



## REIMBURSEMENT POLICY STATEMENT GEORGIA MEDICAID

Policy Name	Policy Number	Effective Date
Nutritional Supplements	PY-0778	05/01/2020
Policy Type		
Medical	Administrative	Pharmacy
<b>REIMBURSEMENT</b>		

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

### Table of Contents

Reimbursement Policy Statement .....	1
A. Subject.....	2
B. Background.....	2
C. Definitions .....	2
D. Policy .....	3
E. Conditions of Coverage.....	7
F. Related Policies/Rules .....	9
G. Review/Revision History .....	9
H. References .....	9



## A. Subject

### Nutritional Supplements

## B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

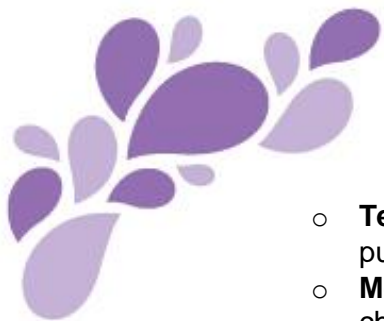
It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Nutrition may be delivered through a tube into the stomach or small intestine. Enteral Nutrition may be medically necessary for dietary management to provide sufficient caloric and nutrition needs as a result of limited or impaired ability to ingest, digest, absorb or metabolize nutrients; or for a special medically determined nutrient requirement. Considerations are given to medical condition, nutrition and physical assessment, metabolic abnormalities, gastrointestinal function, and expected outcome. Enteral nutrition may be either for total enteral nutrition or for supplemental enteral nutrition.

This policy includes nutrition that is for medical purposes only.

## C. Definitions

- **Enteral Nutrition**– Nutrition delivered through an enteral access device into the gastrointestinal tract bypassing the oral cavity.
- **Medical Food** – Food specially formulated and processed to be consumed or administered by oral intake or enteral access device. The intent is to meet distinctive nutritional requirements of a disease or condition when dietary management cannot be met by modifying a normal diet.
- **Enteral Access Device** – A tube or stoma is placed directly into the gastrointestinal tract for the delivery of nutrients.
- **Inborn Errors Of Metabolism (IEM)** – Inherited biochemical disorders resulting in enzyme defects that interfere with normal metabolism of protein, fat, or carbohydrate.
- **Therapeutic oral non-medical nutrition:**
  - **Food Modification** – Some conditions may require adjustment of carbohydrate, fat, protein, and micronutrient intake or avoidance of specific allergens. i.e. diabetes mellitus, celiac disease
  - **Fortified Food** – Food products that have additives to increase energy or nutrient density.
  - **Functional food** – Food that is fortified to produce specific beneficial health effects.



- **Texture Modified Food and Thickened Fluids** - Liquidized/thin puree, thick puree, finely minced or modified normal.
- **Modified Normal** – Eating normal foods, but avoiding particulate foods that are a choking hazard.

#### D. Policy

##### I. Claim submission

- A. All claims must include clinical documentation to determine medical necessity.
- B. To be reimbursed, claims for enteral nutrition supplies must be submitted with the purchase NU modifier.

##### II. Prior Authorization

###### A. Prior authorization is NOT required for the following supplies:

1. B4034 - Enteral Feeding Supply Kit; Syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
2. B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressing, tape
3. B4036 - Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
4. B4081 - Nasogastric tubing with stylet
5. B4082 - Nasogastric tubing without stylet
6. B4083 - Stomach tube- Levine type
7. B4087 - Gastrostomy/jejunostomy tube, standard, any material, any type, each
8. B4088 - Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
9. B9998 without a U1 modifier - Mickey extension

###### B. Prior authorization is required for the following:

1. Enteral formulas
  - a. 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
  - b. 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
  - c. 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, 100calories = 1 unit
  - d. 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



- e. 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
  - f. 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
  - g. 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
  - h. 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
  - i. 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
  - j. 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.
  - k. 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
  - l. 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
2. Supplies
- a. B9998 with a U1 modifier (MicKey gastrostomy low-profile feeding tube kit) must have a prior authorization for enteral nutrition services
3. Oral Medical Foods (including S9435)
- a. During the prior authorization process for medical foods, the provider must submit
    - 01. The invoice for a review and pricing **AND**
    - 02. If available, the MSRP and discount applied to purchase price.
- B. Prior authorization is required for non-participating providers.



## II. Age Limits

- A. There are no age restrictions for enteral nutrition supplies except for B9998-U1 (Mic-Key Gastrostomy Low-Profile Feeding Tube Kit) which is restricted for members who are younger than 36 months of age.
- B. Member must be under the age of 21 for the provider to bill for the following enteral formulas:
  - a. 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
  - b. 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
  - c. 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, 100calories = 1 unit
  - d. 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
  - e. 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
  - f. 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
  - g. 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
  - h. 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
  - i. 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
  - j. 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.

