

## MEDICAL POLICY – 8.01.502


## Home Enteral Nutrition

Effective Date: June 1, 2018  
Last Revised: Jan. 1, 2019  
Replaces: 1.02.01

RELATED MEDICAL POLICIES:  
None

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## Introduction

Enteral nutrition is a term that means any feeding which uses the digestive tract. The nutrition product can be taken in through the mouth (oral) or may be sent to the stomach or intestines by a tube. In the normal eating process, a person eats and the body breaks down the food in the stomach and bowel and distributes the nutrients throughout the body. Sometimes, however, a person isn't able to eat or swallow because of an illness. In other situations the body can't break down or absorb the nutrients in a regular diet. The term enteral nutrition may mean that a person cannot eat or swallow food, and therefore need a feeding tube, or when special enteral nutritional products are used instead of food. The nutritional product may be taken by mouth or given by a tube. This policy discusses the conditions when enteral nutrition is considered medically necessary. Items such as normal food products, supplements for a deficient diet, typical infant formula, or weight loss products are not considered enteral nutrition and are not covered.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Service	Medical Necessity
<p><b>Oral enteral nutrition (taken by mouth)</b></p>	<p><b>Oral nutrition or supplements may be considered medically necessary when used for the treatment of inborn errors of metabolism, such as (not an all-inclusive list):</b></p> <ul style="list-style-type: none"> <li>• Histidinemia</li> <li>• Homocystinuria</li> <li>• Maple syrup urine disease (MSUD)</li> <li>• Phenylketonuria (PKU)</li> <li>• Tyrosinemia</li> </ul> <p><b><u>For Washington Members only:</u> In addition to the above diagnoses, elemental enteral formula given orally or via feeding tube may be considered medically necessary when ALL of the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>• There is a diagnosis of eosinophilic gastrointestinal associated disorders (eosinophilic esophagitis, eosinophilic gastroenteritis, or eosinophilic colitis)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• There is a prescription</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• The provider supervises the use of the elemental formula.</li> </ul> <p><b><u>For Oregon Members only:</u> In addition to the above diagnoses, elemental enteral formula given orally or via feeding tube may be considered medically necessary when ALL of the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>• There is a diagnosis of severe intestinal malabsorption</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• There is a prescription</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• The elemental formula comprises the sole source of nutrition, or is an essential source of nutrition.</li> </ul> <p>In addition to those inborn errors of metabolism listed above, there may rarely be other inborn errors of metabolism for which supplements are requested. There are hundreds of types of inborn</p>



Service	Medical Necessity
	<p>errors of metabolism; therefore, not all could be listed within the policy. Not all inborn errors of metabolism require special foods for treatment. These requests must be reviewed and approved by a medical director on a case-by-case basis. Please refer to the <a href="#">table</a> in the Coding section below.</p>
<p><b>Enteral nutrition via feeding tube</b></p>	<p><b>Enteral nutritional support received by a feeding tube may be considered medically necessary for patients who are unable to take adequate nutrition by mouth and have:</b></p> <ul style="list-style-type: none"> <li>• Adequate intestinal absorption despite: <ul style="list-style-type: none"> <li>○ Disorders of the gastrointestinal tract (eg, head and neck cancer, an obstructing tumor or stricture of the esophagus or stomach, or Crohn disease)</li> </ul> </li> <li><b>OR</b></li> <li>○ Central nervous system disease or injury resulting in interference with neuro-muscular coordination of chewing and swallowing that presents a risk of aspiration</li> <li>• Anorexia or bulimia, when the patient meets the following: <ul style="list-style-type: none"> <li>○ Enteral nutrition (EN) should be temporary until such time as the patient is able to orally take in and retain adequate amounts of food in order to correct the specific physical abnormalities and maintain the corrected state. Within one week of beginning EN, attempts at oral feedings should be made. An additional week may be required to wean off EN. Concomitant psychotherapy to address the underlying psychological reasons for pathologically restricting intake and/or purging is mandatory.</li> </ul> </li> <li>• Failure to thrive</li> </ul> <p><b>The following criteria must be met before the start of enteral nutrition services.</b></p> <ul style="list-style-type: none"> <li>• The patient receives no more than 30% of his/her caloric intake orally</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• The patient is unable to maintain estimated nutritional needs even though he may be receiving &gt;30% orally (eg, cysticfibrosis or failure to thrive)</li> </ul>



