



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

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Subject Nutritional Support

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INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

Coverage for nutritional formula is dependent upon medical benefit plan language and may be governed by state mandates. Nutritional formula benefit plan language differs significantly across plans. Refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

Oral and Enteral Nutritional Formula

Under many benefit plans formerly administered by Great-West Healthcare enteral nutrition is covered when it is necessary to sustain life or health, used in the treatment of, or in association with, a demonstrable disease, condition or disorder, and is the sole source of nutrition or a significant percentage of the daily caloric intake. The administration of enteral nutrition requires ongoing evaluation and management by a physician. In addition, coverage under these plans does not include: 1) Regular grocery products (including over-the-counter infant formulas such as Similac, Nutramigen and Enfamil) that meet the nutritional needs of the patient or 2) Medical food products that: are prescribed without a diagnosis requiring such foods; used for convenience purposes; that have no proven therapeutic benefit without an underlying disease, condition or disorder; used as a substitute for acceptable standard dietary interventions; or used exclusively for nutritional supplementation.

Under many CIGNA plans, oral or enteral nutritional therapy, formula and supplementation are not covered for any indication unless it is mandated by state law or specifically included in the benefit plan document.

However, CIGNA covers oral infant nutritional formula as medically necessary for the treatment of inborn errors of metabolism or inherited metabolic diseases.

As noted above, coverage for nutritional formula is generally limited to oral infant formula for the treatment of inborn errors of metabolism and inherited metabolic diseases. Under many CIGNA plans, all other nutritional formula, including enteral formula is excluded regardless of indication or use and therefore is generally not covered.

If coverage for enteral nutritional formula exists under the specific CIGNA plan, the following conditions of coverage apply:

CIGNA covers home enteral nutritional formula as medically necessary when the formula is the primary source of nutrition (i.e., 60% or more of caloric nutritional intake) and ALL of the following criteria are met:

- Without enteral feedings, the individual would be unable to obtain sufficient nutrients to maintain an appropriate weight by dietary adjustment and/or oral supplements.
- The individual has **ONE** of the following conditions that is expected to be permanent or of indefinite duration:
 - an anatomical or motility disorder of the gastrointestinal tract that prevents food from reaching the small bowel
 - disease of the small bowel that impairs absorption of an oral diet
 - a central nervous system/neuromuscular condition that significantly impairs the ability to safely ingest oral nutrition.

Home Parenteral Nutrition

CIGNA covers home parenteral/home total parenteral nutrition (TPN) as medically necessary when the individual's nutritional status cannot be adequately maintained on oral or enteral feedings.

Intradialytic Parenteral Nutrition (IDPN)

CIGNA covers intradialytic parenteral nutrition (IDPN) as medically necessary when BOTH of the following criteria are met:

- The individual is on chronic hemodialysis.
- The individual's nutritional status cannot be adequately maintained on oral or enteral feedings.

Home Enteral and Parenteral Infusion Pumps

Coverage for home enteral and home parenteral infusion pumps is subject to the terms, conditions and limitations of the applicable benefit plan's Durable Medical Equipment (DME) benefit and schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage for home enteral infusion pumps is available, CIGNA covers one (1) home enteral infusion pump as medically necessary DME when criteria for enteral feedings have been met and the individual cannot tolerate gravity or syringe feedings or requires a controlled rate of infusion.

If coverage for home parenteral infusion pumps is available, CIGNA covers one (1) home parenteral infusion pump and associated supplies as medically necessary DME when criteria for home parenteral nutrition have been met.

Non-covered Items

As each is considered a "nutritional supplement" or "formula" and thus excluded from coverage under many benefit plans, CIGNA does not cover ANY of the following items for any condition or indication:

- standardized or specialized infant formula for conditions other than inborn errors of metabolism or inherited metabolic diseases, including, but not limited to: food allergies; multiple protein intolerances; lactose intolerances; gluten-free formula for gluten-sensitive enteropathy/celiac disease; milk allergies; sensitivities to intact protein; protein or fat maldigestion; or intolerances to soy formulas or protein hydrolysates
 - food thickeners
 - dietary and food supplements
 - lactose-free products; products to aid in lactose digestion
 - gluten-free food products
 - weight-loss foods and formula; products to aid weight loss
 - normal grocery items
 - low carbohydrate diets
 - baby food
 - grocery items that can be blenderized and used with an enteral feeding system
 - nutritional supplement puddings
 - high protein powders and mixes
 - oral vitamins and minerals
-

General Background

Specialized nutritional support is often required for patients who have chronic disease or for those undergoing long-term rehabilitation who are at risk for malnutrition. Nutritional support can be provided orally, enterally (through a tube into the stomach or small intestine), and intravenously.

