

Home Enteral Nutrition (EN) Reimbursement Considerations for PALS

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Learning Objectives

1. **Explain Medicare eligibility criteria** for home enteral nutrition (EN)
2. **Differentiate among standard and specialty enteral formulas** and recognize the documentation requirements for justification.
3. **Describe the rationale for feeding pump use** and identify clinical conditions that support its medical necessity.
4. **Identify what equipment and supplies are covered under Medicare** based on the method of administration
5. **Recognize what is not covered by Medicare** and understand common misconceptions regarding coverage.
6. **Compare various payer types** (e.g., Medicare Part B, supplemental insurance, secondary payers) and their impact on out-of-pocket costs.
7. **Apply best practices for EN documentation and referrals**, including the essential components of a valid EN script.
8. **Summarize key reimbursement considerations** specific to ALS and distinguish between inpatient and outpatient MNT coverage.

Agenda

- MEDICARE ELIGIBILITY
- STANDARD VS SPECIAL FORMULAS
- FEEDING PUMP JUSTIFICATION
- EQUIPMENT + SUPPLIES
- WHAT IS NOT COVERED?
- COVERAGE TYPES/"PAYERS"
- COST CONSIDERATIONS
- HOME EN SCRIPT
- DOCUMENTATION BEST PRACTICES
- MEDICARE & MNT COVERAGE FOR ALS

Medicare Coverage

ELIGIBILITY

Medicare **Part B** covers home EN under the **Prosthetic Device benefit**

- Adequate nutrition must not be possible by dietary adjustment and/or oral supplements
- EN must provide sufficient nutrients to maintain weight and strength commensurate with the patient's overall health status
- Full or partial non-function or disease of the structures that normally permit food to reach the small bowel, OR disease that impairs digestion and/or absorption of an oral diet
 - Ex: central nervous system disease → interference with neuromuscular mechanisms of ingestion that the patient cannot be maintained with oral feeding
- Permanence: Impairment is of long and indefinite duration
 - “If the medical record, including the judgment of the treating practitioner, indicates that the impairment will be of long and indefinite duration, the test of permanence is considered met”

Medicare Coverage

STANDARD FORMULAS

B4150: Nutritionally complete with intact nutrients

Nestle:

- Fibersource HN
- Compleat Standard 1.4
(\$2.80)

Abbott

- Ensure Original or HP
- Jevity 1.0 or 1.2
- Osmolite 1.2

Other

- Kate Farms Standard 1.4
(\$3.54)



B4152: Nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/mL) with intact nutrients

Nestle:

- Boost Plus (\$1.86)
- Boost VHC
- Isosource 1.5 (\$1.88)
- Nutren 1.5 (\$1.68)
- Nutren 2.0

Abbott:

- Ensure Plus
- Jevity or Osmolite 1.5
- TwoCal HN



Medicare Coverage

SPECIAL FORMULA JUSTIFICATION

B4149: Blenderized natural foods with intact nutrients

- Compleat original/organic blends

B4153: Nutritionally complete hydrolyzed proteins

- Peptamen, Vital, KF Peptide 1.5, Compleat Peptide 1.5

(\$8.50)

(\$6.12)

B4154: Nutritionally complete, special metabolic needs, excludes inherited disease of metabolism

- Glucerna 1.2 or 1.5, Novasource Renal, Nepro

B4155: Nutritionally incomplete/modular nutrients

- Liquid protein, Benecalorie, MCT oil, Juven

B4157: Nutritionally complete, for special metabolic needs for inherited disease of metabolism

Blended



Peptide



Metabolic



Modular nutrients



“Documentation may include other formulas tried and failed or considered and ruled out” “A diagnosis alone is not sufficient to support the medical need for a specialty formula”

Medicare Coverage

PUMP JUSTIFICATION

Additional documentation needed in patient's medical record to justify use of a feeding pump

Gravity feeding is not satisfactory due to:

- Reflux and/or aspiration
- Severe diarrhea
- Dumping syndrome
- Administration rate less than 100 mL/hour necessary for tolerance
- Blood glucose fluctuations
- Jejunostomy tube used for feeding



Medicare Coverage

EQUIPMENT & SUPPLIES

EN may be administered by **syringe** or **gravity**, or **pump**

Supply allowance = All supplies required to administer EN to the patient for 1 day.

