

LCD for Enteral Nutrition (L5041)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L5041

LCD Title

Enteral Nutrition

Contractor's Determination Number

ENT20080101

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CMS National Coverage Policy

CMS Pub. 100-3 (National Coverage Determinations Manual), Chapter 1, Section 180.2

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date

Revision Effective Date

For services performed on or after 01/01/2008

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

GENERAL:

Statutory coverage criteria for enteral nutrition are specified in the related Policy Article.

NUTRIENTS:

Enteral formulas consisting of semi-synthetic intact protein/protein isolates (B4150 or B4152) are appropriate for the majority of patients requiring enteral nutrition.

The medical necessity for special enteral formulas (B4149, B4153-B4157, B4161, and B4162) will need to be justified in each patient. If the medical necessity for these formulas is not substantiated; payment will be based on the allowance for the least costly medically appropriate alternative, code B4150.

LCD Information

EQUIPMENT AND SUPPLIES:

Enteral nutrition may be administered by syringe, gravity, or pump. Some enteral patients may experience complications associated with syringe or gravity method of administration.

If a pump (B9000-B9002) is ordered, there must be documentation in the patient's medical record to justify its use (e.g., gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, administration rate less than 100 ml/hr, blood glucose fluctuations, circulatory overload, gastrostomy/jejunostomy tube used for feeding). If the medical necessity of the pump is not documented, the pump will be denied as not medically necessary.

The feeding supply kit (B4034-B4036) must correspond to the method of administration indicated in question 5 of the DME Information Form (DIF). If it does not correspond, payment for the billed code will be based on the allowance for the code relating to the method of administration specified on the DIF or the billed code, whichever is less. If a pump supply kit (B4035) is ordered and the medical necessity of the pump is not documented, payment will be based on the allowance for the least costly medically appropriate alternative, B4036.

The codes for feeding supply kits (B4034-B4036) are specific to the route of administration. Claims for more than one type of kit code delivered on the same date or provided on an ongoing basis will be denied as not medically necessary.

More than three nasogastric tubes (B4081-B4083), or one gastrostomy/jejunostomy tube (B4087-B4088) every three months is rarely medically necessary.

Coverage Topic

Nutrition Therapy Services (Medical)
Prosthetic Devices

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIER:

BA – Item furnished in conjunction with parenteral enteral nutrition (PEN) services

BO – Orally administered nutrition, not by feeding tube

EY – No physician or other licensed health care provider order for this item or service

A5200 PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT

A9270 NON-COVERED ITEM OR SERVICE

B4034 ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY

B4035 ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY

B4036 ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY

B4081 NASOGASTRIC TUBING WITH STYLET

B4082 NASOGASTRIC TUBING WITHOUT STYLET

Coding Information

- B4083 STOMACH TUBE - LEVINE TYPE
- B4087 GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH
- B4088 GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH
- B4100 FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE
- 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 = 1 UNIT
- 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, 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
- B4160 ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE

Coding Information

(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

B9000 ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM

B9002 ENTERAL NUTRITION INFUSION PUMP - WITH ALARM

B9998 NOC FOR ENTERAL SUPPLIES

E0776 IV POLE

ICD-9 Codes that Support Medical Necessity

Not specified.

XX000 Not Applicable

Diagnoses that Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not specified.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

A DME Information Form (DIF), which has been completed, signed, and dated by the supplier, must be kept on file by the supplier and made available upon request. The DIF for Enteral Nutrition is

General Information

CMS Form 10126. The initial claim must include an electronic copy of the DIF.

A new Initial DIF for enteral nutrients is required when

1. a formula billed with a different code, which has not been previously certified, is ordered, or
2. enteral nutrition services are resumed after they have not been required for two consecutive months.

A new Initial DIF for a pump (B9000 or B9002) is required when

1. Enteral nutrition services involving use of a pump are resumed after they have not been required for two consecutive months.
2. A patient receiving enteral nutrition by the syringe or gravity method is changed to administration using a pump.