Malnutrition is commonly defined in the medical literature as a non-edematous or post-dialysis weight loss of at least 10% of ideal body weight over a three-month period or a serum albumin of less than 3.4 grams/dL. Malnutrition can occur in otherwise healthy individuals when they are deprived of adequate nutrients for an extended period of time.

Oral and Enteral Nutrition

Nutritional support provided via the gastrointestinal tract can be taken by mouth or provided enterally. Oral nutrition refers to nutrition taken through the mouth. Enteral nutrition is commonly defined as the provision of nutritional requirements through a tube in the stomach or small intestine.

Individuals may require enteral nutritional therapy to provide sufficient nutrients to maintain weight and strength commensurate with their overall health status if their nutritional needs cannot be met through dietary adjustments and/or oral supplements. In general, patients may require enteral nutritional therapy when they have one of the following:

- a functional impairment or disease of the structures that normally permit food to reach the small bowel
- a disease of the small bowel that impairs digestion and/or absorption of an oral diet

Enteral Infusion Pumps

Enteral feedings are delivered by syringe, gravity, or via an electric infusion pump. Feedings can be delivered on an intermittent or continuous basis. Pump-controlled infusions may be recommended for jejunal feedings and for gastrostomy feedings to decrease gastroesophageal reflux. Medically necessary indications for the use of a pump include:

- The individual's medical condition is such that gravity or syringe feeding is not clinically appropriate (e.g., there is a risk of aspiration or reflux).
- The individual's medical condition requires that the nutritional formula administration rate is such that a pump is required to titrate infusion for patient safety (i.e., less than 100 cc per hour).
- The individual has severe diarrhea, dumping syndrome, fluctuating blood glucose levels, or a condition that results in circulatory overload.

U.S. Food and Drug Administration (FDA): According to the FDA, infusion pumps are medical devices used in a health care facility to pump fluids into a patient in a controlled manner. These devices may use a piston pump, a roller pump, or a peristaltic pump and may be powered electrically or mechanically. They may also operate using a constant force to propel the fluid through a narrow tube which determines the flow rate, and may include means to detect a fault condition, such as air in, or blockage of, the infusion line and to activate an alarm. These infusion pumps are classified as Class II devices.

Inborn Errors of Metabolism

Oral or enteral nutritional formula may be required for infants with inborn errors of metabolism or inherited metabolic disorders. Inborn errors of metabolism and inherited metabolic disorders are defined as a group of rare inherited disorders caused by amino acid and urea cycle metabolism that are treatable by the dietary restriction of one or more amino acids. In these disorders, the metabolic pathway is disrupted and excessive accumulation of an amino acid or other product results. Clinical manifestations include developmental delay, mental retardation, and central nervous system dysfunction. If the appropriate dietary restriction of one or more applicable amino acids is introduced early in life, complications can be prevented or limited. Defects in amino acid transport, amino acid metabolism and urea cycle are included in this category (National Institutes of Health [NIH], 2004; Rezvani, 2007)

Some common examples of these disorders include, but are not limited to (Rezvani, 2007):

- maple syrup urine disease (MSUD) type Ib and II
- phenylketonuria (PKU)
- homocystinuria
- tyrosinemia types I, II and III
- glutaric aciduria/glutaric acidemia type I and II
- methylmalonic acidemia

Malabsorption Syndromes

Individuals with malabsorption syndromes may benefit from enteral nutritional support. Malabsorption syndrome refers to the disordered or inadequate absorption of nutrients from the intestinal tract, especially the small intestine. Enteral nutritional support may be indicated when the formula comprises the primary source of nutrition (i.e., 60% or more of caloric nutritional intake). Malabsorption syndromes may be associated with or due to a number of diseases, including (Garcia-Careaga, 2004):

- infections
- tropical sprue
- celiac disease
- pancreatic insufficiency
- pancreatitis
- cystic fibrosis
- post-gastrectomy malabsorption
- Crohn's disease
- ulcerative colitis (when there are documented objective signs and symptoms of malabsorption such as serum albumin levels)
- short-bowel syndrome
- radiation enteritis
- parenchymal liver disease
- cholestatic liver disease
- post-intestinal resection malabsorption
- eosinophilic gastrointestinal disorders
- Whipple's disease
- giardiasis
- lymphangiectasia

Malabsorption can also be due to the use of specific drugs that cause inadequate digestion or bind or precipitate bile salts such as neomycin, cholestyramine and orlistat.

