

Nestlé HealthCare Nutrition Products

HCPCS CODE	FEE SCHEDULE PER 100 CALORIE UNIT**†	PRODUCT NAME
<b>B4149</b> Blenderized natural foods with intact nutrients	\$1.52	COMPLEAT®, COMPLEAT® PEDIATRIC
<b>B4150</b> Nutritionally complete with intact nutrients	\$0.65	BOOST®, BOOST® HIGH PROTEIN, FIBERSOURCE® HN, ISOSOURCE® HN, NUTREN® 1.0, NUTREN® 1.0 FIBER, OPTISOURCE® HIGH PROTEIN DRINK, NUTREN® REPLETE®, NUTREN® REPLETE® FIBER
<b>B4152</b> Nutritionally complete, calorically dense with intact nutrients	\$0.54	BOOST PLUS®, BOOST® VHC, ISOSOURCE® 1.5 CAL, NUTREN® 1.5, NUTREN® 2.0, RESOURCE® 2.0
<b>B4153</b> Nutritionally complete, hydrolyzed proteins (amino acids and peptide chain)	\$1.85	IMPACT® GLUTAMINE, IMPACT® PEPTIDE 1.5, PEPTAMEN®, PEPTAMEN® WITH PREBIO <sup>1</sup> ™, PEPTAMEN AF® PEPTAMEN® 1.5, PEPTAMEN® BARIATRIC, TOLEREX®, VIVONEX® PLUS, VIVONEX® RTF, VIVONEX® T.E.N.
<b>B4154</b> Nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism	\$1.18	BOOST GLUCOSE CONTROL®, DIABETISOURCE® AC, NUTREN® GLYTROL®, IMPACT®, IMPACT ADVANCED RECOVERY®, IMPACT® with Fiber, NOVASOURCE® RENAL, NUTREN® PULMONARY, NUTRIHEP®, RENALCAL®, RESOURCE® BREEZE, RESOURCE® DIABETISHIELD®
<b>B4155</b> 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	\$0.92	MCT OIL®, MICROLIPID®, ARGINAID®, BENEALORIE®, BENEPROTEIN®, GLUTASOLVE®
<b>B4102</b> Formulas that are used to replace fluids and electrolytes	NA	RESOURCE ARGINAID EXTRA®
<b>B4160</b> 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, BOOST® KID ESSENTIALS 1.5, BOOST® KID ESSENTIALS 1.5 with FIBER
<b>B4161</b> Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins	NA	PEPTAMEN JUNIOR®, PEPTAMEN JUNIOR® 1.5, PEPTAMEN JUNIOR® WITH PREBIO <sup>1</sup> ™, PEPTAMEN JUNIOR® FIBER, VIVONEX® PEDIATRIC
<b>B4104</b> Additive for enteral formula	NA	NUTRISOURCE® FIBER

**CONDITIONS WHICH REQUIRE EXTRA DOCUMENTATION**

- Tube feeding administered by pump. Gravity feeding is not satisfactory due to:
  - Reflux and/or aspiration; or
  - Severe diarrhea; or
  - Dumping syndrome; or
  - Administration rate less than 100 ml/hr; or
  - Blood glucose fluctuations; or
  - Circulatory overload; or
  - Gastrostomy/jejunostomy tube used for feeding.
- Use of formulas B4149, B4153-B4157, B4161 and B4162 requires documentation of medical necessity describing why the patient cannot or should not utilize standard formulas, B4150 or B4152. These products are prescribed for specific conditions or diseases and medical documentation provided should reflect both the functional impairments of digestion and absorption, and the need for special formula

**Documentation in the Patient's Medical Record**

CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 5, §5.7

For any DMEPOS item to be covered by Medicare, the patient's medical record must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable). The information should include the patient's diagnosis and other pertinent information including, but not limited to, duration of the patient's condition, clinical course (worsening or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. If an item requires a CMN or DIF, it is recommended that a copy of the completed CMN or DIF be kept in the patient's record; however, neither a physician's order, nor a CMN nor a DIF nor a supplier-prepared statement nor physician attestation by itself provides sufficient documentation of medical necessity, even though it is signed by the treating physician or supplier. There must be information in the patient's medical record that supports the medical necessity for the item and substantiates the answers on DIF or information on a supplier-prepared statement or physician attestation (if applicable). The patient's medical record is not limited to the physician's office records. It may include hospital, nursing home, or home health agency records and records from other professionals including, but not limited to, nurses, physical and occupational therapists, prosthetists, and orthotists. <https://www.cms.gov/manuals/downloads/pim83c05.pdf>



