



## CLINICAL POLICY AND PROCEDURE MANUAL

Policy Number: PA.054.CC  
Last Review Date: 11/02/2022  
Effective Date: 12/01/2022

### PA.054.CC – Nutritional Support

#### Summary:

There are many physical conditions that cause the inability to eat enough food to maintain health. Some examples are decreased appetite, difficulties in swallowing, or any type of surgery that interferes with eating. If eating is still possible, oral nutritional products can be used with the purpose of restoring or maintaining adequate nutritional status, weight, or strength for the maintenance of overall health. Some patients require supplementation of their daily protein and caloric intake. Nutritional supplements are often given as a medicine between meals to boost protein-caloric intake or the mainstay of a daily nutritional plan. Many oral nutritional products are widely available through commercial retail; however, there are some products that require the prescription of a doctor.

If a physical illness or injury causes the inability to eat, nutrition must be supplied in a different way. One method is enteral nutrition which is commonly known as tube feeding. Enteral nutrition is considered reasonable and necessary for a patient with a functioning gastrointestinal tract who, due to pathology to, or non-function of, the structures that normally permit food to reach the digestive tract, cannot maintain weight and strength commensurate with his or her general condition. 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.

#### Clinical Criteria:

CountyCare considers **Nutritional Support Products** medically necessary for the management of certain inborn errors of metabolism and inherited metabolic disorders for the following disorders:

- a. Celiac Disease
- b. Phenylketonuria (PKU)/True BH4 deficiency
- c. Branch-chain ketonuria (maple syrup urine disease)
- d. Galactosemia
- e. Homocysteinuria

## Nutritional Support

Policy Number: PA.054.CC  
Last Review Date: 11/02/2022  
Effective Date: 12/01/2022

- f. Maple Syrup Urine Disease (MSUD)
- g. Hyperphenylalaninemia
- h. Tyrosinemia (types I, II, III)
- i. A-ketoacid dehydrogenase deficiency
- j. Isovaleryl-CoA dehydrogenase deficiency
- k. 3 methylcrotonyl-CoA carboxylase deficiency
- l. 3 methylglutaconyl-CoA hydratase deficiency
- m. 3 hydroxy-3-methylglutaryl-CoA lyase deficiency (HMG-CoA lyase deficiency)
- n. B-ketothiolase deficiency
- o. Glutaric aciduria (types I, II)
- p. Lysinuric protein intolerance
- q. Non-ketotic hyperglycinemia
- r. Propionic academia
- s. Gyrate atrophy of the brain
- t. Hyperornithinemia/hyperammonemia/homocitrullinuria syndrome
- u. Carbamoyl phosphate synthetase deficiency
- v. Ornithine carbamoyl transferase deficiency
- w. Citrullinemia
- x. Arginosuccinic aciduria
- y. Methylmalonic acidemia
- z. Argininemia
- aa. Allergic reaction or malabsorption syndromes, specifically hemorrhagic colitis

Coverage is independent of whether the product is administered orally or enterally.

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. This medical formula may be administered orally or enterally 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.

### Additional requirements include:

1. When supplementation is consumed orally, The clinician or Medical Director shall review clinical 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. If acceptable, in most cases, the medical director shall approve up to 1 year total of supplementation. If desired, provider/member is able to request additional nutritional items, provided recent clinical documentation is submitted.

## Nutritional Support

Policy Number: PA.054.CC  
Last Review Date: 11/02/2022  
Effective Date: 12/01/2022

2. Failure to thrive unresponsive to standard age appropriate interventions (for example, nutritionally complete liquid meal supplements) when associated with weight loss, failure to gain weight or to meet established growth expectations, including but not limited to: Premature infants who have not achieved the 25th percentile for weight based on their corrected age; or
3. Individuals with end-stage renal disease and an albumin less than 4 gm/dl.
4. Guiding clinical evidence that may support the use of nutritional products may include BMI and Albumin level of below 4 gm/dl.

### **Documentation requirements:**

- Laboratory test results must be submitted confirming the diagnosis thereby substantiating the need to restrict one or more dietary amino acids.
- Documentation must be provided that the participant is unable to achieve target levels of the relevant amino acid(s) with other treatments including dietary manipulation and restriction resulting in inadequate nutritional intake and the need for medical foods.
- A detailed dietary plan must accompany the request.
- Documentation in PARs for medical foods must include ongoing consultative contact-at least yearly, with a team of medical professionals consisting of at least one physician with special expertise managing patients with inborn errors of metabolism.
- Serial PARs for medical foods must include laboratory test reports documenting periodically monitored target amino acid levels.
- Pediatric- Growth charts for the pediatric population must be submitted.
- For adults, ages 18-21-an initial height and weight must be submitted and thereafter serially monitored weights must be submitted to calculate body mass index.
- Requests will need to be submitted yearly.