Service	Medical Necessity
	<p><b>Note:</b> A physician must specifically order nutrients and the manner of administration for EN, medical food, and for oral nutrition supplies for the treatment of inborn errors of metabolism. However, a physician order for the nutritional support does not, in itself, qualify the service or supply for coverage.</p>

Service	Investigational
<p><b>Relizorb™ immobilized lipase cartridge</b></p>	<p><b>Digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding is considered investigational (eg, Relizorb™ immobilized lipase cartridge).</b></p>

Documentation Requirements
<p><b>The medical records submitted for review should document that medical necessity criteria are met.</b></p> <p><b>For oral enteral nutrition (taken by mouth):</b></p> <ul style="list-style-type: none"> <li>• Provide clinical documentation that the patient’s condition is associated with an inborn error of metabolism that interferes with how the body uses food. These are conditions such as: <ul style="list-style-type: none"> <li>○ Histidinemia (elevated blood levels of the amino acid histidine)</li> <li>○ Homocystinuria (the body is not able to process certain amino acids)</li> <li>○ Maple syrup urine disease or MSUD (the body is not able to process certain amino acids and is characterized by sweet odor of the urine)</li> <li>○ Phenylketonuria or PKU (an increase in the blood levels of the amino acid phenylalanine)</li> <li>○ Tyrosinemia (problems in breaking down the amino acid tyrosine)</li> </ul> </li> <li>• <b>Washington members only:</b> For elemental enteral formula given orally or via feeding tube, in addition to any of the above conditions ALL of the following must be clinically documented: <ul style="list-style-type: none"> <li>○ Diagnosis of eosinophilic gastrointestinal associated disorders such as eosinophilic esophagitis, eosinophilic gastroenteritis, or eosinophilic colitis (EGID occurs when the body creates too many white blood cells known as eosinophils)</li> </ul> </li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>○ There is prescription</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>○ The product is used under the supervision of a healthcare provider</li> </ul>



## Documentation Requirements

- **For Oregon members only:** For elemental enteral formula given orally or via feeding tube, in addition to any of the above conditions ALL of the following must be clinically documented:

- Diagnosis of severe intestinal malabsorption

**AND**

- There is a prescription

**AND**

- The elemental formula comprises the sole source of nutrition or is an essential source of nutrition

### For enteral nutrition via feeding tube:

- Provide clinical documentation that the patient is unable to take adequate nutrition by mouth but is able to absorb nutrients. One of the following conditions also must be present:
  - Disorders of the gastrointestinal tract (eg, head and neck cancer, an obstructing tumor or stricture of the esophagus or stomach, or Crohn disease)
  - Central nervous system disease or injury resulting in interference with neuromuscular coordination of chewing and swallowing which presents a risk of aspiration
  - Anorexia or bulimia with documentation of concomitant psychotherapy to address the underlying psychological reasons for pathologically restricting intake and/or purging
  - Failure to thrive
- In addition to the above, provide clinical documentation of the following before starting the enteral nutrition services:
  - If patient is able to swallow, the patient gets less than one-third of nutrients by eating

**OR**

  - The patient is able to swallow more than one-third of needed nutrients but the nutritional needs still can't be met

## Coding

Code	Description
<b>CPT</b>	
44015	Tube or needle jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
<b>HCPCS</b>	
B4100	Food thickener, administered orally, per oz



Code	Description
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (eg, clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (eg, clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (eg, fiber)
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each (new code effective 1/1/19)
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 (eg, glucose polymers), proteins/amino acids (eg, glutamine, arginine), fat (eg, 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,



Code	Description
	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
B9000	Enteral nutrition infusion pump – without alarm
B9002	Enteral nutrition infusion pump – with alarm
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, Stationary
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies
Q9994	In-line cartridge containing digestive enzyme(s) for enteral feeding, each (code terminated 1/1/19)
S9434	Modified solid food supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).



