



Corporate Medical Policy

Enteral Nutrition

File Name: enteral_nutrition
Origination: 2/1996
Last Review: 6/2002
Next Review: 6/2004

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

Enteral nutrition products are food products that are specially formulated. They are designed to increase the amount of various food elements that will maintain proper physiological function of the body process. They may also be used to correct a deficiency which may exist.

Policy

Active policy, no longer scheduled for routine literature review.

BCBSNC does not provide coverage for most Enteral Nutrition. They are considered non covered and are ineligible as benefits.

See exception below.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

- ◆ Certificates do not provide benefits for dietary supplements. When they are administered in the hospital, skilled nursing facility, or nursing home they are considered an integral part of the room and board charge and are not eligible for separate reimbursement.

When Enteral Nutrition is covered

Enteral Nutrients that **require a prescription** are eligible for coverage when prescribed for patients with one of the following conditions:

- Malabsorption syndrome
- Certain short bowel syndromes
- Crohn's disease
- Severe pancreatitis

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When Enteral Nutrition is not covered

Virtually all enteral nutrients are available over the counter, and thus not eligible for coverage.

Policy Guidelines

If a patient requires enteral nutrition, the supplies (e.g., tubing, syringes) are covered as supplies.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: B4102, B4103, B4104, B4149, B4150, B4151, B4152, B4153, B4154, B4155, B4156, B4157, B4158, B4159, B4160, B4161, B4162, S9433.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: Dietary Supplements, Enteral, Nutrients, Feedings, Nutrition, Nutritional, Enteral Nutrition, Tube Feedings,

Medical Term Definitions

Not applicable

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual
Medical Policy Advisory Group Review 3/99
Specialty Matched Consultant Advisory Panel - 9/2000
Medical Policy Advisory Group - 12/2000
Specialty Matched Consultant Advisory Panel - 6/2002

Policy Implementation/Update Information

2/96 Original Policy issued

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- 2/97 Reaffirmed
- 3/99 Reviewed by MPAG. Reaffirmed.
- 8/99 Reformatted, Medical Term Definitions added.
- 10/00 System coding changes.
- 12/00 Specialty Matched Consultant Advisory Panel. Statements added to say, "Certificates do not provide benefits for dietary supplements. When they are administered in the hospital, skilled nursing facility, or nursing home they are considered an integral part of the room and board charge and are not eligible for separate reimbursement." and "If a patient requires enteral nutrients, the supplies (e.g., tubing and syringes) are covered as supplies." Policy name changed from Dietary Supplements (Enteral Nutrients) to Enteral Nutrition. Criteria reworded in "When Enteral Nutrition is covered" and "When Enteral Nutrition is not Covered" sections for clarity. Medical Policy Advisory Group review. Table of noncovered enteral feedings removed from policy. Approve.
- 6/02 Specialty Matched Consultant Advisory Panel. No changes. Approve.
- 7/03 Policy status changed to: "Active policy, no longer scheduled for routine literature review."
- 3/04 Benefits Application and Billing/Coding sections updated for consistency. Individual CPT codes listed for CPT code ranges B4150-B4156 under Billing/Coding section.
- 1/6/05 First Quarter 2005 HCPCS codes B4102, B4103, B4104, B4149, B4157, B4158, B4159, B4160, B4161, B4162 added to the Billing/Coding section of policy.
- 1/5/09 Added new HCPCS code S9433 to "Billing/Coding" section. (btw)
- 6/22/10 Policy Number(s) removed (amw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.