

Enteral Nutrition (Oral and Tube Feeding) (for New Mexico Only)

Policy Number: CS136NM.A
Effective Date: July 1, 2024

[Instructions for Use](#)

| Table of Contents | Page |
|---|------|
| Application | 1 |
| Coverage Rationale | 1 |
| Applicable Codes | 1 |
| Description of Services | 2 |
| U.S. Food and Drug Administration | 3 |
| References | 3 |
| Policy History/Revision Information | 3 |
| Instructions for Use | 3 |

| Related Policy |
|--|
| <ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for New Mexico Only) |

Application

This Medical Policy only applies to the state of New Mexico.

Coverage Rationale

Note: Medical foods are not covered for Alternative Benefit Package (ABP) members age 21 and over.

Enteral Nutrition by Tube Feeding

Enteral nutrition administered by tube feeding (e.g., nasogastric, gastrostomy, or jejunostomy tube) is medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Enteral and Parenteral Nutrition Therapy.

[Click here to view the InterQual® criteria.](#)

Oral Nutrition

For medical necessity clinical coverage criteria for oral nutritional support products, refer to the New Mexico Administrative Code (NMAC), Title 8, Chapter 324, Part 5: [Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| HCPCS Code | Description |
|------------|---|
| B4100 | Food thickener, administered orally, per oz |
| B4102 | Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit |

| HCPCS Code | Description |
|--|--|
| B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit |
| B4104 | Additive for enteral formula (e.g., fiber) |
| 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 |
| Metabolic and Specialized Foods | |
| S9432 | Medical foods for noninborn errors of metabolism |
| S9433 | Medical food nutritionally complete, administered orally, providing 100% of nutritional intake |
| S9434 | Modified solid food supplements for inborn errors of metabolism |
| S9435 | Medical foods for inborn errors of metabolism |

Description of Services

Enteral nutrition refers to any method of feeding that uses the gastrointestinal tract to deliver nutrition and calories including a normal oral diet, using a liquid supplement or delivery by use of a tube also referred to as a tube feeding (ACG, 2021).

Formula for enteral nutrition can be provided by tube feeding or orally, as replacement or supplement to dietary intake. Formula can be standard formula (nutritionally complete with intact nutrients) or specialized nutrient formula. Specialized nutrient formulas are used for conditions requiring specific dietary components, requiring the alteration of specific dietary components, or disorders of the carbohydrate, lipid, vitamin, mineral, amino acid, or nitrogen metabolism (Greer 2003).

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

A medical food, as defined in section 5(b)(3) of the Orphan Drug Act [21 U.S.C. 360ee(b)(3)], is “a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.” Medical foods are not drugs and, therefore, are not subject to any regulatory requirements that specifically apply to drugs. However, manufacturers of medical foods must comply with all applicable FDA requirements for foods. For additional information, refer to the following guidance document: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/guidance-industry-frequently-asked-questions-about-medical-foods-third-edition>. (Accessed April 9, 2024)

References

New Mexico Administrative Code Program Rules and Billing, Chapter 324, Part 5, Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics. Available at: https://www.hsd.state.nm.us/wp-content/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20324/8_324_5-Revised.pdf. Accessed March 5, 2024.

New Mexico Human Services Division (HSD), Medical Assistance Division (MAD), Centennial Care Managed Care Policy Manual. Available at: <https://www.hsd.state.nm.us/wp-content/uploads/2020/12/Centennial-Care-Managed-Care-Policy-M.pdf>. Accessed March 5, 2024.

Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 07/01/2024 | <ul style="list-style-type: none">New Medical Policy |

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.