**Table 1. Examples of Inborn Errors of Metabolism**

Brief Description	ICD-10 code
histidinemia	E70.41
homocystinuria	E72.11
maple syrup urine disease (MSUS)	E71.0
tyrosinemia type 1	E70.21
phenylketonuria (PKU)	E70.0

## Related Information

### Benefit Application

Regular food products, nutritional supplements and formula are considered **contract exclusions**, including but not limited to:

- Baby food
- Banked breast milk
- Food thickeners
- Food supplements for a deficient diet
- Food supplements to provide alternative nutrition in the presence of conditions such as hypoglycemia, allergies, obesity, and gastrointestinal disorders
- Gluten-free food products
- High protein powders and mixes
- Lactose-free products; products to aid in lactose digestion
- Low carbohydrate diets
- Normal grocery items
- Nutritional supplement puddings





- Oral vitamins and minerals
- Standardized or specialized infant formula for conditions other than those for inborn errors of metabolism
- Weight-loss foods and formula (products to aid weight loss)

## *Oregon*

Oregon state statute 743A.070 mandates benefit coverage for a nonprescription elemental enteral formula for home use, if the formula is medically necessary for the treatment of severe intestinal malabsorption and a physician has issued a written order for the formula and the formula comprises the sole source, or an essential source, of nutrition. More information can be found at the following link: <http://www.oregonlaws.org/ors/743A.070> Accessed May 2018.

## *Washington*

Effective for health benefit plans that are issued or renewed after December 31, 2015, Washington state statute (HB 2153) requires plans to cover medically necessary elemental formula, regardless of delivery method, when a provider diagnoses a patient with eosinophilic gastrointestinal associated disorders and subsequently orders and supervises the use of the elemental formula. More information can be found at the following link:

<http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bill%20Reports/House/2153%20HBA%20HCW%2014.pdf> Accessed May 2018.

Physician supervision is defined as periodic assessment of nutritional status by a provider with prescriptive authority. A physician must specifically order nutrients and the manner of administration for EN, medical food, and for oral nutrition supplies for the treatment of inborn errors of metabolism. However, a physician order for the nutritional support does not, in itself, qualify the service or supply for coverage.

Eligible nutritional support expenses could be reimbursed using the member's Medical benefits, under Infusion, Medical Supply, Home Health or Medical Equipment and Supply benefits depending on the design of the individual member's contract.

Nutritional support for complications of non-covered services such as bariatric surgery may be excluded by the member contract.



### Description

Enteral nutrition is nutritional support given via the gastrointestinal tract. This includes oral feeding, sip feeding, and feeding using a tube. The tube may enter the body through the nose (nasogastric), through an opening made in the skin of the abdomen into the stomach (gastrostomy), or through an opening made in the skin of the abdomen into the small intestine (jejunostomy).<sup>1</sup>

### Background

Most enteral formulas used for nutritional support (feeds) are ready-to-use fluids, in microbial-free containers that provide macronutrients, micronutrients, fluids and, in some cases, soluble or insoluble fiber. They are usually nutritionally complete within a specific volume, providing the necessary nutrients to support the dietary needs of the patient.<sup>2</sup>

