

Document ID:	Title: Aetna Medicaid Administrators (AMA) XXXX Enteral Nutrition and Infusion Pump Policy	
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PURPOSE

The purpose of this policy is to describe the health plan’s process for the prior authorization decision-making conditions in which Enteral Infusion and Enteral Pump may be authorized according to the directives from state of Louisiana Medicaid.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for Enteral Infusion and Enteral Pump.

POLICY

Louisiana Medicaid covers Enteral Infusion and Enteral. It is the policy of the Plan that specific state directives, in addition to MCG® criteria are used when processing Enteral Nutrition and Infusion pump authorization request Louisiana state qualifications, authorization and documentation requirements must be met.

Enteral Nutrition ¹

Enteral nutrition or oral nutritional supplements may be provided safely and effectively in the home by non-professional persons who have undergone special training. Enteral Nutritional therapy is considered reasonable and necessary when medical documentation such as hospital records and clinical finding support an independent conclusion that the member has a permanent inoperative internal body organ or function which does not allow absorption of sufficient nutrients to maintain weight and strength commiserate with the member’s general condition. ²

Enteral nutrition is a manufactured liquid food to be given through a nasogastric, gastrostomy or jejunostomy tube, or may be given orally if able to swallow. This may be ordered in cases where members are unable to ingest enough nutrition on their own to maintain nutrition and hydration, weight and growth due to disease such as:

- **Inborn errors of metabolism (Such as phenylketonuria (PKU) and other diseases),**
- **Severe Malabsorption Syndrome**
- **Severe Malnutrition due to physical disability, intellectual disability**
- **Severe Gastroesophageal reflux with failure to thrive**

¹ 2023 Louisiana Medicaid Service Manual Chapter 18 DME section 18.2.11 page 1

² 2023 Louisiana Medicaid Service Manual Chapter 18: DME, section 18.2.11 page1

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Enteral nutrition may be given orally if the member is able to swallow or may be given through a gastrostomy tube in the stomach or a jejunostomy tube in the intestines.

The enteral nutrition is generally considered a “Medical Food.” The product is a food or oral tube feeding, is labeled for dietary management of a medical disorder and the product is labeled to be used under medical supervision. All enteral nutrition and infusion pumps require prior authorizations.

All Providers (both facility and ordering physicians) must be registered in the state and the health plan’s registry. The provider should be a preferred provider for the health plan.

Member Criteria³

- **Member may be designated as “terminally ill” by a physician**
- **Member may have a disease process of:**
 - **Inborn errors of metabolism**
 - **Intellectual disability**
 - **Severe food allergies causing eosinophilic esophagitis**
 - **Failure to thrive**

Authorization criteria⁴

- **All Enteral Nutrition and Infusion pumps must be prior authorized.**
- **All Providers (both facility and ordering physicians) must be registered in the state and the health plan’s registry. The provider should be a preferred provider for the health plan.**
- **Prescriptions for Enteral feedings must be for:**
 - **an average of at least 750 calories per day and**
 - **must constitute at least seventy (70) percent of the daily caloric intact to be considered for coverage.**
- **Coverage of prescribed feedings of less than an average of 750 calories per day may only be considered with additional physician documentation and justification of the reason for prescribing less than an average of 750 calories per day.**
- **Baby food and other regular grocery products than can be used with an enteral system are not covered**
- **Authorization Request must include :**
 - **Name of the nutrient product or nutrient category;**
 - **Number of calories prescribed by enteral feeding per day (100 calories equals one unit) and whether the prescribed amount constitutes 70 percent or more**

⁴ **2023 Louisiana Medicaid Service Manual Chapter 18: DME, section 18.2.11 page1**

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- of the daily caloric intake;
- Frequency of administration per day;
- Method of administration (oral or, if tube, whether syringe, gravity, or pump fed);
- Route of administration, if tube fed (i.e., nasogastric, jejunostomy, gastrostomy, percutaneous enteral gastrostomy, or naso-intestinal tube); and
- Reason for use of a pump, if prescribed
- Enteral Nutritional therapy will not be approved for temporary impairments of for convenience feeding via gastrostomy.
- Approved requests will be reviewed at periodic intervals not exceed six months.
- The health plan will pay for no more than one month's supply of enteral nutrients at a time.
- A standard enteral infusion pump rental will be approved only with documented evidence the pump is medically necessary and that a syringe of gravity feedings are not satisfactory due to complications such as aspiration, diarrhea, dumping syndrome, etc.
- Enteral feedings can only be provided for the most economic package equivalent in calories and ingredient content to the needs of the beneficiary as established by medical documentation. The physician(s) must document the reason for prescribing a formula including beneficiary's diagnoses.

