

Enteral Feeding and Intradialytic Parenteral Nutrition, Medical 13

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for detail.

Description & Definitions:

Enteral feeding refers to the delivery of liquid feedings through a tube into the stomach or small intestine. It is sometimes called a tube feeding.

Intradialytic Parenteral Nutrition (IDPN) is a method of delivering nutrition to individual's undergoing hemodialysis.

Medical Food means "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation", as described by the FDA.

* Medically necessary formula and enteral nutrition products means "any liquid or solid formulation of formula and enteral nutrition products for covered individuals requiring treatment for an inherited metabolic disorder (an inherited enzymatic disorder caused by single gene defects involved in the metabolism of amino, organic, or fatty acids) and for which the covered individual's physician has issued a written order stating that the formula or enteral nutrition product is medically necessary and has been proven effective as a treatment regimen for the covered individual and that the formula or enteral nutrition product is a critical source of nutrition as certified by the physician by diagnosis. The medically necessary formula or enteral products do not need to be the covered individual's primary source of nutrition."

“Over-the-counter” (OTC) – medications and products you can buy without a prescription. (DMAS only considers Pediasure, Boost, and Ensure retail formulations as OTC)

Pancreatic enzyme replacement therapy (PERT) is a method to providing continuous in-line enzyme replacement.

Total Parenteral nutrition (TPN) nutritional substance by intravenous infusion to nourish individuals who are malnourished or may develop malnutrition and who are not candidates for enteral support.

RELZORB - In-line cartridge containing digestive enzyme(s) for enteral feeding

“Routine infant formula” - formulas intended for healthy, full-term infants.

“Specialty Formulas” - formulas intended for an infant who has an inborn error of metabolism, low birth weight, or who otherwise has a medical need and prescribed by a practitioner.

Criteria:

Nutritional feeding is considered medically necessary for **1 or more of the following**:

- In-line cartridge containing digestive enzyme (e.g. Relizorb) is covered for **all of the following**:
 - Individual is 5 years old or older
 - Individual with pancreatic Insufficiency when there is documented failure of pancreatic enzyme replacement therapy (PERT)
- Food thickeners when medically ordered by a speech therapist or provider
- Omegaven (Fish Oil Triglycerides) for individuals with NACS (Nutrition Associated Cholestasis)
- Intradialytic Parenteral Nutrition (IDPN) with **All of the following**:
 - The individual is on chronic hemodialysis
 - The individual’s nutritional status cannot be adequately maintained on oral or enteral feedings, and **1 or more of the following**:
 - A permanent non-function or disease of the structures that normally permit food to reach the small bowel
 - Disease of the small bowel which impairs digestion and absorption of an oral diet, either of which requires enteral or parenteral feedings for members over the age of 2, when total daily caloric intake is 20-35 cal/kg/day.
- **Enteral or Parenteral** route and **1 or more** of the following:
 - The individual has non-function or disease of the structures that permit food to reach the small bowel 3 months
 - Adequate digestion and absorption of an oral diet to maintain overall health is impaired by disease of the small bowel which requires enteral or parenteral feedings necessary to maintain weight and overall health status
 - Intake of diet and oral supplementation is not adequate to meet caloric needs

Enteral and Parenteral feeding, and Intradialytic Parenteral Nutrition are considered **not medically necessary** for any use other than those indicated in clinical criteria as the current role remains uncertain, based on review of existing evidence, or are considered a convenience item, , to include but not limited to:

- Baby food
- Breast bank milk
- Enteral or parenteral nutritional therapy when used in individuals can take 75% - 100% of goal for nutrient intake, and present with malnutrition and the ability to consume their diet orally.
- Intraperitoneal nutrition
- Intraperitoneal amino acids
- KetoForce
- Nutritional supplements offered over the counter, including vitamins and minerals
- Oral food products, including but not limited to gluten free foods, nutritional puddings, protein bars, low carbohydrate foods, etc. (Including foods normally taken orally that are blended regardless if they are taken parenteral or enterally.)