**Table 2. Classification of enteral feed/formulas<sup>2</sup>**

Type of Feed/formula	Description
Disease-specific enteral formula	Designed for specific clinical conditions and metabolic disorders (ie, chronic renal failure, respiratory disease, diabetes, cancer).
General feeds (polymeric)	For patients with normal digestion and absorption. They contain whole proteins. Usual osmolarity: 300-500 mOsm/kg, 1-1.2 kcal/ml, 30-40 g protein/l
Hydrolysed/elemental	For patients with limited GI function. They contain free amino acids, low in fat and low residue. Hyperosmotic, 1 kcal/ml, 40 g protein/L.
Semi-elemental/partially hydrolyzed/peptide feeds	For patients with disturbed GI function, who need partially hydrolysed nutrients for better digestion and absorption. Osmolarity: depends on the level of hydrolysis, 1-1.2 kcal/ml, 30-45 g protein/l.

Elemental and semi-elemental feeds facilitate digestion and absorption in patients with abnormal GI function. They are indicated for patients with inflammatory bowel disease, pancreatic insufficiency, malabsorption, short bowel syndrome, radiation enteritis, early enteral feeding or intolerance to the normal nutritional molecules found in food.<sup>2</sup>

Treatment for most metabolic disorders includes exclusion of specific nutritional elements present in common diets. Special formulas are required for infants and children with these disorders to prevent or restrict physical and/or neurological injury that results from faulty metabolism. Life-long dietary restrictions may be required.

Malabsorption of ingested food has many causes. For example, surgical shortening of the small bowel, mucosal damage, impaired motility of the digestive tract and other problems can all cause malabsorption of ingested food.<sup>3</sup> Gastrointestinal eosinophilia is a broad term for an abnormal accumulation of eosinophils in the gastrointestinal tract. It is a very rare condition, and may be related to many different diseases.<sup>4-5</sup> Adults receiving enteral tube feedings who cannot break down and absorb fats may opt to use an immobilized lipase delivery system called Relizorb™. Relizorb mimics the normal action of pancreatic lipase and is proposed to improve fat absorption and increase the amount of absorbable calories from enteral formula.<sup>6</sup> The system is a single-use, point-of-care digestive enzyme cartridge that connects in-line with existing enteral pump feed sets, and pump extension sets. The device received FDA approval in 2015. Not all enteral tube feed formulas are compatible with Relizorb. Large scale studies in human subjects are still lacking. At this time, Relizorb lacks sufficient evidence in the peer reviewed literature to support its use.<sup>7</sup>

## Regulatory Status

Enteral formulas are considered food supplements by the Food and Drug Administration (FDA) and are therefore not under the same regulatory control as medications. As a result, enteral formula labels may make “structure and function” claims without prior FDA review or approval. Furthermore, there is a lack of prospective, randomized, controlled clinical trials supporting the intended usefulness of the majority of the specialized formulas currently on the market.

Medical Food: defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b))<sup>3</sup> as:

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. Available at:



<http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/MedicalFoods/ucm054048.htm> Accessed May 2018.

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9. Policy reviewed by practicing pediatrician in 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2018.

## History

Date	Comments
08/04/98	Add to Therapy Section - New Policy
03/02/99	Replace Policy - Policy and Policy Guidelines sections changed.
05/08/01	Replace Policy - Revised and updated.
05/14/02	Policy Deleted - Services will not be reviewed.