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

**1-800-422-ASK2 (2752)**  
Visit us at: [NestleNutrition.com/us](http://NestleNutrition.com/us)

**Enteral Supplies, Tube and Pump Information**

HCPCS CODE	FEE SCHEDULE**†	PRODUCT NAME
<b>B4034</b>	\$5.92/day	Syringe Supply Kit
<b>B4035</b>	\$11.29/day	Pump Supply Kit
<b>B4036</b>	\$7.75/day	Gravity Supply Kit
<b>B4081</b>	\$20.94	NG Tube w/ Stylet
<b>B4082</b>	\$15.57	NG Tube w/o Stylet
<b>B4083</b>	\$2.39	Stomach tube–Levine type
<b>B4087 B4088</b>	\$34.56	G-tube/J-tube (Std and Low-Profile)
<b>B9002RR</b>	\$115.01/mo (pump rental)	EN Pump with Alarm
<b>E0776RR</b>	\$24.99/mo (rental rate)	IV Pole Rental

Claims for HCPCS Codes B4149, B4153–B4157, B4161, and B4162 will be denied as not reasonable and necessary unless the coverage criteria for specialty nutrients are met. If not met, suppliers have the option of using the upgrade modifiers as noted in the recent DME MAC publication on Use of Upgrade Modifiers. The clinical documentation information included herein 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 and that 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 <https://www.cms.gov/>.

PLEASE NOTE: 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 an 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.

\* 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 Fee for Service Payment Rates can be found at: <https://www.dmeopdac.com/dmecsapp/do/search>  
† These rates reflect the national fee schedule and does not reflect Competitive Bidding rates.

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](http://cms.hhs.gov).