- **B4034:** Enteral feeding supply kit; **syringe fed**
 - Feeding/flushing syringe, administration set tubing, dressings, tape
- **B4035:** Enteral feeding supply kit; **pump fed**
 - Pump, IV pole, pump bag, feeding/flushing syringe, administration set tubing, dressings, tape
- **B4036:** Enteral feeding supply kit; **gravity fed**
 - IV pole, gravity bag, feeding/flushing syringe, administration set tubing, dressings, tape

1 feeding tube replacement is covered every 3 months

- **B4087:** Gastrostomy/Jejunostomy tube, standard
- **B4088:** Gastrostomy tube/Jejunostomy tube, low-profile



Medicare Coverage

WHAT IS NOT COVERED?

General:

- EN for *temporary and/or non-permanent impairments*
- EN for patients with *a functioning GI tract* whose need for EN is *not* due to reasons related to the non-function or disease of the structures that normally permit food to reach the small bowel
- *Orally administered* nutrition products

Nutrients:

- Food thickeners (B4100), baby food, & other regular grocery products that can be blenderized and used with the EN system
- Electrolyte containing fluids (B4102 and B4103) because they are not indicated for the maintenance of weight and strength (e.g., Boost Soothe/Breeze, Ensure Clear, Pedialyte)
- **Self-blenderized** formulas
- Code B4104: Additive for enteral formula (e.g., fiber) because the enteral formula should include all nutrient components, including vitamins, minerals, and fiber.

Medicare Coverage

COVERAGE TYPES

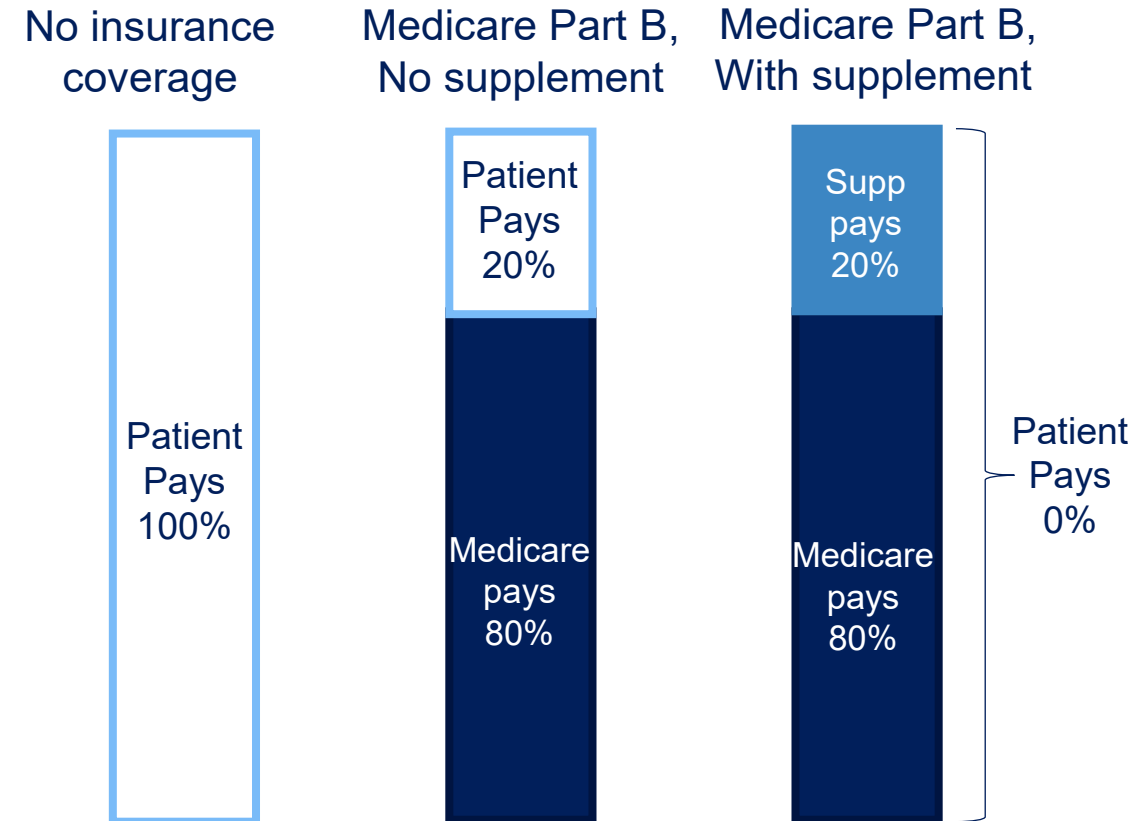
Each type of coverage is called a "payer."