- Relizorb for off-label in individuals under 5 years of age due to the lack of proven clinical safety and efficacy.
- “Routine” Infant formula
- Specialized formula (e.g. lactose – free formula)

Document History:

Revised Dates:

- 2026: January – Implementation date of May 1, 2026. Annual review completed, no criteria changes, coding updated to align with auth status changes.
- 2025: October – Coding updated. Implementation date of February 1, 2026.
- 2025: No change to criteria. Updated to new policy format.
- 2024: January (tabled), February, March
- 2022: February
- 2021: January, May
- 2020: January, July, December
- 2016: March
- 2015: February, May
- 2014: March
- 2013: February, July
- 2012: February
- 2011: May
- 2010: September
- 2009: January
- 2008: March

Reviewed Dates:

- 2023: January
- 2018: November
- 2017: December
- 2007: December
- 2001: May
- 2000: September

Origination Date:

- March 1991

Coding:

Medically necessary with criteria:

Coding	Description
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
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)
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
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
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
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
B4187	Omegaven, 10 g 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 g of protein - premix
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g 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, NephroAmine, RenAmine - premix
B5100	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatoAmine-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
B9002	Enteral nutrition infusion pump, any type
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies

E0791	Parenteral infusion pump, stationary, single, or multichannel
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula, (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9366	Home infusion therapy, TPN, more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9432	Medical foods for noninborn errors of metabolism
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
S9434	Modified solid food supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products: Commercial Plans have variances in coverage of enteral and parenteral feedings. Check Plan documents to ensure coverage. Sentara Health Plan covers medical equipment, supplies, and services that are required to administer the covered formula or enteral nutrition products
- Authorization requirements: A nutritional pump can still be approved under the Durable Medical Equipment benefit, even if the enteral feeding itself has been denied. Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025, Jan 25). Retrieved Jan 13, 2026, from MCG 29th Edition:
<https://careweb.careguidelines.com/ed29/index.html>

Baker, R., Baker, S., & Bojczuk, G. (2024, May 31). Parenteral nutrition in infants and children. Retrieved Jan 13, 2026, from UpToDate: https://www.uptodate.com/contents/parenteral-nutrition-in-infants-and-children?search=Parenteral%20feeding&source=search_result&selectedTitle=4~150&usage_type=default&display_rank=4#H135425926

Fleet, S., & Duggan, C. (2025, Feb 03). Overview of enteral nutrition in infants and children. Retrieved Jan 13, 2026, from UpToDate: https://www.uptodate.com/contents/overview-of-enteral-nutrition-in-infants-and-children?search=enteral%20feeding&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2#H869847

Frequently Asked Questions About Medical Foods; Third Edition. (2023, Mar). Retrieved Jan 13, 2026, from U.S. Food and Drug Administration: <https://www.fda.gov/media/97726/download>

Guideline List. (2026). Retrieved Jan 13, 2026, from American Society for Parenteral and Enteral Nutrition: <https://nutritioncare.org/clinical-resources/enteral-nutrition/>

Intradialytic Parenteral Nutrition (IDPN) for End-Stage Renal Disease in Adults. (2023, Dec 06). Retrieved Jan 13, 2026, from Hayes: <https://evidence.hayesinc.com/report/dir.intradialytic4980>

Jatoi, A. (2024, Aug 20). The role of parenteral and enteral/oral nutritional support in patients with cancer. Retrieved Jan 13, 2026, from UpToDate: <https://www.uptodate.com/contents/the-role-of-parenteral-and-enteral->

oral-nutritional-support-in-patients-with-cancer?search=enteral%20feeding&source=search_result&selectedTitle=9~150&usage_type=default&display_rank=9#H21

LCD: Enteral Nutrition (L38955). (2024, Jan 01). Retrieved Jan 13, 2026, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38955&ver=24&keyword=Enteral&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

LCD: Parenteral Nutrition (L38953). (2024, Jan 01). Retrieved Jan 13, 2026, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38953&ver=16&keyword=Enteral&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

NCD: Enteral and Parenteral Nutritional Therapy - RETIRED (180.2). (2023, Apr 10). Retrieved Jan 13, 2026, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=242&ncdver=3&keyword=Enteral&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Provider Manual Title: Durable Medical Equipment, Prosthetics, Orthotics and Supplies - Chapter IV: Covered Services and Limitations. (2025, Dec 05). Retrieved Jan 13, 2025, from Virginia Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/sites/default/files/2025-12/DME%20Chapter%20IV%20%28updated%2012.5.25%29_Final.pdf

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Enteral and Parenteral Feeding, shp medical 13, tpn, total parenteral nutrition, formula, thickener, Intraperitoneal nutrition, amino acids, Intradialytic Parenteral Nutrition, foods, SHP Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition, KetoForce