A revised DIF for enteral nutrients is required when:

1. the number of calories per day is changed, or
2. the number of days per week administered is changed, or
3. the method of administration (syringe, gravity, pump) changes, or
4. the route of administration is changed from tube feedings to oral feedings (if billing for denial).

Special nutrient formulas, HCPCS codes B4149, B4153-B4157, B4161, and B4162, are produced to meet unique nutrient needs for specific disease conditions. The patient's medical record must adequately document the specific condition and the need for the special nutrient. This information shall be available upon request.

If two enteral nutrition products, which are described by the same HCPCS code, are being provided at the same time, they should be billed on a single claim line with the units of service reflecting the total calories of both nutrients.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Reserved for future use.

Advisory Committee Meeting Notes

Start Date of Comment Period

04/30/1993

General Information

End Date of Comment Period

06/14/1993

Start Date of Notice Period

08/01/1993

Revision History Number

ENT009

Revision History Explanation

03/01/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L5041 from DME PSC TriCenturion (77011) LCD L5041.

Revision Effective Date: 01/01/2008

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added B4087, B4088 to utilization statement

Deleted B4086 from utilization statement

HCPCS CODES AND MODIFIERS:

Added B4087, B4088

Deleted B4086

Revised narrative for B4034

Revision Effective Date: 01/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed CMN references.

Added DIF instructions.

DOCUMENTATION REQUIREMENTS:

Removed CMN requirements.

Added DIF instructions.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision effective date: 04/01/2005

LMRP converted to LCD and Policy Article

HCPCS CODES AND MODIFIERS:

Added B4102-B4104, B4149, and B4157-B4162

Deleted B4151 and B4156

Narrative modified on B4150, B4152-B4155

DOCUMENTATION REQUIREMENTS:

Replaced references to category IV and V with corresponding HCPCS codes.

Revision effective date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: EY BA, and BO modifiers, deleted XA modifier, added HCPCS code B4100

INDICATIONS AND LIMITATIONS OF COVERAGE:

Adds standard language concerning coverage of items without an order.

CODING GUIDELINES:

Revises instructions for billing orally administered enteral nutrients

DOCUMENTATION REQUIREMENTS:

Adds standard language concerning use of EY modifier for items without an order.

General Information

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

04/01/2002 - Code B4086 replaces codes B4084 and B4085. ZY modifier deleted from policy; enteral nutrients not administered through feeding tube now coded A9270. Expected range of calories/kg/day eliminated.

04/01/2000 – Revised language regarding enteral nutrition provided by a SNF in a Part A stay in Coverage and Payment Rules section.

01/01/2000 – Added code A5200. Code descriptions for enteral nutrients have been revised to specify that the codes represent only nutrients that are given through an enteral feeding tube. As a result, nutrients dispensed to the patient for oral administration must no longer be billed to the DMERC using codes B4150-B4156. Enteral nutrition is the provision of nutritional requirements through a tube into the stomach or small intestine. Beneficiaries who are able to take nutrients by mouth (orally) do not qualify for the prosthetic benefit, and the nutrients as well as any related supplies are noncovered. In this situation claim submission is not required. However, if the beneficiary is not in a covered Part A stay and asks the supplier to submit a claim, code A9270 must be used to bill the DMERC for nutrients provided for oral administration. Added reasonable and necessary language in Coverage and Payment Rules section. Added language regarding question 13 on CMN. Revised language for catheter/tube anchoring device stating it is included in the allowance for enteral supply kits.

03/01/1998 – Code K0147 crosswalked to B4085. Deleted all XX codes. Revised Coding Guidelines section adding language regarding product classification. Revised Documentation section.

