## **Documentation** | **2021 MEDICARE PART B Enteral HCPCS Codes** — NESTLÉ HEALTHCARE NUTRITION PRODUCTS

HCPCS CODE	PRODUCT NAME				
<b>B4100</b> Food thickener, administered orally, per ounce.	RESOURCE® THICKENUP®, RESOURCE® THICKENUP® CLEAR				
<b>B4102</b> Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids). (500 mL = 1 unit)	ARGINAID EXTRA®, BOOST BREEZE®				
<b>B4103</b> Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids). (500 mL = 1 unit)	BOOST BREEZE <sup>®</sup> ,				
<b>B4104</b> Additive for enteral formula (e.g. fiber).	NUTRISOURCE® FIBER				
<b>B4149</b> Enteral formula, 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)	COMPLEAT®, COMPLEAT® PEDIATRIC, COMPLEAT® PEDIATRIC REDUCED CALORIE, COMPLEAT® ORGANIC BLENDS, COMPLEAT® PEDIATRIC ORGANIC BLENDS				
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)	BOOST® ORIGINAL, BOOST CALORIE SMART®, BOOST® HIGH PROTEIN, BOOST® MAX, CARNATION BREAKFAST ESSENTIALS®, CARNATION BREAKFAST ESSENTIALS® HIGH PROTEIN, CARNATION BREAKFAST ESSENTIALS® LIGHT START™, FIBERSOURCE® HN, ISOSOURCE® HN, NUTREN® 1.0, NUTREN® 1.0 FIBER, OPTIFAST HP® SHAKE MIX, OPTIFAST® VERY HIGH PROTEIN DRINK, REPLETE®, REPLETE® FIBER				
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)	BOOST PLUS®, BOOST® VHC, ISOSOURCE® 1.5 CAL, NUTREN® 1.5, NUTREN® 2.0, RESOURCE® 2.0				
B4153 Enteral formula, nutritionally complete hydrolyzed proteins (amino acids and peptide chain) includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. (100 calories = 1 unit)	COMPLEAT® PEPTIDE 1.5, IMPACT® PEPTIDE 1.5, PEPTAMEN®, PEPTAMEN® 1.5, PEPTAMEN® 1.5 with PREBIO¹™, PEPTAMEN AF®, PEPTAMEN® INTENSE VHP, PEPTAMEN® with PREBIO¹™, TOLEREX®, VIVONEX® PLUS, VIVONEX® RTF, VIVONEX® T.E.N.				
B4154 Enteral formula, nutritionally complete 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)	BOOST GLUCOSE CONTROL®, DIABETISOURCE® AC, GLYTROL®, IMPACT®, IMPACT ADVANCED RECOVERY®, NOVASOURCE® RENAL, NUTREN® PULMONARY, RENALCAL®				
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)	ARGINAID®, BENECALORIE®, BENEPROTEIN®, GLUTASOLVE®, MCT OIL®, MICROLIPID™				
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)	BOOST® KID ESSENTIALS™, BOOST® KID ESSENTIALS™ 1.5 CAL, BOOST® KID ESSENTIALS™ 1.5 CAL with FIBER, CARNATION BREAKFAST ESSENTIALS®, NUTREN JUNIOR®, NUTREN JUNIOR® FIBER				
<b>B4161</b> 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)	ALFAMINO® INFANT, ALFAMINO® JUNIOR, COMPLEAT® PEDIATRIC PEPTIDE 1.5, PEPTAMEN JUNIOR®, PEPTAMEN JUNIOR® 1.5, PEPTAMEN JUNIOR® with PREBIO¹™, PEPTAMEN JUNIOR® FIBER, PEPTAMEN JUNIOR® HP, PEPTAMEN JUNIOR® PHGG, VIVONEX® PEDIATRIC				

## CONDITIONS WHICH REQUIRE EXTRA DOCUMENTATION

- Use of formulas B4149, B4153-B4157, B4161 and B4162 requires documentation of medical necessity describing why the patient cannot or should not utilize standard formulas, B4150 or B4152. These products are prescribed for specific conditions or diseases and medical documentation provided should reflect both the functional impairments of digestion and absorption, and the need for special formula.
- Tube feeding administered by pump. Gravity feeding is not satisfactory due to:
- Reflux and/or aspiration; or
- Severe diarrhea; or
- Dumping syndrome; or
- Administration rate less than 100 mL/hr; or
- Blood glucose fluctuations; or
- Circulatory overload; or
- Gastrostomy/jejunostomy tube used for feeding

PLEASE NOTE: Reimbursement information provided by Nestlé HealthCare Nutrition, Inc., (HCN) is gathered from third party sources and is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice and does not constitute a recommendation related to medical necessity or the documentation that should be provided in connection with a given patient or claim. All medical necessity determinations must be made by the responsible clinician. HCN makes no representation or warranty regarding this information or its completeness, accuracy, timeliness, or applicability to a particular patient. HCN specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this document. Suppliers are responsible for submitting accurate and appropriate claims for services. Laws, regulations and payer policies concerning reimbursement are complex and change frequently. Accordingly, HCN recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage and reimbursement matters.

