

NESTLÉ NUTRITION PRODUCTS		
HCPSC Code	Fee Schedule**	Product Name
B4149 Blenderized natural foods with intact nutrients	\$1.52	COMPLEAT®, COMPLEAT® PEDIATRIC
B4150 Nutritionally complete with intact nutrients	\$0.65	BOOST®, BOOST® HIGH PROTEIN, BOOST® SMOOTHIE, CARNATION® INSTANT BREAKFAST® LACTOSE FREE, FIBERSOURCE® HN, ISOSOURCE® HN, NUTREN® 1.0, NUTREN® 1.0 FIBER, NUTREN® REPLETE®, NUTREN® REPLETE® FIBER, OPTISOURCE® HIGH PROTEIN DRINK
B4152 Nutritionally complete, calorically dense with intact nutrients	\$0.54	BOOST PLUS®, CARNATION® INSTANT BREAKFAST® LACTOSE FREE PLUS, CARNATION® INSTANT BREAKFAST® LACTOSE FREE VHC, ISOSOURCE® 1.5 CAL, NUTREN® 1.5, NUTREN® 2.0, RESOURCE® 2.0
B4153 Nutritionally complete, hydrolyzed proteins (amino acids and peptide chain)	\$1.85	CRUCIAL®, IMPACT® GLUTAMINE, PEPTAMEN®, PEPTAMEN® WITH PREBIO™, PEPTAMEN AF™, PEPTAMEN® 1.5, PEPTAMEN® OS, PEPTAMEN® OS 1.5, TOLEREX®, VIVONEX® PLUS, VIVONEX® RTF, VIVONEX® T.E.N.
B4154 Nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism	\$1.18	BOOST GLUCOSE CONTROL®, DIABETISOURCE® AC, NUTREN® GLYTROL®, IMPACT®, IMPACT® 1.5, IMPACT ADVANCED RECOVERY®, IMPACT® WITH FIBER, NOVASOURCE® RENAL, NUTREN® PULMONARY, NUTRIHEP®, RENALCAL®
B4155 Nutritionally incomplete/modular nutrients	\$0.92	MCT OIL®, MICROLIPID®, ARGINAID®, RESOURCE® BENECAALORIE®, RESOURCE® BENEPROTEIN®, GLUTASOLVE®
B4102 Formulas that are used to replace fluids and electrolytes	NA	RESOURCE ARGINAID EXTRA®, RESOURCE® BREEZE, RESOURCE® DIABETISHIELD®
B4160 Enteral formulas, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/mL) with intact nutrients.	NA	NUTREN JUNIOR®, NUTREN JUNIOR® FIBER, BOOST® KID ESSENTIALS (With Probiotic Straw), BOOST® KID ESSENTIALS (Hospital Version), BOOST® KID ESSENTIALS 1.5, BOOST® KID ESSENTIALS 1.5 WITH FIBER
B4161 Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins	NA	PEPTAMEN JUNIOR®, PEPTAMEN JUNIOR® FIBER, PEPTAMEN JUNIOR® WITH PREBIO™, PEPTAMEN JUNIOR® 1.5, VIVONEX® PEDIATRIC
B4104 Additive for enteral formula	NA	RESOURCE® BENEFIBER®▲
B4100 Food thickener, administered orally, per ounce	NA	RESOURCE® PUREE APPEAL®, RESOURCE® THICKENUP®

ENTERAL SUPPLIES, TUBE AND PUMP INFORMATION		
HCPSC Code	Fee Schedule**	Product Name
B4034	\$5.93/day	Syringe Supply Kit
B4035	\$11.30/day	Pump Supply Kit
B4036	\$7.76/day	Gravity Supply Kit
B4081	\$20.96	NG Tube w/ Stylet
B4082	\$15.59	NG Tube w/o Stylet
B4083	\$2.39	Stomach tube—Levine type
B4088	\$34.59	G-tube/J-tube
B9002RR	\$115.13 (rental rate)	EN Pump with Alarm

* ENTERAL FORMULAS administered through an enteral tube. Medicare will not pay for formulas taken orally. If submitting Medicare claim for denial, add the "BO" modifier.
 ** Medicare Part B 2009 Fee for Service Payment Rates can be found at: www.cms.hhs.gov/DMEPOSFEESched/01_overview.asp
 ▲BENEFIBER® is the registered trademark of Novartis AG and is used under license.

ENTERAL PRODUCTS WHICH REQUIRE AN ADDITIONAL DOCUMENTED CLINICAL RATIONALE

Enteral Tube Feeding—Medicare Part B

- Tube feeding administered by pump.
- Use of formulas B4153, B4154, B4155 requires documentation of medical necessity including demonstrated failure on B4150 formula or physician justification as to why the patient could not be trialed on B4150 formula. These products are ordered for specific conditions or diseases and medical documentation provided should reflect both the functional impairments of digestion and absorption and the clinical need for special formula.