- Primary payer
 - Will pay up to the limits of its coverage for approved charges
 - I.e., 80% of cost covered for EN if deductible is met, leaving 20% co-insurance leftover
- Supplemental Medicare
 - Will pay patient's share of out-of-pocket costs (i.e., 20% co-pay), but only for services approved by Medicare
 - If Medicare does not grant approval for services, the supplement plan does nothing
- Secondary payer
 - If no supplement plan, the primary payer sends the rest of the balance to the secondary payer.
 - If the secondary payer doesn't cover the remaining balance, the patient is responsible for the rest of the cost
 - If Medicare does not grant approval for services, the secondary insurance can be checked for coverage

Cost Considerations

Ways to reduce costs when there are out-of-pocket expenses

- Standard formula
- Preferred/contracted formulary of DME supplier
- Syringe method of administration
 - Eliminates cost of pump/gravity bags, IV pole charge, pump rental fee
 - Can rinse/wash syringe between feeds over multiple days instead of ordering 1 syringe/day
- If gravity/pump needed, can buy IV pole off Amazon for less \$
- Meet estimated nutrient targets with formula alone, avoiding need for modulars (i.e. protein packets)
- Consider omitting extension sets (y-sites)



Other primary insurances may cover 100% of EN related costs without a supplement. Some may cover < 80%.

Enteral DME Referral Considerations

Expected discharge or home tube feeding start date

Demographic sheet

- Patient insurance information
- Contact information for patient/caregiver
- Contact information for physician (PCP or other) following the patient for TF progress and updates

Discharge tube feeding order (see next slide)

Supporting clinical documentation

- History and Physical (if applicable)
- Initial RD assessment and follow up notes
- Swallow study, if applicable
- Speech pathologist notes throughout course of care, if applicable
- Feeding tube placement procedure note
- Height and weight, weight loss history (if applicable)
- Current physician progress notes that discuss and support need for tube feeding

Home EN Script

Necessary inclusions

1. Formula name (or equivalent substitution)
2. Amount of formula (# of cartons or mL per day)
3. Method of administration
 - Syringe
 - Gravity
 - Pump
4. Route
 - Gastrostomy tube
 - Jejunostomy tube
5. Dated signature of prescriber
 - PECOS-enrolled for Medicare
6. Number of refills

The screenshot shows a web-based form for entering a nutritional supplement order. The title is "Nutritional Supplements (ISOSOURCE 1.5 CAL) PO LIQD (Intermittent) enteral nutrition". The form includes the following fields and options:

