

## PROVIDER BULLETIN

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### Durable Medical Equipment (DME)

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#### ENTERAL NUTRITION

MO HealthNet Division (MHD) covers medically necessary enteral nutrition products for children under the age of 21. Effective for dates of service on and after December 01, 2013, MHD will implement the following policy regarding enteral nutrition formula and supplies.

#### ENTERAL NUTRITION FORMULA

Enteral nutrition is covered for a patient under the age of 21 when criteria A or B are met, and both C and D are met.

- A. WIC (Special Supplemental Nutrition program for Women, Infants and Children) eligibility has been ruled out; OR
- B. The WIC benefit is exhausted (as determined by the Department of Health and Senior Services); AND
- C. The WIC eligibility information from A or B above is documented in the DME Provider Record; AND
- D. The child also meets one of the following medical criteria:
  1. Has a nasogastric tube, gastrostomy tube or jejunostomy tube for feeding purposes; OR
  2. Is under 6 years of age and has a diagnosis of failure to thrive (defined as: oral intake less than bodily requirements; an imbalance possibly related to the inability to ingest/digest/absorb nutrients); OR
  3. Meets the criteria in a and also meets either criterion b or c:
    - a. Has one of the following diagnoses: ALS, cystic fibrosis, esophageal/stomach cancer, pulmonary insufficiency, non-healing/chronic wounds, dysphagia, renal failure (on dialysis), advanced AIDS with gastrointestinal co-morbidity, severe trauma or burns, traumatic brain injury; AND

- b. During the past 6 weeks has a documented serum protein level below 6 and/or serum albumin level below 3.5 performed by an accredited lab; OR
- c. Recent dietician evaluation determines sufficient caloric intake is not obtainable through regular food preparation alternatives (i.e. liquified/pureed foods); or a speech pathologist evaluation documents a failed swallow study; OR
4. Has an unplanned weight loss of 10% or more over the past 3 months plus at least one of the following conditions:
  - a. On-going cancer treatment; OR
  - b. Advanced AIDS; OR
  - c. Pulmonary insufficiency; OR
  - d. Status post severe trauma/burn/brain injury; OR
  - e. One of the following malabsorption diagnoses:  
Short bowel syndrome, celiac sprue, tropical sprue, gastrointestinal fistula, nutritional marasmus, Whipple's disease, intestinal lymphangiectasia, chronic carbohydrate intolerance; OR
5. The participant has one of the conditions listed in 4 a-e above and a history of body weight maintained by supplementation within the past 6-12 months (documentation must be in the DME provider record and may be requested for State review); OR
6. The participant meets criterion 3b or 3c above and has a medical condition for which the DME provider record contains detailed documentation from the prescribing physician's progress notes justifying the medical necessity of enteral formula.

A list of covered enteral formula HCPCS (Healthcare Common Procedure Coding System) codes can be found in Section 19 of the MO HealthNet DME Provider Manual. Section 19 also lists reimbursement requirements (i.e. medical necessity form, invoice of cost) and maximum allowable amounts for each HCPCS code.

### **SPECIAL ENTERAL FORMULA**

Special nutrient formulas (HCPCS codes B4149, B4153-B4157, B4161, and B4162) are produced to meet unique nutrient needs for specific disease conditions. The DME provider's record for the participant must adequately document the specific condition and the need for the special nutrient. This information shall be made available to the State upon request.

### **ENTERAL NUTRITION SUPPLIES**

Enteral nutrition may be administered by oral intake or by feeding tube via gravity, syringe or pump. Pump administration is covered only when one of the following criteria is met:

1. The patient has a jejunostomy tube; OR
2. The patient has a gastrostomy tube or NG tube and the medical record documents one of the following:
  - a. A trial and failure of administration by both gravity and syringe or documentation that those methods of administration are medically contraindicated; OR
  - b. A pump is medically necessary due to reflux and/or aspiration; severe diarrhea; dumping syndrome; administration rate less than 100 ml/hr; blood glucose fluctuations; or circulatory overload.

The appropriate feeding supply kit must correspond to the prescribed and documented method of administration based on medical need.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**