

# Enteral Formulae and Parenteral Nutritional Solutions, DME

### Policy

Mass General Brigham Health Plan only reimburses participating DME vendors for the provision of medically necessary enteral and parenteral formulae and nutritional solutions for use in the home.

Reimbursement is based on the provider's contract with Mass General Brigham Health Plan and the Mass General Brigham Health Plan's fee schedule in effect on the date of service.

### Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates and the Mass General Brigham Health Plan's fee schedule in effect on the date of service. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan's Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

## Provider Payment Guidelines

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Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [General Coding and Billing](#) for more information.

All claims are subject to audit; medical records may be requested from the provider.

Mass General Brigham Health Plan reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type.

### Limitations

Coverage for modified low protein food products for inborn diseases of amino acids and organic acids not to exceed \$5,000.00 annually for any insured individual.

### Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

### Definitions

**Enteral Nutrition (EN):** A way to provide nutrition for patients with a functioning intestinal tract, but with disorders of the pharynx, esophagus, or stomach that prevents nutrients from reaching the absorbing surfaces in the small intestines. The patient is at risk for severe malnutrition. EN involves administering non-sterile liquids directly into the gastrointestinal tract through nasogastric, gastrostomy, or jejunostomy tubes. An infusion pump may be used to assist the flow of liquids. Feedings may be intermittent or continuous (infused 24 hours per day).

**HCPCS Level II “B” Codes:** Enteral and parenteral therapy codes, including formulae, nutritional solutions, medical supplies and infusion pumps.

**State Mandate:** A requirement by the Commonwealth of Massachusetts that health insurers provide a defined minimum level of coverage for specific health conditions.

**Total Parenteral Nutrition (TPN):** Intravenous feeding that provides a patient with all the fluid and the essential nutrients when they are unable to feed themselves by mouth.

## Provider Payment Guidelines

### Mass General Brigham Health Plan Reimbursement

Please refer to [Mass General Brigham Health Plan Medical Policy 020, Enteral Nutrition Formulas and Supplements](#) for state-mandated conditions, exclusions, and non-covered products.

### Mass Health ACO Members

Mass General Brigham Health Plan ACO pays per MassHealth payment methodologies. Claims billed with codes that require invoice pricing shall deny, and providers are required to submit an invoice for payment. For additional information, please see the following MassHealth Links:

- [MassHealth 101 CMR 322.00: Durable medical equipment, oxygen and respiratory therapy equipment](#)
- [MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool \(v.41.8\)](#)

### Procedure Codes Applicable to Guideline

*Note: This list of codes may not be all-inclusive.*

Code	Descriptor
B4100	Food thickener, administered orally, per oz
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (e.g., fiber)
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

## Provider Payment Guidelines

Code	Descriptor
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix

## Provider Payment Guidelines

<b>Code</b>	<b>Descriptor</b>
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix
B4185	Parenteral nutrition solution, per 10 grams lipids
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day
B4220	Parenteral nutrition supply kit; premix, per day
B4222	Parenteral nutrition supply kit; home mix, per day
B4224	Parenteral nutrition administration kit, per day
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephrAmine, RenAmine - premix
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix
S9434	Modified solid food supplements for inborn errors of metabolism

## Provider Payment Guidelines

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Code	Descriptor
S9435	Medical foods for inborn errors of metabolism

### Provider Payment Guidelines and Documentation

Submit all bills for enteral and parenteral formulae and nutritional solutions on a CMS 1500 form, or its electronic equivalent.

Enter the authorization number in Form Locator 23 on CMS 1500, or its electronic equivalent. When more than one date of service is submitted per claim form, itemize each date of service on a separate claim line in Form Locator 45.

For each enteral and parenteral formulae or nutritional solution use the appropriate “B” code. Calculate the units in accordance with the HCPCS code descriptor.

In addition to submission of the appropriate HCPCS “B” code for each enteral and parenteral formulae and nutritional solution, submit the following:

- Product description, (e.g., with HCPCS code B4155, submit “Juven Powder” if that is the brand product supplied).
- Units supplied in accordance with the HCPCS descriptor.

### References

[CMS Local Coverage Determination - Enteral Nutrition \(L38955\)](#)

[CMS Local Coverage Article - Enteral Nutrition - Policy Article \(A58833\)](#)

[Mass General Brigham Health Plan Medical Policy 020, Enteral Nutrition Formulas and Supplements](#)

[MassHealth Guidelines for Medical Necessity Determination for Enteral Nutrition and Special Medical Formulas](#)

[MassHealth Physician Bulletin 87, August 2008: Clarification of Coverage of Formulas \(Enteral- Nutrition Products\)](#)

[Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)

## Publication History

<b>Topic: Enteral Formulae and Parenteral</b>	<b>Owner: Network Management Nutritional Solutions, DME</b>
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- July 20, 2011*                      *Original documentation*
- January 01, 2019*              *Document restructure; codes, code descriptor and references updated*
- January 01, 2023*              *Document rebrand; updated references*
- January 01, 2023*              *Annual review, no policy change*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan’s payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers ‘contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.