Enteral Nutrition

File Name: enteral_nutrition
Origination: 2/1996
Last CAP Review: 5/2018
Next CAP Review: 5/2019
Last Review: 5/2018

Description of Procedure or Service

Enteral Nutrition (EN) is defined as nutrition provided through the gastrointestinal tract via a tube, catheter, or stoma that delivers nutrients distal to the oral cavity. Enteral formulas, including adult and pediatric formulas, are classified by the U.S. Food and Drug Administration (FDA) under the heading of medical foods. Currently, the FDA defines medical foods 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.”

Policy

BCBSNC does not provide coverage for most Enteral Nutrition. They are considered non-covered and are ineligible as benefits.

Relizorb™ is considered investigational for use with enteral tube feeding. BCBSNC does not provide coverage for investigational services or procedures.

See exception below.

Benefits Application

This medical policy relates only to the services or supplies described herein.

Please refer to the Member's Benefit Booklet for availability of benefits.

Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Enteral Nutrition is covered

Enteral Nutrients that require a prescription are eligible for coverage when prescribed for patients with one of the following conditions:

- Malabsorption syndrome
- Certain short bowel syndromes
- Crohn’s disease
- Severe pancreatitis

When Enteral Nutrition is not covered
Enteral Nutrition

Most enteral food products are available without a prescription or over the counter, and thus not eligible for coverage.

Relizorb is considered investigational for use with enteral tube feeding.

Policy Guidelines

If a patient requires enteral nutrition, the supplies (e.g., tubing, syringes) are covered as supplies.

Relizorb™, (Alcresta Pharmaceuticals) is a digestive enzyme cartridge that received de novo approval by the FDA (Nov. 2015) for use in adults to hydrolyze (breakdown) fats in enteral formula. In July 2017, the FDA expanded use of Relizorb to include pediatric patients 5 years of age and older. The cartridge connects in-line with existing enteral pump feeding sets and pump extension sets. This breakdown of fats from triglycerides into fatty acids and monoglycerides that are present in enteral formulas, allows for better absorption and utilization by the body. The evidence in published, peer-reviewed scientific literature is insufficient to determine the long-term effects of the technology on health outcomes.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: B4102, B4103, B4104, B4149, B4150, B4151, B4152, B4153, B4154, B4155, B4156, B4157, B4158, B4159, B4160, B4161, B4162, S9433.

Q9994 will be effective 7/1/18.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

Medical Director review 5/2015
Enteral Nutrition

Medical Director review 5/2016
Specialty Matched Consultant Advisory Panel 5/2017
Medical Director review 5/2017
Specialty Matched Consultant Advisory Panel 5/2018
Medical Director review 5/2018

Alcresta Therapeutics at http://relizorb.com/ Accessed May 16, 2018


Policy Implementation/Update Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/96</td>
<td>Original Policy issued</td>
</tr>
<tr>
<td>2/97</td>
<td>Reaffirmed</td>
</tr>
<tr>
<td>8/99</td>
<td>Reformatted, Medical Term Definitions added.</td>
</tr>
<tr>
<td>10/00</td>
<td>System coding changes.</td>
</tr>
<tr>
<td>12/00</td>
<td>Specialty Matched Consultant Advisory Panel. Statements added to say, &quot;Certificates do not provide benefits for dietary supplements. When they are administered in the hospital, skilled nursing facility, or nursing home they are considered an integral part of the room and board charge and are not eligible for separate reimbursement.&quot; and &quot;If a patient requires enteral nutrients, the supplies (e.g., tubing and syringes) are covered as supplies.&quot; Policy name changed from Dietary Supplements (Enteral Nutrients) to Enteral Nutrition. Criteria reworded in &quot;When Enteral Nutrition is covered&quot; and &quot;When Enteral Nutrition is not Covered&quot; sections for clarity. Medical Policy Advisory Group review. Table of noncovered enteral feedings removed from policy. Approve.</td>
</tr>
<tr>
<td>7/03</td>
<td>Policy status changed to: &quot;Active policy, no longer scheduled for routine literature review.&quot;</td>
</tr>
<tr>
<td>3/04</td>
<td>Benefits Application and Billing/Coding sections updated for consistency. Individual CPT codes listed for CPT code ranges B4150-B4156 under Billing/Coding section.</td>
</tr>
<tr>
<td>1/6/05</td>
<td>First Quarter 2005 HCPCS codes B4102, B4103, B4104, B4149, B4157, B4158, B4159, B4160, B4161, B4162 added to the Billing/Coding section of policy.</td>
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<tr>
<td>1/5/09</td>
<td>Added new HCPCS code S9433 to &quot;Billing/Coding&quot; section. (btw)</td>
</tr>
<tr>
<td>6/22/10</td>
<td>Policy Number(s) removed (amw)</td>
</tr>
<tr>
<td>2/10/15</td>
<td>References updated. Policy Statement remains unchanged. (td)</td>
</tr>
</tbody>
</table>
Eneteral Nutrition


Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.