Date	Comments
04/15/03	Policy Re-instated - Policy reviewed and updated. No change to the policy statement.
08/12/03	Replace Policy - Policy language clean-up only; no change to policy statement.
01/01/04	Replace Policy - CPT code updates only.
05/11/04	Replace Policy - Scheduled review, no changes to policy statement.
09/01/04	Replace Policy - Policy renumbered from PR.8.01.102. No changes to dates.
05/10/05	Replace Policy - Scheduled review; no changes to policy statement.
04/11/06	Replace Policy - Scheduled review; no changes to policy statement.
06/02/06	Disclaimer and Scope update - No other changes.
04/10/07	Replace Policy - Policy updated with literature review; reference added and codes updated. No change in policy statement.
07/08/08	Replace Policy - Policy updated with literature search; no change to the policy statement.
06/09/09	Replace Policy - Policy updated with literature search; no change to the policy statement.
08/11/09	Replace Policy - Allergic disorders addressed in the Policy Guidelines and Benefit Application as an OTC food source.
05/11/10	Replace Policy - Policy statement revised to restrict oral nutrition only for treatment of errors of inborn metabolism. TPN and EN policy statements reworded but intent is unchanged. Guidelines, Benefit Application and References updated. Title updated.
06/13/11	Replace Policy - Policy updated and reviewed by practicing pediatrician. No change to policy statement.
05/22/12	Replace policy. Policy updated and reviewed by practicing pediatrician. Minor edits for clarification. Policy statement unchanged.
05/28/13	Replace policy. Policy updated and reviewed by practicing pediatrician. No change to policy statement.
12/18/13	Update Related Policies. Modify title to 7.01.516.
05/02/14	Annual Review. Added two policy statements for WA and OR mandates. Removed policy statements, description, rationale and codes on TPN. References 1-5 added. Clarification added in Benefit application section. Policy title changed to "Home Enteral Nutrition".
02/25/15	Coding update. ICD-9 diagnosis and procedure codes removed; these were inadvertently reflected on the policy.
04/14/15	Annual Review. Clarification added in Policy Guidelines. Added table with IEM diagnosis, ICD-9 and ICD-10 codes.
05/27/15	Coding update. HCPCS codes S9434 and S9435 added.



Date	Comments
11/20/15	Update Related Policies. Remove 7.01.516.
02/09/16	Annual Review. Policy reviewed. Policy statements unchanged.
01/01/17	Interim review, approved December 13, 2016. Policy statement added that digestive enzymes added to enteral formula via a cartridge device (Relizorb) are investigational. Policy updated with literature search through September 2016. References added.
04/14/17	Coding update; added HCPCS code S9433.
07/01/17	Annual Review, approved June 22, 2017. Policy moved into new format. Minor clarification updates to policy. No change to policy statements.
06/01/18	Annual Review, approved May 3, 2018. Policy reviewed. Policy statements unchanged. Added HCPCS codes B4100, B4102, B4103, B4104, B4149, and B4155.
09/07/18	Coding update, added HCPCS code Q9994.
01/01/19	Coding update, added new HCPCS code B4105 (new code effective 1/1/19).

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2019 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



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**This Notice has Important Information.** This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

**አማርኛ (Amharic):**

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀዳሾች ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

**العربية (Arabic):**

يحتوي هذا الإشعار على معلومات هامة. قد يحتوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينه للحفاظ على تغطيتك الصحية أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

**中文 (Chinese):**

**本通知有重要的訊息。**本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

**Oromoo (Cushite):**

**Beeksisni kun odeeffannoo barbaachisaa qaba.** Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

**Français (French):**

**Cet avis a d'importantes informations.** Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

**Kreyòl ayisyen (Creole):**

**Avi sila a gen Enfòmasyon Enpòtan ladann.** Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

**Deutsche (German):**

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

**Hmoob (Hmong):**

**Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

**Iloko (Ilocano):**

**Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion.** Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-ato wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

**Italiano (Italian):**

**Questo avviso contiene informazioni importanti.** Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

**日本語 (Japanese):**

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

**한국어 (Korean):**

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

**ລາວ (Lao):**

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដ្ឋាននានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនុលោមតាមរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

**ਪੰਜਾਬੀ (Punjabi):**

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

**فارسی (Farsi):**

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

**Polskie (Polish):**

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

**Português (Portuguese):**

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

**Română (Romanian):**

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

**Русский (Russian):**

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

**Fa'asamoa (Samoan):**

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

**Español (Spanish):**

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

**Tagalog (Tagalog):**

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

**ไทย (Thai):**

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

**Український (Ukrainian):**

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

**Tiếng Việt (Vietnamese):**

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).