04/01/1996 - HCPCS code XX004 crosswalked to A4353. Removed HCPCS codes XX060, XX063 & XX067. Added codes B4085 & XX079-XX084. Added modifiers XA and ZY. Revised Coverage and Payment Rules section including language that nutrients administered orally and related supplies are noncovered. Revised language regarding enteral nutrition for patients in a Part A SNF stay. Revised Coding Guidelines section adding information regarding B4034-B4036. Added effective dates of service for codes K0147 and B4085. Revised Documentation section adding information regarding XA and ZY modifiers.

10/01/1995 – Added HCPCS codes XX030-XX078. Revised Coverage and Payment Rules and Documentation sections to include codes XX030-XX078.

07/01/1995 – Revised Coverage and Payment Rules section as follows: Changed: “Enteral nutrition is non-covered for patients with a normally functioning GI tract whose need for enteral nutrition is due to a lack of appetite or a cognitive problem.” to “Enteral nutrition is non-covered for patients with a functioning gastrointestinal tract whose need for enteral nutrition is due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc. Changed: “The patient must require tube feedings to sustain life. Adequate nutrition must not be possible by dietary adjustment and/or oral supplements.” to “The patient must require tube feedings to maintain weight and strength commensurate with the patient’s overall health status. Adequate nutrition must not be possible by dietary adjustment and/or oral supplement. Coverage is possible for patients with partial impairments-e.g., a patient with dysphagia who can swallow small amounts of food or a patient with Crohn’s disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

11/10/2007 - The description for CPT/HCPCS code B4034 was changed in group 1

11/10/2007 - CPT/HCPCS code B4086 was deleted from group 1

General Information

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A25229 - Enteral Nutrition – Policy Article – Effective July 2009](#)

LCD Attachments

[ENT-PEN DIF](#) (38,888 bytes)

Article for Enteral Nutrition – Policy Article – Effective July 2009 (A25229)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A25229

Article Type

Article

Key Article

Yes

Article Title

Enteral Nutrition – Policy Article – Effective July 2009

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

04/01/2005

Article Information

Article Revision Effective Date

07/01/2009

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

GENERAL

Enteral nutrition is the provision of nutritional requirements through a tube into the stomach or small intestine.

Enteral nutrition is covered for a patient who has (a) permanent non-function or disease of the structures that normally permit food to reach the small bowel or (b) disease of the small bowel which impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the patient's overall health status.

The patient must have a permanent impairment. Permanence does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the judgment of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Enteral nutrition will be denied as non-covered in situations involving temporary impairments.

The patient's condition could be either anatomic (e.g., obstruction due to head and neck cancer or reconstructive surgery, etc.) or due to a motility disorder (e.g., severe dysphagia following a stroke, etc.). Enteral nutrition is non-covered for patients with a functioning gastrointestinal tract whose need for enteral nutrition is due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc.

The patient must require tube feedings to maintain weight and strength commensurate with the patient's overall health status. Adequate nutrition must not be possible by dietary adjustment and/or oral supplements. Coverage is possible for patients with partial impairments - e.g., a patient with dysphagia who can swallow small amounts of food or a patient with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption.

Enteral nutrition products that are administered orally and related supplies are noncovered.

If the coverage requirements for enteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.

No more than one month's supply of enteral nutrients, equipment or supplies may be dispensed at one time.

The supplier is responsible for assessing how much enteral nutrition and supplies the beneficiary is actually using. The supplier must contact the beneficiary or caregiver prior to dispensing nutrients or supplies to determine the quantities that remain from previous delivery and modify the quantity delivered or delivery date accordingly. The supplier must not automatically dispense a quantity of items on a predetermined regular basis, even if the beneficiary has "authorized" this in advance. As referenced in the Program Integrity Manual (Internet-Only Manual, CMS Pub. 100-8, Chapter 4.26.1) "Contact with the beneficiary or designee regarding refills should take place no sooner than approximately 7 days prior to the delivery/shipping date. For subsequent deliveries of refills, the supplier should deliver the DMEPOS product no sooner than approximately 5 days prior to the end of usage for the current product." For patients in a nursing home, the delivery must be designated for each individual beneficiary, not as a general delivery to the nursing home.

