



REIMBURSEMENT POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Effective Date
Nutritional Supplements		PY-0781	1/1/2020
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

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.

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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.

Parenteral nutrition is nutrition provided through an intravenous line. Home Infusion Therapy is NOT covered in this policy.

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** – Per Indiana Code it is defined as “A formula that is intended for dietary treatment of condition for which nutritional requirements are established by medical evaluation and formulated to be consumed or administered enterally under the direction of a physician”¹.
- **Enteral Access Device** – A tube or stoma is placed directly into the gastrointestinal tract for the delivery of nutrients.
- **Inborn Errors Of Metabolism (IEM)** – (Also called inherited metabolic disease)– Per Indiana Code it is defined as “Disease caused by inborn errors of amino acid, organic acid, or urea cycle metabolism and is treatable by the dietary restriction of one or more amino acid”¹.
- **Therapeutic oral non-medical nutrition:**

¹ <http://iga.in.gov/legislative/laws/2018/ic/titles/027>



- **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. Prior Authorization

- A. Prior authorization is required for
 1. Oral medical food.
 2. Enteral nutrition.
 3. Food supplements, nutritional supplements and infant formula.
- B. Prior authorization is required for enteral nutrition pump for home infusion unless in conjunction with parenteral hyperalimentation
- C. Certification of Medical Necessity: Parenteral and Enteral Nutrition is required for all pumps and enteral nutrition items with each PA request
 1. Physician signature and date is required
- D. Prior authorization is required for non-participating providers.

II. Quantity Limits

- A. CareSource provides enteral nutrition through participating durable medical equipment (DME) providers allowing home delivery of medically necessary enteral nutrition.

III. Billing

- A. Durable medical equipment DME (specialty 250) and Home Medical Equipment (HME) (specialty 251) medical supply dealers may bill for enteral therapy supplies and formulas provided in a member's home for supplies and formulas.
- B. Home health agencies may bill for enteral therapy services by a registered nurse, licensed practical nurse, or home health aide.
- C. Physician's written order must be maintained in the members medical record by the ordering physician, DME, and HME supplier to support medical necessity for postpayment review.

IV. Enteral Nutrition

- A. CareSource does NOT reimburse for the following
 1. Advanced dementia (Feeding tubes are not recommended by American Geriatrics Society).
 2. Relizorb (Insufficient published evidence).
 3. When use of product is for convenience or preference of member/caregiver.
 4. When there is other reasonable feasible means of nutrition.
 5. When item is used for purposes other than nutritional purposes.



- 6. Products for meal replacements or snack alternatives.
- 7. B4104 enteral formula additive. Enteral formula codes include all nutrient components.
- B. Products administered in an outpatient provider setting are not separately reimbursable

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting IN Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual IN 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
B4100	Food thickener, administered orally, per oz
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
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
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
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
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
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
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
B9002	Enteral nutrition infusion pump, any type
B9998	NOC for enteral supplies

F. Related Policies/Rules

Nutritional Supplements MM-0726

G. Review/Revision History

	DATE	ACTION
Date Issued		
Date Revised		
Date Effective	1/1/2020	New policy

H. References

1. Indiana Family & Social Services Administration Medical Policy manual Office of Medicaid Policy & Planning. (2018). Retrieved on 12/4/2018. <https://www.in.gov/medicaid/files/medical%20policy%20manual.pdf>.
2. Indiana State Department of Health. (n.d.) Indiana Women, Infants, and Children Program. Retrieved on 2/4/2019 from <https://secure.in.gov/isdh/19691.htm>.
3. Indiana General Assembly. (n.d.). Indiana General Assembly. Retrieved July 2, 2019, from <http://iga.in.gov/legislative/laws/2018/ic/titles/027>

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

IN-P-0929

Date Issued: 9/13/2019

OMPP Approved 10/29/2019