APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Oral nutritional supplements are liquid or powders that can provide additional nutrients when combined with an oral diet for individuals with a functioning gastrointestinal tract. Special supplementation may be necessary when there are inborn metabolic disorders and if there are problems with normal digestion or absorption of regular foods. Initial screening for high-risk adults followed by appropriate nutrition intervention can help to improve nutritional status and prevent unintentional weight loss and the sequelae related to malnutrition. Normally, adults need about 25-30 Calories per kilogram and 0.8-1.5 grams of protein per kilogram to maintain their weight. The needs may be decreased due to physical inactivity, or increased due to infection or wound healing.

POSITION STATEMENT

Members must meet the following criteria to receive oral nutritional supplements:
- Diagnosed with an inborn metabolic disorder; AND/OR,
- Difficulty with normal digestion or absorption of regular foods; AND/OR,
- Presence of high-risk factors contributing to under nutrition in adults (list is not inclusive):
  - Increased dependence and/or disability
  - Depression
  - Dementia
  - Chronic disease
  - Cancer
  - Digestive problems
  - Difficulty chewing or swallowing
  - Poverty
  - Age of 65 years and older

The Oral Nutrition Request Form must be completed and include the following information:

1. Height and Weight
2. Daily caloric and protein requirement (Adult 25–30 Cals/kg, 0.8-1.5 g Pro/kg)
3. Weight history in the past 3-6 months
4. Albumin or Pre-albumin in the past 3 months (if available)
5. Unsuccessful attempts to increase calorie intake using food and beverages (2-3 snacks per day, milkshakes, smoothies, etc.).
6. Diagnosis related to need for nutritional supplement
7. Complete the Oral Nutrition Request Form – Hawaii and fax to 888-881-8225

Center for Medicare and Medicaid Services

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

The medical necessity for special enteral formulas (B4149, B4153-B4155, B4157, B4161, and B4162) must be justified. If a special enteral nutrition formula is provided and if the medical record does not document why that item is medically necessary, it will be denied as not reasonable and necessary.

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

If a pump (B9000-B9002) is ordered, there must be documentation in the beneficiary'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 reasonable and necessary.

The feeding supply allowance (B4034-B4036) must correspond to the method of administration indicated in question 5 of the DME Information Form (DIF). If it does not correspond, it will be denied as not reasonable and necessary.

If a pump supply allowance (B4035) is provided and if the medical necessity of the pump is not documented, it will be denied as not reasonable and necessary.

The codes for feeding supply allowances (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 reasonable and necessary.

More than three nasogastric tubes (B4081-B4083), or one gastrostomy/jejunostomy tube (B4087-B4088) every three months is not reasonable and necessary.
CODING

CPT® Codes – No applicable codes.

 Covered HCPCS® Codes
A5200 Percutaneous catheter / tube anchoring device, adhesive skin attachment
A9270 Non-covered item or service
B4034-B4162 Enteral formulae and enteral medical supplies
B9002 Enteral fusion pump
B9998 NOC for enteral supplies
E0776 IV pole

ICD-10-PCS Codes
Refer to the following ICD-10-PCS table(s) for specific PCS code assignment based on physician documentation.

NOTE: Per ICD-10-PCS Coding Guidelines, “ICD-10-PCS codes are composed of seven characters. Each character is an axis of classification that specifies information about the procedure performed. Within a defined code range, a character specifies the same type of information in that axis of classification. One of 34 possible values can be assigned to each axis of classification in the seven-character code”.

 Covered ICD-10-CM Diagnosis Codes
C00-D49.9 Neoplasms
D80.0 – D84.9 Immunodeficiency with predominantly antibody defects
D89.0 – D89.9 Immunodeficiency with predominantly antibody defects
E20.1 Pseudohypoparathyroidism
E40 – E88.9 Endocrine, nutritional, and metabolic disease
F02.80-F02.81 Dementia in other diseases classified elsewhere
F03.90-F03.91 Unspecified dementia
F32.9 Major depressive disorder, single episode, unspecified
H49.811 – H49.819 Disorders of ocular muscles, binocular movement, accommodation and refraction
M10.00 – M10.9 Gout
M1A.00x0 - M1A.9xx1 Chronic gout
M35.9 Systemic involvement of connective tissue, unspecified
M83.0 – M83.9 Disorders of ocular muscles, binocular movement, accommodation and refraction
N20.0 Calculus of kidney
Z59.0 Homelessness
Z59.1 Inadequate housing
Z59.4 Lack of adequate food and safe drinking water
Z59.5 Extreme poverty
Z59.6 Low income
Z59.7 Insufficient social insurance and welfare support

Non-Covered ICD-10-CM Diagnosis Codes - Include non-covered dx when applicable

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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<td>Approved by MPC. No changes.</td>
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<tr>
<td>9/17/2015</td>
<td>Approved by MPC. Updated coverage (for Medicare only) and medical necessity criteria per CMS LCD.</td>
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<td>10/2/2014</td>
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