- k. 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
- l. 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

### III. Quantity Limits

- A. No more than one HCPCS code can be submitted for reimbursement at a time except for B4155 (Enteral Formula, nutritionally incomplete/modular nutrients) which can be submitted with another code for members needing replacement of nutritional elements who lack the ability to sustain optimal nutritional well-being. i.e. amino acid deficiencies, pancreatic insufficiencies
- B. Orders for supplies will not exceed 12 months
- C. Per the Georgia Provider Handbook, “Enteral formulas are reimbursed on a per unit basis. Use the following formula to calculate units: Number of calories per day /100 X number of days billed = units. (e.g., A patient received 1450 calories per day, during the month of March 1991.  $1450 / 100 \times 31 \text{ days} = 449.5$  or 450 units (fraction of a unit should be rounded.  $1/2$  or  $5/10$  (.5) is rounded up to the next whole unit).”<sup>1</sup>
- D. Only one month supply (enteral nutrition, supplies, or oral medical food) can be submitted for reimbursement at one time
  - 3. Medical food is limited to one unit for the total amount approved per month.
  - 4. All enteral formulas are limited to 900 units per month
- E. B9998 with U1 modifier (MicKey gastrostomy low-profile feeding tube kit) cannot be billed separately for any of the supplies in the kit during the same 30 days

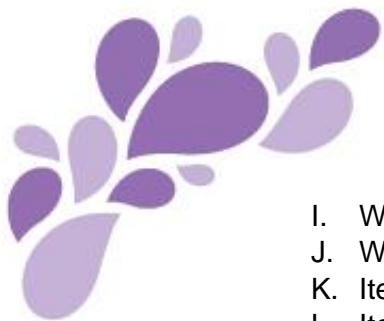
### II. CareSource does **not** reimburse for the following

- A. Enteral nutrition for members 21 years of age and older
- B. Enteral nutrition for members with advanced dementia
- C. When member is underweight and is able to meet nutritional needs through regular food
- D. When use of product is for convenience or preference of member/caregiver
- E. When the prescription and/or qualifying medical condition is absent
- F. Services billed by a home health agency
- G. Services or DME that exceeds limitations
- H. Shipping costs

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- I. When the service is included in the rate for nursing or skilled nursing facility
- J. When the service is part of a home and community-based care waiver
- K. Items that cannot withstand repeated use
- L. Items not medically necessary
- M. Claims for enteral nutrition supplies not submitted with the NU modifier
- N. Codes not on GA fee schedule including but not limited to:
  - 1. B4100 – Food thickener
  - 2. B4104 – Additive for enteral formula
  - 3. B4105 – In-line cartridge containing digestive enzyme
  - 4. B9002 – Enteral nutrition infusion pump
  - 5. S9340 – Home therapy; enteral nutrition
  - 6. S9341 – Home therapy; enteral nutrition
  - 7. S9342 – Home therapy; enteral nutrition
  - 8. S9343 – Home therapy; enteral nutrition

NOTE: Proof of delivery that is signed and dated by the member/caregiver must be on file and presented to CareSource upon request.

**E. Conditions of Coverage**

Reimbursement is dependent on, but not limited to, submitting GA Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual GA Medicaid fee schedule for appropriate codes.

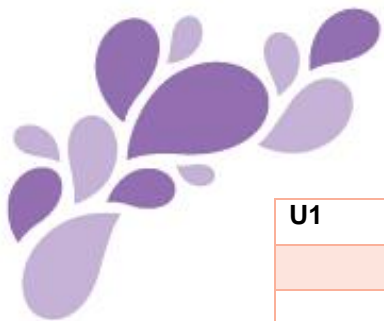
**The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

CPT Code	Description
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4081	Nasogastric tubing with stylet
B4082	Nasogastric tubing without stylet
B4083	Stomach tube - Levine type
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
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
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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
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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
B9998	MicKey Extension
S9435	Medical foods for inborn errors of metabolism
<b>Modifiers</b>	<b>Description</b>





<b>U1</b>	MicKey low-profile gastrostomy tube kit (under 3 yrs) (under 36 months of age)

**F. Related Policies/Rules**

Nutritional Supplements MM-0759

**G. Review/Revision History**

	DATE	ACTION
<b>Date Issued</b>	05/01/2020	
<b>Date Revised</b>		
<b>Date Effective</b>	05/01/2020	New policy

**H. References**

1. Georgia Department of Community Health. (2019). Part II Policies and Procedures for Durable Medical Equipment Services. Retrieved on 7/2/2019 from <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Durable%20Medical%20Equipment%20Services%2020190401195108.pdf>

**The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.**

GA-P-0832

Date Issued 05/01/2020

DCH Approved 1/28/2020