ENTERAL FORMULAS administered through an enteral tube. Medicare will not pay for formulas taken orally. If submitting Medicare claim for denial, add the "BO" modifier.

For additional information on Nestlé Health Science products, please contact your local Sales Representative, or call:

> 1-800-422-ASK2 (2752) NestleMedicalHub.com



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## **DOCUMENTATION**

**Examples for Special Enteral Formulas** 

This information has been provided for illustrative purposes only and does not constitute legal or reimbursement advice.

Policies and regulations change frequently and are subject to interpretation. The entity submitting claims must assure itself that the reimbursement information is accurate and applicable to the claim being filed. Current Medicare Part B information is also available at cms.hhs.gov.

Nestlé Health Science Nutrition Products	IMPACT® PEPTIDE 1.5, PEPTAMEN®, PEPTAMEN® 1.5, PEPTAMEN® 1.5 WITH PREBIO¹™, PEPTAMEN AF™, PEPTAMEN® INTENSE VHP, PEPTAMEN® WITH PREBIO¹™, TOLEREX®, VIVONEX® PLUS, VIVONEX® RTF, VIVONEX® TEN	IMPACT® PEPTIDE 1.5, PEPTAMEN® 1.5, PEPTAMEN® 1.5 WITH PREBIO¹™, PEPTAMEN AF®, PEPTAMEN® INTENSE VHP, VIVONEX® RTF	IMPACT®, IMPACT ADVANCED RECOVERY®, IMPACT® PEPTIDE 15	TOLEREX®, VIVONEX® PLUS, VIVONEX® RTF, VIVONEX® T.E.N.		NUTREN® PULMONARY, PEPTAMEN® INTENSE VHP	NOVASOURCE® RENAL, RENALCAL®	COMPLEAT®, COMPLEAT® PEDIATRIC, COMPLEAT® PEDIATRIC REDUCED CALORIE, COMPLEAT® ORGANIC BLENDS, COMPLEAT® PEDIATRIC ORGANIC BLENDS
DOCUMENTATION EXAMPLES	Peptide-Based Nutritionally Complete, Complete Elemental Nutrition and Elemental Powder for patients with impaired GI function		Immune-modulating, high protein formulas for surgical and trauma patients	Low fat, free amino acid formula for patients with malabsorption	with abnormal glucose tolerance	Complete nutrition for pulmonary disease or impairment	Complete nutrition for acute kidney injury (AKI) or chronic kidney disease (CKD) on dialysis	Blenderized tube feeding for intolerance to standard formulas
1. Patient experienced worsening of their condition while using semi- synthetic intact protein/ protein isolates.	Gl impairment with malabsorption of nutrients including: Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Pancreatitis IBD, Short Bowel Syndrome Delayed Gastric Emptying Chylous Ascites Abdominal pain Weight loss	Gl impairment with malabsorption of nutrients including: Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Pancreatitis IBD, Short Bowel Syndrome Delayed Gastric Emptying Chylous Ascites Obesity Abdominal pain Weight loss Pressure injury Failure of wound to heal	Weight loss     Failure of wound to heal     Increase in size or stage of pressure injury     Infection     Pressure Injury	Persistent diarrhea, steatorrhea Persistent nausea and/or vomiting Abdominal pain Weight loss Severely impaired GI Function			Increased BUN and creatinine     Elevated serum electrolytes requiring restriction     Progressive chronic renal failure with uremic symptoms where dialysis contraindicated (RENALCAL®)     Dialysis	Persistent diarrhea Chronic constipation Persistent nausea and/or vomiting Post-fundoplication retching and gagging Abdominal pain Gas/Bloating Excessive weight gain or adiposity in the absence of overfeeding Reduced bone mass associated with malnutrition Allergic reaction (GI, Skin, Respiratory symptoms)
2. Medical record adequately documents specific medical condition and the need for the specialty nutrients formulated for that condition		Significant injury, wound, burn Malnutrition documentation of symptoms or assessment High output fistula Short bowel syndrome Chyle leak Symptomatic pancreatitis Obesity Blood Glucose Management	Significant injury, wound, burn     Infection risk	Malnutrition documentation of symptoms or assessment     Chylothorax     High-output fistula     Ileus	Type 1 or Type 2 Diabetes Mellitus     BMI greater than or equal (≥) 30	<ul> <li>PCO<sub>2</sub> &gt; 50</li> <li>Weaning from ventilator</li> </ul>	Severe electrolyte imbalance, Elevated BUN, creatinine, BUN:Crratio	Gastric emptying studies Reduced energy needs confirmed by indirect calorimetry or excessive weight gain in the absence of overfeeding Osteopenia associated with malnutrition Low vitamin/mineral status confirmed by laboratory tests Intolerance to standard formulas without the existence of malabsorption Unable to tolerate volume recommended to meet nutrient requirements Food allergen diagnostic profile