Conditions that are not considered malabsorption syndromes include, but are not limited to:

- food allergies
- cow's milk allergies
- lactose intolerance
- sensitivities to intact protein
- protein or fat maldigestion
- multiple protein intolerances

Parenteral Nutrition

Parenteral nutrition refers to the intravenous provision of micro- or macro-nutrients to prevent or correct nutritional deficiency. It is typically reserved for situations when there is inadequate or insufficient absorption of nutrients through the gastrointestinal tract. Peripheral parenteral nutrition (PPN) is typically used for a short time (up to two weeks) because of limited patient tolerance and few suitable peripheral veins. In patients whose disease produces temporary or permanent loss of the absorptive surface of the small intestine, longer term parenteral nutrition may be required. Long-term total parenteral nutrition (TPN) is necessary when parenteral feedings are indicated for longer than two weeks, peripheral access is limited, nutrient needs are large or fluid restriction is required. TPN is delivered through a central catheter that is burrowed through a subcutaneous tunnel on the anterior chest. Home parenteral nutrition may be indicated in patients who require long-term TPN. Indications for home parenteral nutrition include: bowel infarction, pathological conditions resulting in short bowel syndrome, inflammatory bowel disease with multiple fistulas, malabsorption-associated radiation enteritis, scleroderma, and carcinoma of the bowel, an abdominal cavity that results in chronic obstruction, intestinal dysfunction, or diarrhea and malabsorption associated with aggressive chemotherapy or abdominal irradiation.

In general, it is clinically appropriate to initiate parenteral nutrition when all of the following are met:

- Weight and strength maintenance commensurate with the patient's overall health status cannot be achieved by modifying the nutrient composition of the enteral diet (e.g., lactose-free diet) or by utilizing pharmacologic means to treat the etiology of the malabsorption.
- The patient is malnourished (i.e., 10% weight loss over three months or less and serum albumin less than or equal to 3.4 gm/dL).
- The patient has a disease or clinical condition that has not responded to altering the manner of delivery of appropriate nutrients (e.g., slow infusion of nutrients through a tube with the tip located in the stomach or jejunum).

In addition to the above criteria, additional specific indications for parenteral nutrition include any of the following:

- The patient has undergone (within the past three months) massive small bowel resection leaving less than or equal to five feet of small bowel beyond the ligament of Treitz.
- The patient has a short bowel syndrome severe enough that the patient has a net gastrointestinal fluid and electrolyte malabsorption such that on an oral intake of 2.5–3 liters/day the enteral losses exceed 50% of the oral/enteral intake, and the urine output is less than one liter/day.
- The patient requires bowel rest for at least three months and is receiving intravenously 20–35 cal/kg/day for treatment of symptomatic pancreatitis with/without pancreatic pseudocyst, severe exacerbation of regional enteritis, or a proximal enterocutaneous fistula where tube feeding distal to the fistula is not possible.
- The patient has complete mechanical small bowel obstruction where surgery is not an option.
- The patient is significantly malnourished (i.e., 10% weight loss over three months or less and serum albumin less than or equal to 3.4 gm/dl) and has very severe fat malabsorption (i.e., fecal fat exceeds 50% of oral/enteral intake on a diet of at least 50 gm of fat/day as measured by a standard 72-hour fecal fat test).
- The patient is significantly malnourished (i.e., 10% weight loss over three months or less and serum albumin less than or equal to 3.4 gm/dL) and has severe motility disturbance of the small intestine and/or stomach that is unresponsive to medication.

The use of parenteral nutrition is not without risk and should only be considered when adequate nutritional intake cannot be achieved through oral or enteral nutrition. Parenteral nutrition can cause serious complications related to the presence of intravenous lines and metabolic imbalances from inappropriate nutrient formulations. Central venous catheter insertion can result in damage to local structures including: pneumothorax, brachial plexus injury, subclavian and carotid artery puncture, hemothorax, thoracic duct injury, and chylothorax. Air embolism and thrombosis of the catheter or veins can also occur. Fluid overload, hypertriglyceridemia, hypercalcemia, hypoglycemia, hyperglycemia and nutrient deficiencies can all result from administering the inappropriate combination and proportion of nutrients (Howard, et al., 2003; Klein and Rubin, 2002; Koretz, et al., 2001).