Nestlé HealthCare Nutrition Products	Peptamen <sup>®**</sup> , Peptamen AF <sup>™***</sup> , Peptamen <sup>®</sup> 1.5 <sup>**</sup> , Peptamen <sup>®</sup> with Prebio <sup>1™***</sup>	Peptamen AF <sup>™***</sup> , Peptamen <sup>®</sup> 1.5 <sup>**</sup> , Impact <sup>®</sup> Glutamine	Peptamen <sup>®</sup> Bariatric	Impact <sup>®</sup> , Impact Advanced Recovery <sup>®</sup> , Impact <sup>®</sup> Peptide 1.5, Impact <sup>®</sup> with fiber	Tolerex <sup>®***</sup> , Vivonex <sup>®</sup> Plus <sup>***</sup> , Vivonex <sup>®</sup> RTF <sup>***</sup> , Vivonex <sup>®</sup> T.E.N. <sup>***</sup>	Boost Glucose Control <sup>®</sup> , Diabeti-source <sup>®</sup> AC, Nutren <sup>®</sup> Glytrol <sup>®</sup>	Nutren <sup>®</sup> Pulmonary	Nutrihep <sup>®</sup>	Novasource <sup>®</sup> Renal, Renalcal <sup>®****</sup>	Compleat <sup>®</sup>
<b>DOCUMENTATION EXAMPLES</b>	<b>ELEMENTAL FORMULAS FOR MALABSORPTION</b>	<b>HIGH CALORIE AND/OR HIGH PROTEIN ELEMENTAL DIETS FOR STRESSED PATIENTS AND THOSE WITH NON-HEALING WOUNDS</b>	<b>HIGH PROTEIN ELEMENTAL DIET FOR STRESSED PATIENTS WITH A BMI ≥ 30 AND/OR VERY HIGH PROTEIN REQUIREMENTS</b>	<b>IMMUNE-MODULATING, HIGH PROTEIN FORMULAS FOR SURGICAL AND TRAUMA PATIENTS WITH OR WITHOUT A RISK OF INFECTION</b>	<b>LOW FAT, FREE AMINO ACID FORMULA FOR PATIENTS WITH MALABSORPTION</b>	<b>COMPLETE NUTRITION FOR PATIENTS WITH ABNORMAL GLUCOSE TOLERANCE</b>	<b>COMPLETE NUTRITION FOR PULMONARY PATIENTS</b>	<b>HIGH BCAA FORMULA FOR HEPATIC PATIENTS</b>	<b>COMPLETE NUTRITION FOR RENAL DISEASE</b>	<b>BLENDERIZED TUBE FEEDING FOR PATIENTS WITH INTOLERANCE TO SEMI-SYNTHETIC FORMULAS</b>
1. Patient experienced worsening of their condition while using semi-synthetic intact protein/protein isolates.	Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Abdominal pain Weight loss	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	Protein malnutrition and/or increased abdominal pressure which may be associated with persistent diarrhea, delayed gastric emptying and increased protein loss	Weight loss Failure of wound to heal Increase in size or stage of pressure ulcer Infection Sepsis	Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Abdominal pain Weight loss	In the absence of overfeeding: - Persistent elevated blood glucose levels - Abnormal insulin secretion - Elevated HgbA1C	Failure to wean from ventilator Elevated or increasing PCO2	Hepatic failure with developing or increasing encephalopathy	Increased BUN and creatinine Elevated serum electrolytes requiring restriction Progressive chronic renal failure with uremic symptoms where dialysis contraindicated (RENALCAL) Dialysis	Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Abdominal pain Weight loss
2. Medical record adequately documents specific medical condition and the need for the speciality nutrients formulated for that condition.	Malabsorption confirmed by laboratory tests High-output fistula Ileus	Significant injury, wound, burn Malabsorption Ileus Severe energy	BMI ≥ 30 associated with increased protein requirements and hypoalbuminemia consistent with injury, wound, burns, malabsorption, ileus and Type 2 diabetes mellitus	Significant injury, wound, burn Infection	Malabsorption confirmed by laboratory tests Chylothorax High-output fistula Ileus	Insulin-dependent diabetes	PCO2 > 50 Weaning from ventilator	Hepatic encephalopathy or coma	Severe electrolyte imbalance, Elevated BUN, creatinine, BUN:Cr ratio	Malabsorption confirmed by laboratory tests
3. The diagnosis is appropriate for a specific formula, for example... (ICD-9 Codes)*	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)	Diagnosis noted in previous column and the following: 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 (041.00-041.09) Pneumonia (480.0-487.0) Chronic ulcer of skin (707.00-707.09) Post-operative fistula (998.6) Cachectic diarrhea(787.91)	Diagnoses listed in previous columns and obesity (278.00-278.03) with BMI ≥ 30 and/or status post bariatric or gastrointestinal surgery (44.00-44.99)	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)	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) Open wound of upper limb (880.1-887.7) 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) 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) Chylothorax (457.8)	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)	Post-operative pulmonary insufficiency (518.5) Acute respiratory failure (518.81) Chronic respiratory failure (518.83-518.84) COPD (491.20-496)	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)	Acute renal failure (584.5-584.9) Chronic renal failure (585.6-585.9)	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...	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) Surgery or pathology reports confirming gastric, pancreatic or bowel resection or bypass.	Document malabsorption as noted in previous column.  Also document: Protein and/or energy needs, calculations Wound staging and treatment response Anergy: total lymphocyte count, skin testing, transferrin	Indications listed in previous columns , in addition to BMI ≥ 30 and/or very high protein requirements	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, c-Reactive Protein 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	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) Surgery or pathology reports confirming gastric, pancreatic or bowel resection or bypass	Hypocaloric agents and response calories/day during use of standard formula (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 Weight changes Radiographic motility studies (for gastroparesis)	ABGs PCO2 Energy needs: document that patient is not overfed Ventilator settings Progress notes: weaning	Elevated serum ammonia Negative nitrogen balance Glasgow coma scores Progress notes	BUN Creatinine Creatinine clearance GFR Electrolyte levels (K, Phos) Order for fluid and protein restrictions	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.