

References: L33783, A52493

Enteral Nutrition

- Dispensing Order (if applicable)
- Detailed Written Order (DWO)
- Beneficiary Authorization
- Refill Requirements
- Proof of Delivery (POD)
 - Method 1 - Direct Delivery to the Beneficiary by the Supplier
The date the beneficiary/designee signs for the supplies is to be the date of service of the claim.
 - Method 2 - Delivery via Shipping or Delivery Service
The shipping date is to be the date of service of the claim.
 - Method 3 - Delivery to Nursing Facility on Behalf of a Beneficiary
- Continued Need
- Continued Use
- DME Information Form (DIF) – CMS-10126

Medical Records

- Medical records document the following:
 - Beneficiary has permanent impairment (at least 3 months in duration)
 - Non-function or disease of the structures that normally permit food to reach the small bowel; **or**
 - 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 beneficiary's overall health status
 - Beneficiary requires tube feeding to maintain weight and strength commensurate with overall health status
 - Adequate nutrition must not be possible by dietary adjustment and/or oral supplements

Enteral Infusion Pumps (B9000, B9002)

- Medical records justify the use
 - Gravity feeding is not satisfactory due to reflux and/or aspiration; **or**
 - Severe diarrhea; **or**

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- Dumping syndrome; **or**
- Administration rate less than 100 ml/hr; **or**
- Blood glucose fluctuations; **or**
- Circulatory overload; **or**
- Gastrostomy/jejunostomy tube used for feeding

Special Nutrient Formulas (B4149, B4153-B4157, B4161, B4162)

- Physician ordered the special nutrient
- Medical records document specific medical condition and need for the special nutrient

Feeding Supply Kit (B4034-B4036)

- Feeding supply kit corresponds to the method of administration indicated in question 5 of the DME Information Form (DIF)
- When a pump supply kit (B4035) is provided, the medical necessity of the pump must be documented

DIF Reminders

- Initial claim must include an electronic copy of DIF
- New initial DIF is required for enteral nutrients when:
 - Formula billed with a different code, which has not been previously certified, is ordered; **or**
 - Enteral nutrition services are resumed after they have not been required for two consecutive months.
- New initial DIF is required for pump (B9000, B9002) when:
 - Enteral nutrition services involving use of pump are resumed after they have not been required for 2 consecutive months, **or**
 - Beneficiary receiving enteral nutrition by syringe or gravity method is changed to administration using a pump
- Revised DIF for enteral nutrients is required when:
 - Number of calories per day changes; **or**
 - Number of days per week administered changes; **or**
 - Method of administration (syringe, gravity, pump) changes; **or**
 - Route of administration changes from tube to oral feedings (if billing for denial); **or**
 - HCPCS code for the current nutrient changes
 - The ordering physician is extending the length of need (LON) on a previous LON that has expired.

Billing Reminders

- Add BO modifier to enteral nutrients (B4149-B4162) when administered by mouth.
- Add BA modifier to HCPCS code for IV pole (E0776) used for enteral nutrition administered by gravity or pump.
- Dressings used in conjunction with gastrostomy or jejunostomy tube are included in supply kit codes (B4034 – B4036) and should not be billed separately using dressing codes.

- Code B4149 should not be used for foods that have been blenderized by the beneficiary or caregiver for administration through a tube.
- Only products included in the Product Classification List published by the Pricing, Data Analysis and Coding (PDAC) contractor may be billed using codes B4149, B4153 - B4155, B4157, B4161 or B4162.
- If two enteral products are described by the same code and are provided at the same time, bill on the same claim line with the units of services reflecting the total calories of both nutrients.
- Enteral nutrition provided to a beneficiary in a Part A covered stay must be billed by the SNF to the fiscal intermediary.
- Add appropriate modifier to the HCPCS code when an upgraded formula has been provided.
 - GK – Reasonable and necessary item associated with a GA or GZ modifier
 - GL – Medically unnecessary upgrade provided instead of non-upgraded

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[Go Back to Front Page](#)