

EVH Clinical Guideline 2710.CC for Nutritional Support

Guideline Number: EVH_CG_2710.CC	<u>Applicable Codes</u>	
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STATEMENT

General Information

- *It is an expectation that all members receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

INDICATIONS

CountyCare considers **Nutritional Support** products medically necessary for members with malnutrition resulting from:

- Difficulty eating due to ⁽¹⁻⁴⁾:
 - Neuromuscular weakness or dysfunction
 - Neurological impairment
 - Partial or complete non-function of the structures that permit food to reach the small bowel
- Difficulty absorbing or metabolizing nutrients due to ⁽²⁻⁶⁾:
 - Inborn metabolic disease
 - Prematurity
 - Short bowel syndrome or surgical resection of the bowel
 - Medical conditions that impair digestion/absorption
- Failure to thrive that has not responded to standard interventions
- End-stage renal disease with albumin < 4 g/dl

Individuals are nutritionally at-risk and require supplementation if any of the following are present ^(1,3,4):

- Adults
 - Involuntary weight loss of 10% or 10 lbs within 6 months

- BMI < 18.5 kg/m²
- Increased metabolic requirements
- Altered diet/diet schedule
- Inadequate nutrition intake for < 7 days
- Children
 - Weight for length, height, or sex < 10th percentile
 - BMI for age or sex < 5th percentile
 - Increased metabolic requirements
 - Impaired ability to ingest/tolerate oral feedings
 - Inadequate provision/tolerance of nutrients
 - Inadequate weight gain or significant decrease in growth percentile
- Neonates
 - Preterm (less than 31 weeks at birth)
 - Birth weight 1000-1500 g
 - Establishing feeds after necrotizing enterocolitis or gastrointestinal perforation
 - Severe congenital gastrointestinal malformation
 - Congenital anomaly that may compromise feeding
 - Weight < 9th percentile (intrauterine growth restriction)

Documentation of any of the following may also be required:

- Laboratory tests, metabolic or genetic screening results, or other confirmation of diagnosis*
- Regular re-evaluation of conditions expected to resolve
- A detailed dietary plan
- Pediatric growth charts and/or serial weight measurements

NOTES ^(5,6):

- Coverage is independent of whether the product is administered orally or enterally.
 - When supplementation is consumed orally, documentation regarding ability to consume calories from normal food items, weight loss (documentation of a loss in weight), albumin levels, and general overall clinical picture are required. If acceptable, in most cases, up to 1 year total of supplementation will be approved. If desired, provider/member is able to request additional nutritional items, provided recent clinical documentation is submitted.
- Amino acid-based elemental medical formula are covered when ordered/prescribed by a physician for documented medical necessity to infants or children (under 18 years old) and adults for food protein allergies, food protein-induced enterocolitis syndrome,

eosinophilic disorders, and short-bowel syndrome. An amino acid-based elemental formula covered under this section is a formula made of 100% free amino acids as the protein source.

LIMITATIONS

- The medical necessity for special-needs enteral formulas must be justified and documented.
- The feeding supply kit must correspond to the method of administration.

Not Medically Necessary

- Food additives
- Grocery items
- Over-the-counter items
- Food with minimal nutritional value including but not limited to cakes, cake mixes, candy, candy covered items, chips, chocolate, chocolate covered items, cookies, cookie dough or mix, dessert items, gum, onion rings, pies, foods fortified with caffeine, alcohol (unless preservative in nature), foods containing cannabis, or CBD.
- Multiple kit types used on the same date of service.
- More than three nasogastric tubes (NG), or one gastrostomy/jejunostomy tube every three months.

CODING AND STANDARDS

Codes

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
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1unit
B4104	Additive for enteral formula (e.g., fiber)
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each

Code	Description
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

Code	Description
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

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

BACKGROUND

Conditions that may require nutritional support include, but are not limited to:

- Neurological diseases including stroke, cerebral palsy, Parkinson disease, and spinal muscular atrophy
- Cancer, including head, neck, esophageal, and gastric cancer
- Gastrointestinal diseases including liver disease, inflammatory bowel disease, Crohn's disease, and acute pancreatitis

Enteral therapy may be given by nasogastric, jejunostomy, or gastrostomy tubes and can be provided safely and effectively in the home by nonprofessional persons who have undergone special training.

POLICY HISTORY

Date	Summary
November 20, 2025	<ul style="list-style-type: none"> This guideline replaces PA.054.CC Nutritional Support Annual Review - Editorial changes to match the formatting and layout of the new template; added in-text citations; updated Indications; added "Notes"; updated Limitations; renamed "Non-Covered" section to "Not Medically Necessary"; updated Procedure Code descriptions; updated Background; replaced outdated References with updated References

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

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REFERENCES

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