Article Information

Enteral nutrition provided to a patient in a Part A covered stay must be billed by the SNF to the fiscal intermediary. No payment from Part B is available when enteral nutrition services are furnished to a beneficiary in a stay covered by Part A. However, if a beneficiary is in a stay not covered by Part A, enteral nutrition is eligible for coverage under Part B and may be billed to the DME MAC by either the SNF or an outside supplier.

NUTRIENTS

Food thickeners (B4100), baby food, and other regular grocery products that can be blenderized and used with the enteral system will be denied as noncovered.

Codes B4102 and B4103 describe electrolyte-containing fluids that are noncovered by Medicare

Self-blenderized formulas are noncovered by Medicare.

Code B4104 is an enteral formula additive. The enteral formula codes include all nutrient components, including vitamins, mineral, and fiber. Therefore, code B4104 will be denied as not separately payable.

SUPPLIES

Payment for a catheter/tube anchoring device is considered included in the allowance for enteral feeding supply kits (B4034-B4036). Code A5200 should not be billed separately and is not paid in addition to the supplies for enteral nutrition.

CODING GUIDELINES

The codes for enteral feeding supplies (B4034-B4036) include all supplies, other than the feeding tube itself, required for the administration of enteral nutrients to the patient for one day. Codes B4034-B4036 describe a daily supply fee rather than a specifically defined "kit". Some items are changed daily; others may be used for multiple days. Items included in these codes are not limited to pre-packaged "kits" bundled by manufacturers or distributors. These supplies include, but are not limited to, feeding bag/container, flushing solution bag/container, administration set tubing, extension tubing, feeding/flushing syringes, gastrostomy tube holder, dressings (any type) used for gastrostomy tube site, tape (to secure tube or dressings), Y connector, adapter, gastric pressure relief valve, declogging device, etc. These items must not be separately billed using the miscellaneous code (B9998) or using specific codes for dressings or tape. The use of individual items may differ from patient to patient and from day to day. Only one unit of service may be billed for any one day. Units of service in excess of one per day will be rejected as incorrect coding.

When an IV pole (E0776) is used for enteral nutrition administered by gravity or a pump, the BA modifier should be added to the code. Code E0776 is the only code with which the BA modifier may be used.

When enteral nutrients (B4149-B4162) are administered by mouth, the BO modifier must be added to the code.

Code B4149 describes formulas containing natural foods that are blenderized and packaged by a manufacturer. Code B4149 must not be used for foods that have been blenderized by the patient or caregiver for administration through a tube.

Suppliers should refer to the Enteral Nutrition Product Classification list on the Pricing, Data Analysis and Coding (PDAC) Contractor web site or contact the PDAC for guidance on the correct coding for these items.

Article Information

Only those products included in the Product Classification List published by the PDAC may be billed using code B4149, B4153, B4154, B4155, B4157 B4161, or B4162. If a manufacturer or supplier thinks that another product meets the definition of this code, they should contact the PDAC for a coding determination.

Coverage Topic

Enteral Nutrition

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 07/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Instructions for delivery of supplies.

Changed: DMERC to DME MAC.

CODING GUIDELINES:

Clarified: Definition for supply kit codes B4034-B4036.

Changed: SADMERC to PDAC.

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A25229 from DME PSC TriCenturion (77011) Article A25229.

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 04/01/2005

LMRP converted to LCD and Policy Article.

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Coverage statements for B4102, B4103, and B4104.

CODING GUIDELINES:

Added: New codes to range requiring BO modifier.

Added: Definition of B4149.

Added: B4149, B4153, B4157, B4161, and B4162 to the list of products requiring a coding verification review by the SADMERC.

Related Documents

LCD(s)

[L5041 - Enteral Nutrition](#)