Intradialytic Parenteral Nutrition (IDPN)

IDPN is a form of parenteral nutrition infused during dialysis. IDPN has been proposed as a treatment option for malnutrition associated with patients on maintenance hemodialysis (MHD). This type of parenteral nutrition has the advantage of providing calories and protein during HD without the need for a central venous catheter. The serum albumin level is considered to be a key measure for assessing nutritional status (Koppel, 2001; National Kidney Foundation (NKF)/Kidney Disease Outcomes Quality Initiative [KDOQI], 2000).

IDPN is generally indicated when the malnourished patient suffers from a permanently (i.e., greater than three months) impaired gastrointestinal tract and there is insufficient absorption of nutrients to maintain adequate strength and weight. It may also be indicated in malnourished patients with a functioning gastrointestinal tract but who are metabolically challenged, resulting in the inability to meet protein and energy requirements (1.2 gm protein/kg/day) with food intake or enteral feedings. The clinical record should demonstrate that the patient cannot be maintained on oral or enteral feedings and that due to severe pathology of the gastrointestinal tract or metabolic challenges, the patient must be infused with nutrients. Infusions should be vital to the nutritional stability of the patient and not supplemental to a deficient diet caused by dialysis.

Indications for IDPN include both of the following:

- patients who cannot tolerate or have not responded adequately to oral or enteral supplements
- patients who have clinical signs of malnutrition such as serum albumin concentrations of < 3.4 gm/dL, a 10% loss of ideal body weight, a dietary protein intake of < 0.8 gm/kg, and a dietary intake of < 25 kcal/kg (Lazarus, 1999).

Literature Review

While there is compelling evidence demonstrating the role that malnutrition plays in morbidity and mortality in the chronic dialysis patient, the evidence is less clear on treatment options and the impact specific treatments, including IDPN, have on health outcomes. A systematic review by Sigrist et al. (2010) found the evidence from available randomized controlled trials (RCTs) (n=3 studies) insufficient to demonstrate either a net benefit or a net harm associated with the use of IDPN in malnourished hemodialysis patients. Another systematic review (n=3 RCTs) by Foulks (1999) found considerable heterogeneity in study design, patients selected for therapy, types of IDPN used and outcome criteria. Therefore a clear recommendation could not be made regarding the use of IDPN.

An RCT (n=166) by Cano et al. (2007) reported significant improvement in body weight and serum albumin levels for patients who received IDPN versus those who received oral supplementation alone. However study results demonstrated no survival advantage for the IDPN group.

Additional evidence in the published peer-reviewed medical literature evaluating the safety and effectiveness of IDPN consists of nonrandomized comparative trials, cohort studies, and case series (Korzets, et al., 2008; Joannidis, et al., 2007; Cherry, et al., 2002; Pupim, et al., 2002; Capelli, et al., 1994; Chertow, et al., 1994). Some studies have had small sample sizes and short duration of follow-up. Outcomes have included improvement in dry weight, serum albumin levels, and survival rates. The largest study to date, Chertow et al. (1994), was a multicenter retrospective case series comparing the morbidity of IDPN patients (n=1679) with untreated controls (n=22,517). Dialysis patients with a serum albumin of < 3.4 gm/dL who were treated with IDPN experienced increased albumin and creatinine levels, as demonstrated on time trend analyses. A reduction in the odds of death at one year with the effect stronger at lower levels of creatinine compared to controls was also reported.

Although study results have been variable, in general the available evidence is supportive of the use of IDPN in a subset of MHD patients who are unable to meet daily nutritional requirements with oral or enteral intake.

Professional Societies/Organizations

A 2006 guideline developed by the National Institute for Health and Clinical Excellence (NICE) states that nutrition support should be considered in people who are malnourished, as defined by any of the following:

- a body mass index (BMI) of less than 18.5 kg/m²
- unintentional weight loss greater than 10% within the last 3–6 months
- a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3–6 months.