Medical Food  
Request Nutrition For

### **Limitations:**

1. Food additives are a non-covered service in all cases.
2. Grocery items and over-the-counter items are non-covered service in all cases.
3. The medical necessity for special-needs enteral formulas must be justified and documented.

## Nutritional Support

Policy Number: PA.054.CC  
 Last Review Date: 11/02/2022  
 Effective Date: 12/01/2022

4. The feeding supply kit must correspond to the method of administration.
5. Not medically necessary and not covered:
  - a. Multiple kit types used on the same date of service.
  - b. More than three nasogastric tubes (NG), or one gastrostomy/jejunostomy tube every three months.
6. Exclusions- this benefit will not cover 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.

### Codes:

<b>HCPCS codes covered if selection criteria are met (If Appropriate):</b>	
Code	Description
B4100	Food thickener, administered orally, per ounce
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500ml = 1unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500ml = 1unit
B4104	Additive for enteral formula (e.g. fiber)
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, 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 fat, 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,

## Nutritional Support

Policy Number: PA.054.CC  
Last Review Date: 11/02/2022  
Effective Date: 12/01/2022

	carbohydrates, vitamins and 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 minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, 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, 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

### References

1. American Society for Parental and Enteral Nutrition (ASPEN). What is Enteral Nutrition? Copyright 2018. Available from: [https://www.nutritioncare.org/Guidelines\\_and\\_Clinical\\_Resources/Enteral\\_Nutrition\\_Resources/](https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Enteral_Nutrition_Resources/)
2. Centers for Medicare and Medicaid Services, National Coverage Determination (NCD) No. 180.2 - for Enteral and Parenteral Nutritional Therapy. Effective Date of this Version: 01/01/2022. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=242&ncdver=2&bc=AAAAQAAAAAAAA&=>
3. Center for Medicare and Medicaid Services (CMS). Medicare Claims Processing Manual. Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Rev. 4202, 01-18-19. Section 30.7 – Payment for Parenteral and Enteral Nutrition (PEN) Items and Services. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c20.pdf>

## Nutritional Support

Policy Number: PA.054.CC  
Last Review Date: 11/02/2022  
Effective Date: 12/01/2022

4. Greer FR, American Academy of Pediatrics Committee on Nutrition. Reimbursement for foods for special dietary use. Pediatrics. 2003 May; 111(5 – Pt 1): 1117-1119. <http://pediatrics.aappublications.org/content/111/5/1117.full.pdf+html>
5. Heyland DK. Nutritional support in the critically ill patient. A critical review of the evidence. Crit Care Clin. 1998 Jul; 14(3):423-440. <https://www.ncbi.nlm.nih.gov/pubmed/9700440>
6. CGS Bulletin: Specialty Enteral Formulas. Posted: January 14, 2011. <https://www.cgsmedicare.com/jc/pubs/news/2011/0111/cope13684.html>
7. The Veterans Affairs Total Parenteral Nutrition Cooperative Study Group. Perioperative total parenteral nutrition in surgical patients. N Engl J Med. 1991 Aug; 325(8):525-532. <http://www.nejm.org/doi/pdf/10.1056/NEJM199108223250801>

### Archived References

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCD) No. L33783- Enteral Nutrition. (Contractor-NHIC, Corp.) Revision Effective Date: 01/01/2020. Retirement Date: 11/12/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33783&ver=22&Date=&DocID=L33783&bc=ggAAAAIAAAAA&>
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCD) No. L33798 – Parenteral Nutrition. (Contractor-NHIC, Corp.) Revision Effective Date: 01/01/2020. Retirement Date: 11/12/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33798&ver=25&Date=&DocID=L33798&bc=ggAAAAIAAAAA&>

### Revision History:

Revision	Date
Updates to policy format	February 2021
Approved	March 2021
Updated Logo	April 2022
Created Archived Reference Section and moved Reference #s 2 and 3 under that heading, updated effective date and replaced invalid link in new Reference #2	November, 2022

### Disclaimer:

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of

## Nutritional Support

Policy Number: PA.054.CC  
Last Review Date: 11/02/2022  
Effective Date: 12/01/2022

Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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