Medicaid will pay for the rental of a standard enteral infusion pump and accessories. Medicaid can pay for repairs not covered by the warranty or lease agreement.⁵

Provider Responsibilities⁶

Rental Equipment:

1. Ensure and maintain documentation on file that the equipment is routinely serviced and maintained by qualified provider staff, as recommended by the product manufacturer;
2. Repair, or replace all expendable parts or items, such as masks, hoses, tubing and connectors, and accessory items necessary for the effective and safe operation of the equipment;
3. Substitute like equipment at no additional cost to Medicaid if the equipment becomes broken because of normal use while the original rental equipment is being repaired;
4. Replace equipment that is beyond repair at no additional charge and maintain documentation of the replacement;
5. Maintain documentation that the member or member's responsible caregiver at the time of delivery, which attests to the fact that instruction has been provided by trained and qualified provider staff to the member or caregiver regarding the member's or

⁵ 2023 Louisiana Medicaid Service Manual Chapter 18: DME Section 18.2.11 page 2

⁶ 2023 Louisiana Medicaid Service Manual Chapter 18: DME, section 18.2.11 page1

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- caregiver’s responsibility for cleaning the equipment and performing the general maintenance on the equipment, as recommended by the manufacturer; and
6. Maintain documentation that is signed and dated by both the provider and the member or b member’s responsible caregiver, which attests that the member or the caregiver was provided with the manufacturer instructions, servicing manuals, and operating guides needed for the routine service and operation of the specific type or model of equipment provided.
 7. Medicaid can pay for repairs not covered by the warranty or lease agreement.⁷

APPLICABLE [IG1][KL2] CPT HCPCS CODES

This policy applies the additional definitions, qualifications, criteria and documentation requirements to the procedure codes listed below. 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 [IG3][LK4]	Description
<u>B4034</u>	<u>Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
<u>B4035</u>	<u>Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
<u>B4036</u>	<u>Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
<u>B4081</u>	<u>Nasogastric tubing with stylet</u>
<u>B4082</u>	<u>Nasogastric tubing without stylet</u>
<u>B4083</u>	<u>Stomach tube - Levine type</u>
<u>B4087</u>	<u>Gastrostomy/jejunostomy tube, standard, any material, any type, each</u>
<u>B0488</u>	<u>Gastrostomy/jejunostomy tube, low-profile, any material, any type, each</u>
<u>B4100</u>	<u>Food thickener, administered orally, per ounce</u>
<u>B4102</u>	<u>Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit</u>
<u>B4103</u>	<u>Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit</u>

⁷ 2023 Louisiana Medicaid Service Manual Chapter 18: DME, section 18.2.11 page 2

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<u>B4104</u>	<u>Additive for enteral formula (e.g., fiber)</u>
<u>B4105</u>	<u>In-line cartridge containing digestive enzyme(s) for enteral feeding, each</u>
<u>B4148</u>	<u>Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
<u>B4149</u>	<u>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</u>
<u>B4150</u>	<u>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</u>
<u>B4152</u>	<u>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</u>
<u>B4153</u>	<u>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</u>
<u>B4154</u>	<u>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</u>
<u>B4155</u>	<u>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</u>
<u>B4157</u>	<u>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</u>
<u>B4158</u>	<u>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</u>
<u>B4159</u>	<u>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</u>

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<u>B4160</u>	<u>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</u>
<u>B4161</u>	<u>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</u>
<u>B4162</u>	<u>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</u>
<u>B4034</u>	<u>Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
<u>B4035</u>	<u>Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
<u>B9002</u>	<u>Enteral feeding pump</u>

DEFINITIONS:

<u>Durable Medical Equipment (DME)</u>	<u>Durable medical equipment is furnished by a supplier or a home health agency and is equipment that meets the following criteria: 1. Can withstand repeated use; 2. Is used to serve a medical purpose; 3. Generally is not useful to a member in the absence of an illness or injury; and 4. Is appropriate for use in the home.⁸</u>
<u>Enteral Nutrition</u>	<u>Nutritional supplement; Also known as tube feedings, is a way of delivering liquid nutrition directly to the stomach or small intestine.</u>
<u>Enteral Pump</u>	<u>A machine that controls the rate of infusion of the liquid food or nutrition into the stomach or intestines.</u>
<u>Gastrostomy</u>	<u>A tube inserted by a physician directly into the stomach to provide nutrition when the member is unable to swallow or eat on their own.</u>
<u>Jejunostomy</u>	<u>A tube inserted by a physician directly into the intestines below the stomach to provide nutrition when the member is unable to swallow or eat on their own.</u>

⁸ Louisiana Department of Health Provider Manual Chapter 18 DME p. 29

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<u>MCG ®</u>	<u>A set of nationally standardized criteria used to make medical necessity determinations for authorization requests.</u>
<u>Permanent</u>	<u>Indefinite period of more than one month</u>

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