Nutrition support should also be considered for those at risk for malnutrition including individuals who have a poor absorptive capacity, have high nutrient losses, and/or have increased nutritional needs from causes such as catabolism. The guideline further states that if there is either partial or complete intestinal failure (e.g., obstruction, ileus, extensive surgical resection, malabsorption), or if the gastrointestinal tract cannot be accessed, some or all of a patient's nutritional needs may be met using an intravenous infusion of parenteral nutrition (PN) (NICE, 2006).

The American Gastroenterological Association published medical position statements on enteral (1995) and parenteral (2001) nutrition. Enteral nutrition is considered for patients who cannot or will not eat, who have a functioning gastrointestinal tract and a safe method of access. Enteral support should be initiated after 1–2 weeks without nutrition. Enteral feeding is preferable over parenteral therapy, provided there are no contraindications, access can be obtained safely, and oral intake is not possible. Mechanical obstruction is the only contraindication to enteral feeding. For short-term needs, a nasogastric or nasoenteric tube is used, whereas a gastrostomy or jejunostomy tube is used for long-term needs. In general, parenteral nutrition is indicated to prevent the adverse effects of malnutrition in patients who are unable to obtain adequate nutrients by oral or enteral routes. The decision to use parenteral nutrition requires an understanding of the patient's clinical condition and anticipated outcome, judgment as to the patient's ability to tolerate undernutrition, knowledge of the clinical efficacy of parenteral nutrition and an appreciation of the patient's desires and needs.

The National Kidney Foundation (NKF) in their Kidney Disease Outcomes Quality Initiative (2000) listed their indications for nutritional support in individuals who are undergoing maintenance dialysis and are unable to meet their protein and energy needs. According to the NKF, the period of inadequate intake after which nutritional support should be instituted ranges from days to two weeks depending on the severity of the patient's condition, degree of malnutrition, and degree of inadequacy of their intake. A complete nutritional assessment should be done, and any reversible or treatable condition or medication that would interfere with appetite or cause malnutrition should be eliminated or treated. Oral diet may be supplemented with energy and protein supplements. If oral nutrition is inadequate, tube feedings should be offered. If tube feedings are not used or are contraindicated, IDPN should be considered in combination with oral intake. TPN should be considered if IDPN and oral intake do not meet the protein and energy needs.

Summary

The ability to ingest and absorb adequate levels of nutrients is inadequate in some individuals. The use of oral, enteral or parenteral nutritional supplements may be necessary for some patients to maintain adequate nutrition. While the evidence supporting the use of or intradialytic parenteral nutrition (IDPN) is not robust, it appears from the published peer-reviewed scientific literature that a specific subset of individuals may benefit from its use. Well-designed, prospective, randomized controlled trials (RCTs) are needed to further evaluate the use of IDPN for malnutrition associated with maintenance hemodialysis.

Coding/Billing Information

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

Coverage for nutritional formula is dependent upon medical benefit plan language and may be governed by state mandates. Nutritional formula benefit plan language differs significantly across plans. Exclusions and limitations may apply. Refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

Covered when medically necessary and when used for the treatment of inborn errors of metabolism or inherited metabolic diseases:

HCPCS Codes	Description
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
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
B9000	Enteral nutrition infusion pump; without alarm
B9002	Enteral nutrition infusion pump; with alarm
S9435 [†]	Medical foods for inborn errors of metabolism

† Note: Covered if used to report oral infant nutritional formula for the treatment of inborn errors of metabolism or inherited metabolic diseases.

ICD-9-CM Diagnosis Codes	Description
270.0-270.9	Disorders of amino acid transport and metabolism
277.81	Primary carnitine deficiency
277.82	Carnitine deficiency due to inborn errors of metabolism
277.85	Disorders of fatty acid oxidation

If coverage for the specific enteral formula is available under the specific health benefit plan, the following may be covered when medically necessary. Coverage for nutritional formula is generally limited to oral infant formula for the treatment of inborn errors of metabolism and inherited metabolic diseases therefore the formulae listed below are frequently not covered, regardless of indication. If coverage under the specific plan is limited to nutritional formula for the treatment of inborn errors of metabolism and inherited metabolic disorders, the formulae listed below is not covered under the plan, regardless of indication:

HCPCS Codes	Description
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
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
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
B9000	Enteral nutrition infusion pump; without alarm
B9002	Enteral nutrition infusion pump; with alarm

