

## ENTERAL FORMULAE AND PARENTERAL NUTRITIONAL SOLUTIONS, DME

### Policy

NHP only reimburses participating DME vendors for the provision of medically necessary enteral and parenteral formulae and nutritional solutions for use in the home.

Reimbursement is based on the provider’s contract with NHP and the NHP fee schedule in effect on the date of service.

### Prerequisites

#### Authorization, Notification and Referral

Service	Requirement
Enteral and parenteral formulae and nutritional solutions	Prior Authorization Required
Coverage of State Mandated conditions	Prior Authorization Required

The Prior Authorization Guidelines are accessible by the following link:  
<http://www.nhp.org/PDFs/Providers/PriorAuthGrid.pdf>

### Limitations

Coverage for modified low protein food products for inborn diseases of amino acids and organic acids not to exceed \$5,000.00 annually for any insured individual.

### Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

### Definitions

**Enteral Nutrition (EN):** A way to provide nutrition for patients with a functioning intestinal tract, but with disorders of the pharynx, esophagus, or stomach that prevents nutrients from reaching the absorbing surfaces in the small intestines. The patient is at risk for severe malnutrition. EN involves administering non-sterile liquids directly into the gastrointestinal tract through nasogastric, gastrostomy, or jejunostomy tubes. An infusion pump may be used to assist the flow of liquids. Feedings may be intermittent or continuous (infused 24 hours per day).

**HCPCS Level II “B” Codes:** Enteral and parenteral therapy codes, including formulae, nutritional solutions, medical supplies and infusion pumps.

**State Mandate:** A requirement by the Commonwealth of Massachusetts that health insurers provide a defined minimum level of coverage for specific health conditions.

**Total Parenteral Nutrition (TPN):** Intravenous feeding that provides a patient with all of the fluid and the essential nutrients when they are unable to feed themselves by mouth.

**Neighborhood Health Plan Reimburses**

- Modified food products low in protein for the treatment of inborn diseases of metabolism of amino acids and organic acids for:
  - phenylketonuria (PKU)
  - tyrosinemia
  - homocystinuria
  - maple syrup urine disease
  - propionic acidemia or methylmalonic academia
  - methylmalonic aciduria
- Nonprescription medically necessary enteral formulae for home use that a physician has ordered for treatment of malabsorption, including:
  - Crohn’s disease
  - Ulcerative colitis
  - Gastroesophageal reflux
  - Gastrointestinal dysmotility
  - Chronic intestinal pseudo-obstruction
- Regular formula in excess of quantities provided through the WIC program to meet the member’s medical needs, for WIC eligible members, only.
- Enteral and parenteral formulae and nutritional solutions based on the provider’s contract with NHP and the fee schedule in effect on the date of service.
- The number of units of the formulae or nutritional solution based on the HCPCS code descriptor. The provider is responsible for accurate calculation of the units.

**Neighborhood Health Plan Does Not Reimburse**

- Regular store bought food for use with an enteral feeding system.
- Food for the ketogenic diet.
- Liquid nourishment and food products used for dieting or recommended by weight loss centers.
- Non-prescription formula, supplements or prescription foods when store-bought food meets nutritional needs.
- The DME vendor for infusion administration of the enteral and parenteral formulae and nutritional solutions supplied.
- Cans of formulae or nutritional solutions. The provider must calculate and submit the correct number of units based on the HCPCS code descriptor.
- Shipping, handling, sales tax which are considered inclusive to the cost of the product(s).

**Procedure Codes Applicable To Guideline**

*Note: This list of codes may not be all-inclusive.*

Code	Descriptor
B4100	FOOD THICKENER, ADMINISTERED ORALLY, <b>PER OUNCE</b>
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), <b>500 ML = 1 UNIT</b>

B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), <b>500 ML = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
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, <b>100 CALORIES = 1 UNIT</b>
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTRROSE), 50% OR LESS ( <b>500 ML = 1 UNIT</b> ) - HOMEMIX
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, ( <b>500 ML = 1 UNIT</b> ) - HOMEMIX
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, ( <b>500 ML = 1 UNIT</b> ) - HOMEMIX
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, ( <b>500 ML = 1 UNIT</b> ) - HOMEMIX

B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% ( <b>500 ML = 1 UNIT</b> )- HOMEMIX
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% ( <b>500 ML=1 UNIT</b> ) - HOMEMIX
B4185	PARENTERAL NUTRITION SOLUTION, <b>PER 10 GRAMS LIPIDS</b>
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN - <b>PREMIX</b>
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN - <b>PREMIX</b>
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN - <b>PREMIX</b>
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN - <b>PREMIX</b>
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOMEMIX <b>PER DAY</b>
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, <b>PER DAY</b>
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, <b>PER DAY</b>
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, <b>PER DAY</b>
B5000	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL - AMIROSYN RF, NEPHRAMINE, RENAMINE - <b>PREMIX</b>
B5100	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC - FREAMINE HBC, HEPATAMINE - <b>PREMIX</b>
B5200	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS - BRANCH CHAIN AMINO ACIDS - <b>PREMIX</b>

### Provider Payment Guidelines and Documentation

Submit all bills for enteral and parenteral formulae and nutritional solutions on a CMS 1500 form, or its electronic equivalent.

Enter the authorization number in Form Locator 23 on CMS 1500, or its electronic equivalent.

When more than one date of service is submitted per claim form, itemize each date of service on a separate claim line in Form Locator 45.

For each enteral and parenteral formulae or nutritional solution use the appropriate “B” code. Calculate the units in accordance with the HCPCS code descriptor.

In addition to submission of the appropriate HCPCS “B” code for each enteral and parenteral formulae and nutritional solution, submit the following:

- Product description, (e.g. with HCPCS code B4155, submit “Juven Powder” if that is the brand product supplied)
- Units supplied in accordance with the HCPCS descriptor.

## References

MassHealth Physician Bulletin 87, August 2008: Clarification of Coverage of Formulas (Enteral-Nutrition Products)

MassHealth Provider Manual Series: Durable Medical Equipment; Transmittal Letter DME-29, dated 03/05/2010.

MassHealth Provider Manual Series: Durable Medical Equipment; Transmittal Letter DME-30, dated May 2010.

## Publication History

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This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Neighborhood Health Plan utilizes McKesson's claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the "appropriate set" of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Please refer to Neighborhood Health Plan's Provider Manual Billing Guidelines section for additional information on NHP's billing guidelines and administration policies. Questions may be directed to Provider Network Management at [prweb@nhp.org](mailto:prweb@nhp.org).