

# RMHP Enteral and Parenteral Nutrition; Medical Foods

**MCG Health**  
Ambulatory  
Care  
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AUTH: RMHP-AC 5027 (AC)

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## Clinical Indications

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- The healthcare resource is/was needed for the appropriate care of the Member because of **1 or more** of the following
  - The Member has **RMHP Individual and Family Plan (IFP) commercial** or **CHP+** health plan coverage and **ALL** of the following
    - The Member requires **enteral nutrition or medical foods** as evidenced by **ALL** of the following
      - The member meets the Indications for Coverage found in UnitedHealthcare® Commercial Coverage Determination Guideline, Enteral Nutrition (for Commercial Only) Guideline Number: CDG.027.07 Effective Date: April 1, 2023 online <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/enteral-nutrition.pdf> and internally at S:\GJ\_SHARE\CM\Policy. Process. Workflows\Clinical Policy\_Coverage Guidelines\Clinical GMM\MCG UHC Guideline Copies filename UHC CDG enteral-nutrition-IFP.
      - The request is NOT for the treatment of cystic fibrosis, lactose-intolerance or soy-intolerance per Colorado Revised Statute 10-16-104.
      - The products requested are not reported with HCPCS codes B4100, B4102, B4103, B4104 or B4149, as these are not a benefit of the RMHP IFP plans and will auto-deny by the claims processing platform per the Schedule of Benefits contract (deny contract coverage/DCC). See the Coverage Limitations and Exclusions sections of the Schedule of Benefits for the plan and the Coverage Determination Guideline (CDG) listed above.
      - The product requested is not B4105, In-line cartridge containing digestive enzyme(s) for enteral feeding, as this is unproven per

UnitedHealthcare® Commercial and Individual Exchange Medical Policy, Omnibus Codes, Policy Number: 2023T0535NNN, Effective Date: April 1, 2023 online

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf> and internally S:\GJ\_SHARE\CM\Policy. Process. Woorflows\Clinical Policy\_Coverage Guidelines\Clinical GMM\MCG UHC Guideline Copies filename UHC CDG enteral-nutrition-IFP

- The Member requires **parenteral nutrition** and **ALL** of the following
  - Requests for parenteral nutrition will be administratively approved to correspond with UnitedHealthcare claims payment policy for IFP plans, with one exception: all unlisted/unclassified codes require Medical Director review (B9999). Source: IFP Professional Master Grid 05012023.
- The Member has **RMHP PRIME (Medicaid)** health plan coverage and **1 or more** of the following
  - The Member requires **enteral formula** or thickened liquids and **ALL** of the following
    - The formula was prescribed by a physician
    - The claim will be billed with one of the following specific codes: **1 or more** of the following
      - B4100
      - B4102
      - B4103
      - B4104
      - B4105
      - B4149
      - B4150
      - B4152
      - B4153
      - B4154
      - B4155
      - B4157
      - B4158
      - B4159
      - B4160
      - B4161
      - B4162
      - S9432
      - S9433
    - Select WIC applicability. WIC program NOTE - To qualify for WIC, the Member must have a combined gross household income that does not exceed the Income Eligibility Guidelines published in the Federal Register AND must also be one of the following: a child up to 5 years of age, an infant, a pregnant woman, a breastfeeding woman up to one year after the delivery of a baby, or a postpartum woman who is not breastfeeding up to six months after the delivery of a baby. Select **1 or more** of the following
      - The Member does NOT qualify for WIC
      - The Member may qualify for WIC and **ALL** of the following



The current Colorado Department of Health Care Policy and Financing (HCPF) Health First Colorado Fee Schedule, <https://hcpf.colorado.gov/provider-rates-fee-schedule>, reviewed 5/15/2023.

Colorado Department of Health Care Policy and Financing (HCPF) Provider Services Billing Manual, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), Enteral Nutrition Products section <https://hcpf.colorado.gov/DMEPOS-manual#enp> reviewed 5/15/2023.

**Medicare references:**

The Center for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) CGS A Celerian Group Company, Jurisdiction C (JC) Durable Medical Equipment (DME) Local Coverage Determination (LCD) and Policy Article for Enteral Nutrition found online - see below:

link: [Local Coverage Determinations \(LCDs\) \(cgsmedicare.com\)](https://cgsmedicare.com)

The CMS MAC CGS JC DME Local Coverage Determination (LCD) Enteral Nutrition (L38955) Original Effective Date 9/5/2021, Revision Effective Date 1/1/2023, reviewed 5/15/2023.