3. The diagnosis is appropriate for a specific formula.	Regional enteritis/Crohn's     Radiation enteritis     AIDS-related complex     Cystic fibrosis     Celiac disease     Diarrhea     Sprue     Pancreatic steatorrhea     Chyle leak or chylous ascites     Gastritis and duodenitis     Post-gastric surgery syndromes     Blind duodenal loop syndrome     Vascular insufficiency of intestine     Superior mesenteric artery syndrome     Pseudo-obstruction of intestine     Other and unspecified protein-calorie malnutrition     Complications of intestinal anastomosis and bypass	Diagnosis noted in previous column and the following:  Post-operative infection Gastrointestinal injury Open wound of head, neck, or trunk Open wound of lower limb Open wound of lower limb Bacterial infection Pneumonia Chronic ulcer of skin Post-operative fistula Cachectic diarrhea Pressure injury Surgical wounds	Post-operative infection Gastrointestinal injury Open wound of head, neck, or trunk Open wound of upper limb Open wound of lower limb Surgical Wounds Burn Wounds Pneumonia Chronic ulcer of skin Other and unspecified protein-calorie malnutrition Trauma—Motor Vehicle Traffic Accidents Burn, not otherwised specified Accident caused by firearm missile Assault by cutting and piercing instrument	Regional enteritis/Crohn's     Radiation enteritis     Vascular insufficiency of intestine     Superior mesenteric artery syndrome     AIDS-related complex     Pseudo-obstruction of intestine     Pancreatic steatorrhea     Chronic pancreatitis     Chronic duodenal ileus     Post-gastric surgery syndromes     Blind duodenal loop syndrome     Blind loop syndrome     Blind loop syndrome     Post-surgical diarrhea     Fistula of intestine     Whipple's disease     Other specified intestinal malabsorption     Complications of intestinal anastomosis and bypass	Type 2 DM     Post-surgical hypoinsulinemia	Post-operative pulmonary insufficiency     Chronic respiratory failure     COPD	Acute Kidney Injury (AKI)     Chronic kidney disease (CKD) on dialysis     Electrolyte restriction or fluid restriction due to AKI or CKD	Diarrhea Constipation Nausea and vomiting Inadequate weight gain and/or weight maintenance Inadequate growth Volume intolerance Severe/multiple food allergies
4. Supporting lab or clinical data demonstrates the need for this formula.	Results of trials with other formulas Results of tube placement/administration method changes Laboratory tests documenting malnutrition: albumin, CT Confirmation of muscle wasting prealbumin, transferrin, vitamin levels, Laboratory tests confirming malabsorption: fecal fat, d-xylose Weight loss Regative nitrogen balance Stool or ostomy output I and O's Evidence of skin breakdown due to diarrhea Radiographic reports of enteritis Progress notes ruling out infections or medication induced diarrhea (If medication change not possible, document formula use to ameloriate diarrhea) Surgery or pathology reports confirming gastric, pancreatic or bowel resection or bypass.	Document malabsorption as noted in previous column.  Also document:     Protein and/or energy needs, calculations     Wound staging and treatment response     Anergy: total lymphocyte count, skin testing, transferrin     BMI     Blood Glucose	Results of trials with other formulas Results of tube placement/administration method changes Weight loss Protein and/or energy needs, calculations Wound staging and treatment response Laboratory tests documenting malnutrition: albumin, prealbumin, transferrin, vitamin levels Trauma indications: Injury Severity Score ≥ 18, Abdominal Trauma Index ≥ 20, Glasgow Coma Scale < 8, Burns ≥ 30% of total body surface area	Results of trials with other formulas Results of tube placement/administration method changes Laboratory tests documenting malnutrition: albumin, prealbumin, transferrin, vitamin levels Laboratory tests confirming malabsorption: fecal fat, d-xylose Weight loss Negative nitrogen balance Stool or ostomy output, I and O's Evidence of skin breakdown due to diarrhea Radiographic reports of enteritis Progress notes ruling out infectious or medication induced diarrhea (If medication change not possible, document formula use to ameliorate diarrhea) Surgery or pathology reports confirming gastric, pancreatic or bowel resection or bypass	calories/day during use of standard formula (to assure that patient was not overfed)  Inadequate blood glucose control:	ABG PCO <sub>2</sub> Energy needs: document that patient is not overfed Ventilator settings Progress notes: weaning	BUN Creatinine Creatinine clearance GFR Electrolyte levels (K, Phos) Order for fluid, electrolyte, and/or protein restrictions	Results of trials with other formulas Results of tube placement/administration method changes Results of medication trials Radiographic studies documenting transit time Transferrin, vitamin/mineral levels Weight loss Negative nitrogen balance Intake (mL) is significantly less than recommended tube feeding order Stool or ostomy output I and O's Evidence of skin breakdown due to diarrhea