PLEASE NOTE:

Medicare Part B reimbursement for B4153—B4155 formulas is determined on an individual case basis and is dependent on the documentation of medical necessity submitted to the Medicare Carrier. The reimbursement information contained in this publication is gathered from third party sources and is presented for illustrative purposes only. This information should not be interpreted as a guarantee of reimbursement or as endorsed by Medicare, Medicaid or any Insurance Carrier. Billing entities should contact their third-party payers for specific information on their coding, coverage and payment policies. While this publication provides examples of clinical information that may be pertinent in seeking enteral coverage for a beneficiary, it does not constitute a recommendation related to a medical necessity determination 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 accurate content of any particular claim. Persons who submit false or fraudulent claims for reimbursement are subject to significant civil and criminal penalties.

2009 MEDICARE PART B

DOCUMENTATION EXAMPLES FOR SPECIAL ENTERAL FORMULAS



This information has been provided for illustrative purposes only and does not constitute legal or reimbursement advice.

Policies and regulations change frequently and are subject to interpretation. The entity submitting claims must assure itself that the reimbursement information is accurate and applicable to the claim being filed. Current Medicare Part B information is also available at cms.hhs.gov.

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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NEST-10549-0409

NESTLÉ NUTRITION PRODUCTS	PEPTAMEN ^{®***} , PEPTAMEN AF ^{TM**} , PEPTAMEN ^{® 1.5**} , PEPTAMEN ^{® WITH PREBIO^{1TM**}} , PEPTAMEN ^{® OS**} , PEPTAMEN ^{® OS 1.5**}	CRUCIAL [®] , PEPTAMEN AF ^{TM**} , PEPTAMEN ^{® 1.5**} , IMPACT [®] GLUTAMINE	IMPACT [®] , IMPACT ^{® 1.5} , IMPACT ADVANCED RECOVERY [®] , IMPACT ^{® WITH FIBER}	TOLEREX ^{®***} , VIVONEX ^{® PLUS***} , VIVONEX ^{® RTF***} , VIVONEX ^{® T.E.N.***}	BOOST GLUCOSE CONTROL [®] , DIABETISOURCE ^{® AC} , NUTREN ^{® GLYTROL[®]}	NUTREN ^{® PULMONARY}	NUTRIHEP [®]	NOVASOURCE ^{® RENAL} , RENALCAL ^{®****}	COMPLEAT [®]
DOCUMENTATION EXAMPLES	Elemental formulas for malabsorption	High calorie and/or high protein elemental diets for stressed patients and those with non-healing wounds	Immune-modulating, high protein formulas for surgical and trauma patients with or without a risk of infection	Low fat, free amino acid formula for patients with malabsorption	Complete nutrition for patients with abnormal glucose tolerance	Complete nutrition for pulmonary patients	High BCAA formula for hepatic patients	Complete nutrition for renal disease	Blenderized tube feeding for patients with intolerance to semi-synthetic formulas
1. Patient failed trial of B4150 as evidenced by...	<ul style="list-style-type: none"> Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Abdominal pain Weight loss 	<ul style="list-style-type: none"> Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Abdominal pain Weight loss Failure of wound to heal Increase in size or stage of pressure ulcer 	<ul style="list-style-type: none"> Weight loss Failure of wound to heal Increase in size or stage of pressure ulcer Infection Sepsis 	<ul style="list-style-type: none"> Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Abdominal pain Weight loss 	<ul style="list-style-type: none"> In the absence of overfeeding: <ul style="list-style-type: none"> Persistent elevated blood glucose levels Abnormal insulin secretion Elevated HgbA1C 	<ul style="list-style-type: none"> Failure to wean from ventilator Elevated or increasing PCO₂ 	<ul style="list-style-type: none"> Hepatic failure with developing or increasing encephalopathy 	<ul style="list-style-type: none"> Increased BUN and creatinine Elevated serum electrolytes requiring restriction Progressive chronic renal failure with uremic symptoms where dialysis contraindicated (RENALCAL) Dialysis 	<ul style="list-style-type: none"> Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Abdominal pain Weight loss