The CMS MAC CGS JC DME Enteral Nutrition Policy Article A58833 Original Effective Date 9/5/2023, Revision Effective Date 1/1/2023, reviewed 5/15/2023, which states in part, "Orally administered enteral nutrition products, related supplies and equipment will be denied non-covered, no benefit."

Retired - Enteral and Parenteral Nutritional Therapy. CMS NCD Publication Number 100-3. Manual Section Number 180.2. Version 1. Effective 1/1/2022. Reviewed 5/15/2023, states, "*Effective January 1, 2022, the Centers for Medicare & Medicaid Services determined that no national coverage determination (NCD) is appropriate at this time for Enteral and Parenteral Nutritional Therapy. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under 1862(a)(1)(A) of the Social Security Act.*"

Email **From:** Coren, Greg **Sent:** Wednesday, June 1, 2022 2:31 PM clarifying RMHP allows billing of S codes for Medicare.

**Commercial References:**

UnitedHealthcare® Commercial Coverage Determination Guideline, Enteral Nutrition(for Commercial Only), Guideline Number: CDG.027.07, Effective Date: April 1, 2023, reviewed 5/15/2023.

UHC IFP Professional Master Grid 05012023 internal document.

Schedule of Benefits for Plan(s).

The UnitedHealthcare® Commercial and Individual Exchange Medical Policy, Omnibus Codes, Policy Number: 2023T0535NNN, Effective Date: April 1, 2023, reviewed 5/15/2023.

**CHP PLUS Reference:** Rocky Mountain Health Plans CHP+ Member Handbook Child Health Plan Plus (CHP+) and CHP+ Prenatal Program Colorado Counties: Western Colorado Updated January 2023, Nutrition and food services section, pages 66-67, reviewed 12/28/2023.

# Policy History

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Aligned CHP+ with IFP Commercial per CHP+ Handbook guidance - see references - 12/28/2023.

5/15/2023 Annual review and updates to align IFP as closely as possible with UHC until full integration complete.

History Summary: 11/26/2008 Policy originated. Annual reviews 4/14/2009, 2/23/2010, 2/23/2011, 6/12/2012, 11/20/2013, on 3/20/17 added B4161, updated PRIME terminology. Policy relates to benefit - no NTAG/MAC review. Associate Medical Directors confirmed WIC standard for PRIME. 1/23/2018 Annual review, updated to include medical foods coverage for severe allergic conditions (see CRS 10-16-104 updates 1/1/2018). 6/26/2019 Annual review with minor clarifications, but no revisions. Annual reviews with no changes 6/4/2020, 6/28/2021. 3/29/2022 Annual review and update to show NCD now directs to LCD/LCA. 7/19/2022 clarified RMHP allows S codes for Medicare billing and payment.

# Reviewer Guidance

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**CO RAE Prime (Medicaid)** - WIC program NOTE: Enteral Nutrition providers should request that members participate in the Women, Infants, and Children or WIC program as a primary resource for medically necessary enteral nutrition products. Enteral nutrition products prescribed over the WIC limit are a covered benefit. Providers have the option of requesting 3 months coverage for those in the process of applying for WIC. After WIC determination is completed, provider may then submit a new request for one year less one day. ELIGIBILITY: To qualify for WIC, the Member must have a combined gross household income that does not exceed the Income Eligibility Guidelines published in the Federal Register AND must also be one of the following: a child up to 5 years of age, an infant, a pregnant woman, a breastfeeding woman up to one year after the delivery of a baby, or a postpartum woman who is not breastfeeding up to six months after the delivery of a baby.

**Medicare** plans: The CMS MAC CGS JC DME Enteral Nutrition Policy Article A58833 Original Effective Date 9/5/2021, Revision Effective Date 1/1/2023, reviewed 5/15/2023 states, "Orally administered enteral nutrition products, related supplies and equipment will be denied non-covered, no benefit."

**Medicare S code note:** By definition, ALL HCPCS Codes beginning with the letter S, also known as **S Codes are Noncovered** by Medicare . See HCPCS Level II publications. However, **RMHP allows billing and payment of S codes for Medicare plans** per Greg Coren in Provider Network Management.

See Evidence Summary for additional Reviewer Guidance.

# Codes

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**HCPCS: B4100, B4102, B4103, B4104, B4105, B4149, B4150, B4151, B4152, B4153, B4154, B4155, B4156, B4157, B4158, B4159, B4160, B4161, B4162, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, S9340, S9341, S9342, S9343, S9364, S9365, S9366, S9367, S9368, S9432, S9433, S9435**

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