



Enteral Nutrition and Pumps

State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Specialized nutritional support is often required for patients who have chronic disease or for those undergoing long-term rehabilitation who are at risk for malnutrition. Nutritional support can be provided orally, enterally (through a tube into the stomach or small intestine), and intravenously.

For the purpose of this policy enteral nutritional support is defined as nutritional support administered through a feeding tube (e.g. nasogastric, jejunostomy, PEG tube ect.)

This policy does not cover Total Parenteral Nutrition (TPN). Please see the policy "Total Parenteral Nutrition (TPN) in the Home Setting" for guidance on TPN.

Enteral nutrition and medical foods will not accumulate to the DME calendar year maximum. Enteral feeding supply kits do accumulate to the DME maximum

Criteria

Commercial

Inborn Errors of Metabolism:

No preauthorization is required.

Inborn errors of metabolism (IEMs) are a large group of rare genetic diseases that generally result from a defect in an enzyme or transport protein which results in a block in a metabolic pathway. Effects are due to toxic accumulations of substrates before the block, intermediates from alternative metabolic pathways, defects in energy production and use caused by a deficiency of products beyond the block, or a combination of these metabolic deviations. <https://emedicine.medscape.com/article/804757-overview>.

Some common examples of these disorders include, but are not limited to:

- Maple syrup urine disease type Ib and II;
- Phenylketonuria (PKU);
- Homocystinuria;
- Tyrosinemia types I, II and III;
- Glutaric aciduria/glutaric academia type I and II; or
- Methylmalonic acidemia
- Glycogen storage disease
- Organic acid metabolism disorders

Severe Intestinal Malabsorption:

Preauthorization is required. **Authorization is given for up to 12 month intervals.*

Severe intestinal malabsorption is the disordered or inadequate absorption of nutrients from the intestinal tract, especially the small intestine. Examples of conditions that can cause severe intestinal malabsorption include:

- cholestatic liver disease
- Crohn's disease
- eosinophilic gastrointestinal disorders
- lymphangiectasia
- parenchymal liver disease
- post-gastrectomy malabsorption *
- post-intestinal resection malabsorption *
- radiation enteritis
- short-bowel syndrome
- tropical sprue
- ulcerative colitis (when there are documented objective signs and symptoms of malabsorption such as serum albumin levels)
- Whipple's disease

** excluding post-bariatric surgery malabsorptions; see individual member contract.*

Examples of conditions that **do not** cause severe intestinal malabsorption

- food allergies

- cow's milk allergies
- lactose intolerance
- sensitivities to intact protein
- protein or fat maldigestion
- multiple protein intolerances

Anatomic Abnormalities or Motility Disorders:

Preauthorization is required. **Authorization is given for up to a 12 month intervals.*

An anatomic abnormality (e.g. obstruction due to head and neck cancer or reconstructive surgery, etc.) or a motility disorder (e.g., severe dysphagia following a stroke, neuromuscular or CNS disease) interfering with the ability to adequately chew or swallow increasing the risk of malnutrition.

Coverage Criteria

Clinical documentation must meet all of the following:

- The enteral nutrition comprises the sole source, or an essential and predominant source, of nutrition (i.e., 60% or more of required caloric nutritional intake).
- A physician has issued a written order for the enteral nutrition.

A physician determines that impairment is expected to exceed 90 days.

Cases which do not meet criteria should be referred for Medical Director review.

Enteral Feeding for Eating Disorders:

Preauthorization with Medical Director review is required for all requests

Enteral (nasogastric tube) feeding may be medically necessary for treatment of patients unable to maintain an ideal body weight through oral feeding and are also participating in a comprehensive eating disorder treatment program.

The Medical Director will specify the preauthorization time period.

Exclusions:

- PS does not cover ANY of the following items for any condition or indication, as each is considered a “nutritional supplement” or “formula” and thus excluded from coverage per contract language:
 - standardized or specialized infant formula for conditions other than for anatomic abnormalities or motility disorders, inborn errors of metabolism or inherited metabolic diseases, or severe intestinal malabsorption.
 - food thickeners

- dietary and food supplements
 - lactose-free products; products to aid in lactose digestion
 - gluten-free food products
 - weight-loss foods and formula; products to aid weight loss
 - normal grocery items (including over-the-counter infant formulas such as Similac, Nutramigen and Enfamil)
 - low carbohydrate diets
 - baby food
 - banked breast milk breast milk supplements and fortifiers (Prolacta is covered for Billings Clinic Employee Plan, effective 8/1/2019)
 - grocery items that can be blenderized and used with an enteral feeding system
 - nutritional supplement puddings
 - high protein powders and mixes
 - oral vitamins and minerals
- Enteral nutrition products that are administered orally and related supplies are not covered.
 - Digestive enzyme cartridge that connects in-line with existing enteral feeding pump tubing sets and patient extension sets or enteral feeding tubes is considered experimental, investigational, and unproven.

Enteral Infusion Pumps:

Preauthorization is required.

Enteral feedings are delivered by syringe, gravity, or via an electric infusion pump. Feedings can be delivered on an intermittent or continuous basis.

Enteral infusion pumps are considered medically necessary for any of the following indications:

- The individual has severe diarrhea, dumping syndrome, fluctuating blood glucose levels, or a condition that results in circulatory overload
- The individual's medical condition is such that gravity or syringe feeding is not clinically appropriate (e.g., there is a risk of aspiration or reflux).
- The individual's medical condition requires that the nutritional formula administration rate is such that a pump is required to titrate infusion for patient safety (i.e., less than 100 cc per hour).

NOTE: Supplies for gravity feedings do not require preauthorization if under \$1000.

Medicaid

PacificSource Medicaid physical health uses Oregon Health Plans OAR 410-148-0000 to 0320 to review the following codes:

- B4034 Enteral Feeding Supply Kit Syringe fed, per day
- B4035 Enteral Feeding Supply Pump fed, per day
- B4036 Enteral Feeding Supply Kit Gravity fed, per day

All other enteral Nutrition codes for Medicaid members are reviewed by the PacificSource Medicaid pharmacy.

Medicare

PacificSource follows Medicare CMS NCD 180.2 and LCD L33783 for coverage of enteral nutrition. The HCPCS codes B4154, B4157, B4150, B4152, B4153, B4155, B4158, B4159, B4160, B4161 require preauthorization

Definitions

Medical food - Foods that are formulated to be consumed or administered enterally under the supervision of a physician, that are specifically formulated to be deficient in one or more of the nutrients present in typical nutritional counterparts, that are for the medical and nutritional management of patients with [metabolic disorders] and that are essential to optimize growth, health and metabolic homeostasis.

Coding Information

HCPCS #	Description	Type of Expense	Comments
B4149, B4154, B4157, B4162, S9434, S9435	Metabolic Food	DME/Supply TOS 3618*	No PA required. *PacificSource is required by law to provide coverage for B4157.
B4150, B4152, B4153, B4155, B4158, B4159, B4160, B4161,	Enteral Formula	DME/Supply TOS 6386*	Preauthorization required.
B4034, B4035, B4036	Enteral Feeding supply kit;	DME/Supply TOS 6386*	Preauthorization required
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding	DME/Supply	Not covered

- *TOS 6318 = DME with no maximum (no PA requirement)
- TOS 6386 =DME enteral supplies and formula

Related Policies

Total Parenteral Nutrition (TPN) in the Home Setting

Appendix

Policy Number: [Policy Number]

Effective: 12/1/2019

Next review: 12/1/2020

Policy type: Enterprise

Depts: Health Services

Applicable regulation(s): ORS 743A.188, MTS 33-22-131