

Enteral nutrition

We provide coverage for this procedure for pediatric (over the age of 1) and adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with this authorization requirement.

Applicable codes: B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9998, S9341, S9342, S9343

See below for the questions you'll encounter for this procedure in the e-referral system.

Q Does the patient require enteral nutrition by TUBE FEEDINGS to provide sufficient nutrients to maintain weight and strength in proportion with the patient's overall health status due to a EITHER A or B? A. Dysfunction of indefinite duration or disease of the structures that normally permit food to reach the small bowel B. Disease of the small bowel that impairs digestion and absorption of an oral diet

A

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Is the patient's condition of long and indefinite duration (ordinarily at least three months)?

A

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient's medical record include all information relevant to the patient requiring the nutrition and the nutritional perscription?

A

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient have 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? Note: must select NO if member does not have one of these conditions.

A Possible answers: ☐ Yes ☐ No

Q Can the patient's nutrition be adequately met by dietary adjustment and or oral supplements?

A Possible answers: ☐ Yes ☐ No

Q Are the enteral nutrition products and the related supplies being administered orally?

A Possible answers: ☐ Yes ☐ No

Q Is the request for food thickeners, baby food, infant formulas and other regular grocery products?

A Possible answers: ☐ Yes ☐ No

Q Is a feeding pump being requested because gravity feeding is not possible due to the patient having one of the following conditions (A-C)? A. Aspiration. B. Diarrhea. C. Dumping syndrome. Note: MUST select N/A if a feeding pump is NOT required.

A Possible answers: ☐ Yes ☐ No ☐ N/A