcd/viewarticle\\_popup.asp?from=basket&type=article&page=viewlmp.asp&article\\_id=25361&article\\_version=14&contractor\\_id=139](http://www.cms.hhs.gov/mcd/viewarticle_popup.asp?from=basket&type=article&page=viewlmp.asp&article_id=25361&article_version=14&contractor_id=139)

[https://www.noridianmedicare.com/dme/claims/keys\\_to\\_success.html](https://www.noridianmedicare.com/dme/claims/keys_to_success.html)

## THE PATIENT’S CONDITION CAN BE EITHER ANATOMIC OR DUE TO A MOTILITY DISORDER.

These medical conditions MAY meet coverage criteria IF they cause impairment of consuming, digesting and/or absorbing food.

ICD-9*	DIAGNOSIS*
335.20	ALS (Lou Gehrig’s Disease)
348.1	Anoxic Brain Damage
507.0	Aspiration Pneumonia
150.0-150.9	Cancer-Esophagus
161.0-161.9	Cancer-Larynx, Glottis
140.0-149.9	Cancer-Lip, Oral Cavity and Pharynx
151.0-151.9	Cancer-Stomach
230.0-230.9	Carcinoma in Situ-Digestive Organs
333.71	Cerebral Palsy; athetoid
343.0-343.9	Cerebral Palsy
434.01-434.91	Cerebrovascular Accident
780.01	Coma
783.4	Developmental Disability
564.4-564.5	Diarrhea, Post-op or Neurogenic
787.91	Diarrhea, Chronic
438.19	Dysphagia; Late Effects of CVA
787.20-787.29	Dysphagia
537.0	Gastric Outlet Syndrome
357.0	Guillain-Barré Syndrome
42	HIV-AIDS
333.0-335.9	Other Neurogenic Conditions
344.00-344.09	Other Paralytic Syndromes
332.0-332.1	Parkinson’s Disease
780.03	Persistent Vegetative State
530.84	Tracheoesophageal Fistula

This is a partial list of diagnosis codes that may, but are not guaranteed, to qualify for Enteral coverage under Medicare Part B. When the diagnosis itself does not reflect functional impairment, additional diagnoses or other clinical information may be required to qualify for enteral coverage.

\* 2010 Ingenix ICD-9-CM Expert for Physicians, Vols. 1 & 2 ICD-9 (Spiral)

## ADDITIONAL, DOCUMENTED CLINICAL RATIONALE IS REQUIRED TO JUSTIFY THE USE OF SPECIALTY NUTRIENTS OR PUMPS.

A pump must be needed as a result of complications with gravity or syringe administration.

Examples of conditions that may satisfy coverage criteria for enteral pumps.\*

- Reflux or aspiration
- Severe diarrhea
- Dumping syndrome
- Administration rate less than 100mL/hour
- Blood glucose fluctuations
- Circulatory overload
- Use of a Gastrostomy or Jejunostomy tube

\* [http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd\\_id=11568&lcd\\_version=40&basket=lcd%3A11568%3A40%3AEnteral+Nutrition%3ADME+MAC%3ANoridian+Administrative+Services+%2819003%29%3A](http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=11568&lcd_version=40&basket=lcd%3A11568%3A40%3AEnteral+Nutrition%3ADME+MAC%3ANoridian+Administrative+Services+%2819003%29%3A)