

 DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2024
	Subject: Coverage criteria for enteral and parental nutrition

Enteral and Parental Nutrition Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for enteral and parental nutrition supplies (HCPCS B4105, B4034, B4035, B4036, B4148, B4081-B4083, B4087-B4088, B4150, B4152-B4155, B4157, B4158, B4159, B4160, B4161, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4187, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9004, B9002, B9006, B9998, B9999).

2. Coverage Criteria

To be eligible for coverage, members must meet the Medicare coverage criteria described in the [Enteral Nutrition \(L38955\) Local Coverage Determination \(LCD\)](#) and [Parenteral Nutritional Local Coverage Determination LCD \(L38953\)](#), which are available on the Noridian website.

For members aged 20 and under, coverage is reviewed on a case-by-case basis when the criteria in L38955 or L38953 are not met.

3. Supplies Included in Daily Allowance

Montana Medicaid covers a supply allowance for enteral and parenteral nutrition. Applicable daily supply allowances include items necessary for the administration of nutritional therapy. Supply allowances are as follows:

- **Enteral Nutrition Supply Allowance:**

The applicable enteral nutrition supply allowance includes all supplies, other than the feeding tube and nutritional product, required for administration for one day. Supplies may include but are not limited to:

- Feeding bags and containers
- Administration sets and tubing
- Extension tubing
- Feeding and Flushing syringes
- Gastrostomy tube holders and dressing
- Tape used to secure the dressing or tube
- Y-Connectors and adaptors
- Gastric pressure-relief valves
- Tube de-clogging devices

The supply allowance corresponds to the method of administration (syringe-fed, pump-fed, or gravity-fed) and is billed as one daily unit of service. The allowance is not limited to a pre-packaged kit and should not be separately billed for individual supplies included in the daily allowance.

- **Parenteral Nutrition Supply Allowance**

The applicable parenteral nutrition supply allowance is a daily supply fee and includes all supplies required for the administration of parenteral nutrition for one day. The allowance is all-inclusive and includes the following:

- IV administration tubing and sets
- IV solution bags or containers
- Filters
- Syringes and needles needed for administration
- Extension Sets
- Connectors and adaptors
- Tape

4. Quantity Limits

- HCPCS codes B4034, B4035, B4036, B4148, B4220, B4222, and B4224 are considered daily supply allowances and are limited to one unit per day.
- Items included in the daily supply allowance may not be separately billed using the miscellaneous code (B9998) or by using specific codes for dressings or tape.

5. Authorization Requirements

Providers must refer to the Durable Medical Equipment Fee schedule for applicable requirements.

For individuals who do not meet the coverage criteria, prior authorization is required if the provider determines the service is medically necessary.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

6. Reimbursement

Reimbursement will be made in accordance with ARM 37.86.1807. Providers must refer to the Durable Medical Equipment Fee schedule for applicable rates.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.