2. Trial of B4150 not completed before using B4149, B4153 or B4154 due to...	<ul style="list-style-type: none"> Malabsorption confirmed by laboratory tests High-output fistula Ileus 	<ul style="list-style-type: none"> Significant injury, wound, burn Malabsorption Ileus Severe anergy 	<ul style="list-style-type: none"> Significant injury, wound, burn Infection 	<ul style="list-style-type: none"> Malabsorption confirmed by laboratory tests Chylothorax High-output fistula Ileus 	<ul style="list-style-type: none"> Insulin-dependent diabetes 	<ul style="list-style-type: none"> PCO₂ > 50 Weaning from ventilator 	<ul style="list-style-type: none"> Hepatic encephalopathy or coma 	<ul style="list-style-type: none"> Severe electrolyte imbalance, Elevated BUN, creatinine, BUN:Cr ratio 	<ul style="list-style-type: none"> Malabsorption confirmed by laboratory tests
3. The diagnosis is appropriate for a specific formula, for example...[ICD-9 Codes]*	<ul style="list-style-type: none"> Regional enteritis/Crohn's (555.0-558.9) Radiation enteritis (558.1) Vascular insufficiency of intestine (557.0-557.9) Superior mesenteric artery syndrome (557.1) AIDS-related complex (042) Cystic fibrosis (227.03) Celiac disease (579.0) Sprue (579.1) Other specified intestinal malabsorption (579.8) Pancreatic steatorrhea (579.4) Chronic pancreatitis (577.1) Chronic duodenal ileus (537.2) Other and unspecified protein-calorie malnutrition (263.0-263.9) Complications of intestinal anastomosis and bypass (997.4) Post-gastric surgery syndromes (564.2) Blind duodenal loop syndrome (537.89) Blind loop syndrome (579.2) Post-surgical non-absorption (579.3) Post-surgical diarrhea (564.4) Fistula of intestine (569.81) Whipple's disease (040.2) Cholestasis (576.8) Gastritis and duodenitis (535.00-535.61) Pseudo-obstruction of intestine (560.89-560.9; 564.89) Diarrhea (787.91) 	<ul style="list-style-type: none"> Diagnosis noted in previous column and the following: <ul style="list-style-type: none"> Sepsis (038.0-038.9; 995.91-995.92) Bacteremia (790.7) Post-operative infection (998.59) Gastrointestinal injury (863.0-863.99) Open wound of head, neck, or trunk (870.0-879.9) Open wound of upper limb (880.1-887.7) Open wound of lower limb (890.1-897.7) Bacterial infection (041.0-041.9) Pneumonia (480.0-487.0) Chronic ulcer of skin (707.00-707.09) Pneumonia (480.0-487.0) Acute respiratory failure (518.81) Chronic respiratory failure (518.83-518.84) COPD (491.20-496) Heart Failure (428.0-428.9) Other and unspecified protein-calorie malnutrition (263.0-263.9) Trauma—Motor Vehicle Traffic Accidents (E810-E819) Burning NOS (E899) Accident caused by firearm missile (E922) Assault by cutting and piercing instrument (E966) 	<ul style="list-style-type: none"> Sepsis (038.0-038.9) Bacteremia (790.7) Post-operative infection (998.5-998.59) Gastrointestinal injury (863.0-863.99) Open wound of head, neck, or trunk (870.0-879.9) Open wound of upper limb (880.1-887.7) Open wound of lower limb (890.1-897.7) Bacterial infection (041.0-041.9) Pneumonia (480.0-487.0) Chronic ulcer of skin (707.00-707.09) Post-operative pulmonary insufficiency (518.5) Acute respiratory failure (518.81) Chronic respiratory failure (518.83-518.84) COPD (491.20-496) Heart Failure (428.0-428.9) Other and unspecified protein-calorie malnutrition (263.0-263.9) Trauma—Motor Vehicle Traffic Accidents (E810-E819) Burning NOS (E899) Accident caused by firearm missile (E922) Assault by cutting and piercing instrument (E966) 	<ul style="list-style-type: none"> Regional enteritis/Crohn's (555.0-558.9) Radiation enteritis (558.1) Vascular insufficiency of intestine (557.0-557.9) Superior mesenteric artery syndrome (557.1) Post-surgical hypoinsulinemia (251.3) Abnormal glucagon secretion (251.4) Disorders of pancreatic secretion (251.8-9) Polycystic ovarian syndrome (256.4) Polyglandular dysfunction (258.1-9) Glucose intolerance (271.3) Metabolic syndrome (277.7) Gastroparesis (536.3) Chronic pancreatitis (577.1) Diabetes in pregnancy (648.00-648.84) Abnormal glucose tolerance test (790.22) Diabetic gastroparesis (250.60) Secondary Diabetes Mellitus (251.8) Post-gastric surgery syndromes (564.2) Blind duodenal loop syndrome (537.89) Blind loop syndrome (579.2) Post-surgical non-absorption (579.3) Post-surgical diarrhea (564.4) Fistula of intestine (569.81) Whipple's disease (040.2) Cholestasis (576.8) Gastritis and duodenitis (535.00-535.61) Pseudo-obstruction of intestine (560.89-560.9; 564.89) Diarrhea (787.91) Chylothorax (457.8) 	<ul style="list-style-type: none"> Pancreatic malignancy (157.0-157.9) Benign neoplasm of Islets of Langerhans (211.7) Diabetes mellitus (250.00-250.93) Post-surgical hypoinsulinemia (251.3) Abnormal glucagon secretion (251.4) Disorders of pancreatic secretion (251.8-9) Polycystic ovarian syndrome (256.4) Polyglandular dysfunction (258.1-9) Glucose intolerance (271.3) Metabolic syndrome (277.7) Gastroparesis (536.3) Chronic pancreatitis (577.1) Diabetes in pregnancy (648.00-648.84) Abnormal glucose tolerance test (790.22) Diabetic gastroparesis (250.60) Secondary Diabetes Mellitus (251.8) 	<ul style="list-style-type: none"> Post-operative pulmonary insufficiency (518.5) Acute respiratory failure (518.81) Chronic respiratory failure (518.83-518.84) COPD (491.20-496) 	<ul style="list-style-type: none"> Acute and subacute necrosis of liver (570) Chronic liver disease and cirrhosis (571.0-571.9) Hepatic coma (572.2) Other liver disorders (573.0-573.9) Liver failure (572.8) 	<ul style="list-style-type: none"> Acute renal failure (584.5-584.9) Chronic renal failure (585.6-585.9) 	<ul style="list-style-type: none"> Diarrhea (787.91) Nausea and vomiting (787.01) Acute dilation of the stomach (536.1)
4. Supporting lab or clinical data demonstrates the need for this formula, such as...	<ul style="list-style-type: none"> Results of trials with other formulas Results of tube placement/administration method changes Laboratory tests documenting malnutrition: albumin, prealbumin, transferrin, vitamin levels Laboratory tests confirming malabsorption: fecal fat, d-xylose Weight loss Negative nitrogen balance Stool or ostomy output I and O's Evidence of skin breakdown due to diarrhea Radiographic reports of enteritis Progress notes ruling out infections or medication induced diarrhea (If medication change not possible, document formula use to ameliorate diarrhea) 	<ul style="list-style-type: none"> Document malabsorption as noted in previous column. Also document: <ul style="list-style-type: none"> Protein and/or energy needs, calculations Wound staging and treatment response Anergy: total lymphocyte count, skin testing, transferrin 	<ul style="list-style-type: none"> Results of trials with other formulas Results of tube placement/administration method changes Conditions documenting Sepsis: temperature, heart rate, respiratory rate, white blood cell count Weight loss Protein and/or energy needs, calculations Wound staging and treatment response Laboratory tests documenting malnutrition: albumin, prealbumin, transferrin, vitamin levels Trauma indications: Injury Severity Score ≥ 18, Abdominal Trauma Index ≥ 20, Glasgow Coma Scale < 8, Burns ≥ 30% of total body surface area 	<ul style="list-style-type: none"> Results of trials with other formulas Results of tube placement/administration method changes Laboratory tests documenting malnutrition: albumin, prealbumin, transferrin, vitamin levels Laboratory tests confirming malabsorption: fecal fat, d-xylose Weight loss Negative nitrogen balance Stool or ostomy output, I and O's Evidence of skin breakdown due to diarrhea Radiographic reports of enteritis Progress notes ruling out infectious or medication induced diarrhea (If medication change not possible, document formula use to ameliorate diarrhea) 	<ul style="list-style-type: none"> Hypocaloric agents and response calories/day during Category I trial (to assure that patient was not overfed) Inadequate blood glucose control: HgbA1C and/or fructosamine levels, blood glucose levels (multiple), insulin dosage, c-reactive protein levels Radiographic motility studies (for gastroparesis) 	<ul style="list-style-type: none"> ABGs PCO₂ Energy needs: document that patient is not overfed Ventilator settings Progress notes: weaning 	<ul style="list-style-type: none"> Elevated serum ammonia Negative nitrogen balance Glasgow coma scores Progress notes 	<ul style="list-style-type: none"> BUN Creatinine Creatinine clearance GFR Electrolyte levels (K, Phos) Order for fluid and protein restrictions 	<ul style="list-style-type: none"> Results of trials with other formulas Results of tube placement/administration method changes Laboratory tests documenting malnutrition: albumin, prealbumin, transferrin, vitamin levels Laboratory tests confirming malabsorption: fecal fat, d-xylose Weight loss Negative nitrogen balance Stool or ostomy output I and O's Evidence of skin breakdown due to diarrhea Radiographic reports of enteritis Progress notes ruling out infections or medication induced diarrhea (If medication change not possible, document formula use to ameliorate diarrhea)

* ICD-9-CM for Physicians—Volumes 1 and 2 2008 Expert Ingenix
** PEPTAMEN formulas contain ingredients (i.e., partially hydrolyzed whey protein from cow's milk protein) that may not be appropriate for individuals with food allergies.
*** These formulas are not hypoallergenic.
**** RENALCAL is not intended for long-term tube feeding use as it does not contain electrolytes. Consult your nutrition professional before using RENALCAL.