ICD-9-CM Diagnosis Codes	Description
007.1	Giardiasis
040.2	Whipple's disease
141.0-141.9	Malignant neoplasm of tongue
146.0-146.9	Malignant neoplasm of oropharynx
150.0-150.9	Malignant neoplasm of esophagus
151.0-151.9	Malignant neoplasm of stomach
152.0-152.9	Malignant neoplasm of small intestine, including duodenum
153.0-153.9	Malignant neoplasm of colon
157.0-157.9	Malignant neoplasm of pancreas
161.0-161.9	Malignant neoplasm of larynx
197.8	Secondary malignant neoplasm of other digestive organs and spleen
270.00- 270.09	Cystic fibrosis
271.3	Intestinal disaccharidase deficiencies and disaccharide malabsorption
330.8	Other specified cerebral degenerations in childhood
335.10-335.9	Anterior horn cell disease
340	Multiple sclerosis
343.0-343.9	Infantile cerebral palsy
345.11	Generalized convulsive epilepsy; with intractable epilepsy
348.1	Anoxia brain damage
348.30- 348.39	Encephalopathy, not elsewhere classified
359.0	Congenital hereditary muscular dystrophy
359.1	Hereditary progressive muscular dystrophy

438.12	Late effects of cerebrovascular disease; dysphagia
530.13	Eosinophilic esophagitis
530.19	Other esophagitis
536.3	Gastroparesis
555.0-555.9	Regional enteritis
556.0-556.9	Ulcerative colitis
557.0-557.9	Vascular insufficiency of intestine
558.1	Gastroenteritis and colitis due to radiation
558.3	Allergic gastroenteritis and colitis
558.41- 558.42	Eosinophilic gastroenteritis and colitis
558.9	Other and non-specified noninfectious gastroenteritis and colitis
560.89	Other specified intestinal obstruction
571.6	Biliary cirrhosis
577.0-577.1	Pancreatitis
579.0-579.9	Intestinal malabsorption
764.10- 764.19	"Light for date" with signs of fetal malnutrition
764.20- 764.29	Fetal malnutrition without mention of "light for dates"
777.1-777.9	Perinatal disorders of digestive system
787.20- 787.29	Dysphagia
852.00- 852.59	Subarachnoid, subdural and extradural hemorrhage, following injury
853.00- 853.19	Other and unspecified intracranial hemorrhage following injury
854.00- 854.19	Intracranial injury of other and unspecified nature
	Multiple/Varied

Covered when medically necessary and when used to report total parenteral nutrition (TPN) or intradialytic parenteral nutrition (IDPN):

HCPCS Codes	Description
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% thru 7%, (500 ml=1 unit)-home mix
B4176	Parenteral nutrition solution; amino acid, 7% thru 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 acids and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein-premix
B4193	Parenteral nutrition solution; compounded amino acids and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein-premix
B4197	Parenteral nutrition solution; compounded amino acids 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 acids 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
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal Amirosyn RF, NephroAmine, RenAmine
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic FreAmine HBC, 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 - premix
B9004	Parenteral infusion pump; portable
B9006	Parenteral infusion pump; stationary

ICD-9-CM Diagnosis Codes	Description
151.0-151.9	Malignant neoplasm of stomach
152.0-152.9	Malignant neoplasm of small intestine, including duodenum
153.0-153.9	Malignant neoplasm of colon
155.0-155.2	Malignant neoplasm of liver
197.4	Secondary malignant neoplasm of small intestine including duodenum
197.5	Secondary malignant neoplasm of large intestine and rectum
197.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
197.7	Secondary malignant neoplasm of liver
197.8	Secondary malignant neoplasm of other digestive organs and spleen
555.0-555.9	Regional enteritis
556.0-556.9	Ulcerative colitis
560.1	Paralytic ileus
560.31	Gallstone ileus
560.81	Intestinal or peritoneal adhesions with obstruction (postoperative) (postinfection)
560.89	Other specified intestinal obstruction
560.9	Unspecified intestinal obstruction
564.2	Postgastric surgery syndromes
577.0-577.1	Pancreatitis
579.3	Other and unspecified postsurgical non absorption
585.6	Chronic kidney disease, stage V
	Multiple/varied

Generally Not Covered:

HCPCS Codes	Description
B4100	Food thickener, administered orally, per ounce
S9434	Modified solid food supplements for inborn errors of metabolism

ICD-9-CM Diagnosis Codes	Description
	All Codes

*Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.

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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare	12/15/2008	0136	Nutritional Support
Great-West Healthcare	12/15/2008	05.277.03	Enteral Nutrition

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