- Order Instructions:** Upon initiation of Enteral Nutrition (EN) therapy please order a Clinical Nutrition Consult. This order is for INTERMITTENT ...
- Product:** ISOSOURCE 1.5 CAL PO LIQD (INTERMITTENT)
- Sig Method:** Specify Dose, Route, Frequency | Taper/Ramp | Combination Dosage | Use Free Text
- Dose:** 250 mL (with dropdowns for 100 mL, 150 mL, 200 mL, 250 mL, 300 mL)
- Route:** Enteral
- Frequency:** 4 times daily (with dropdowns for Daily, Q3H, Q4H, Q6H, Q8H, BID, TID, 4x Daily, 6x Daily)
- Time Periods in the Patient Sig:** Morning Noon Evening Bedtime No Time Periods
- Duration:** Doses | Days
- Starting:** 4/10/2025 | Ending: | First fill: |
- Dispense:** Days/Fill: Full (0 Days) | 30 Days | 90 Days
- Quantity:** 30,000 mL | Refill: 11
- Total Supply:** 360 Days
- Dispense As Written
- Renewal Provider:** | Do not send renewal requests to the authorizing provider (None selected)
- Patient Sig:** Take 250 mL by Enteral route in the morning and 250 mL at noon and 250 mL in the evening and 250 mL before bedtime.
+ Add additional information to the patient sig
- Enteral Route:** Gastric | Small Bowel
- Access Device:** Gastrostomy Tube | nasoGASTRIC TUBE | oroGASTRIC Tube | Small Bore Feeding Tube
- Access Connector Type:** ENFit Tube | Legacy Tube
- Supplemental / Modular Products:** + Add Prosource TF Argiment AT
- Water Flush amount (ml):** 125
- Water flush frequency:** 3 times per day | 4 times per day | 6 times per day | Other (specify)
- Equipment/Supplies:** IV Pole Large bore gravity bags Kangaroo Y-Site Extension Sets Irrigation Syringe (60 mL)
 Medication Syringes (3 mL, 12 mL) Enteral Nutrition Feeding Pump Enteral Pump Delivery Set - Feeding Bags

Documentation Best Practices for EN

RD documentation

- Oral intake (% of usual intake)
- Weight history/loss
- Dysphagia
- Length of mealtimes & fatigue
- Diet modifications trialed without success
 - Diet texture changes
 - Addition of oral nutrition supplements
- Avoid “supplemental nutrition” language

Other Pertinent Home EN Considerations for ALS RDs

Involve patients in
decision-making
early

Education and
support for patients
and caregivers

Develop a tube
feed regimen that
supports patient
and caregiver
schedule

Medicare & MNT Coverage for ALS



Medicare does NOT cover MNT for ALS in the outpatient setting – regardless of malnutrition documentation



Most private insurers follow Medicare's guidelines



Outpatient MNT is only covered for:

Diabetes

Chronic kidney disease

Kidney transplant (within the past 36 months)

Reimbursement: Inpatient vs. Outpatient

Setting	Reimbursement System	Details
Inpatient	Diagnostic related group (DRG) System Medicare Part A	Malnutrition can raise DRG payment CC: Moderate malnutrition MCC: Severe malnutrition
Outpatient	Outpatient Prospective Payment System (OPPS) Medicare Part B	Uses Current Procedure Terminology (CPT) codes 97802: Initial nutrition assessment 97803: Nutrition follow up 97804: Nutrition group class Coverage is limited to DM, CKD, or transplant patients

Resources

1. Centers for Medicare & Medicaid Services Local Coverage Determination (LCD) – Enteral Nutrition (L38955). Original effective date: 09/05/2021. Revision effective date: 01/01/2024. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38955>.
2. Centers for Medicare & Medicaid Services Article – Enteral Nutrition – Policy Article (A58833). Original effective date: 09/05/2021. Revision effective date: 10/01/2023. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58833>.
3. Nestle Health Science Medical Hub Reimbursement Resources. Medicare Part B Guidelines for Enteral Nutrition. <https://www.nestlemedicalhub.com/sites/site.prod.nestlemedicalhub.com/files/2020-07/medicare%20part%20b%20guidelines%20for%20enteral%20nutrition.pdf>.
4. How Medicare works with other insurance. Medicare.gov. (n.d.). <https://www.medicare.gov/health-drug-plans/coordination>
5. Coram CVS specialty infusion services. Tube Feeding Referral Guide.
6. ALS Nutrition. EN Coverage Documentation Tips. 2023. https://www.alsnutrition.org/_files/ugd/c44b66_df62807e2fd84dc0ad73c112ea0533ae.pdf
7. Centers for Medicare & Medicaid Services National Coverage Determination (NCD) – Medical Nutrition Therapy (180.1). Effective date: 01/01/2022. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=252&ncdver=2&>
8. The Medicare Learning Network. Medicare Preventive Services. Medical Nutrition Therapy (MNT). <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#MNT>

Q & A

