

Enteral and Oral Nutritional Supplements

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

The Plan members who have difficulty ingesting or digesting food or who are at risk for malnutrition may be eligible for oral nutritional supplements. Enteral nutrition products, also known as medical foods, are specially formulated and processed foods intended for the dietary management of specific diseases or medical conditions. The use of enteral nutrition products has been shown to reduce hospital stays, complications, and mortality rates in patients with various medical conditions, including malnutrition, cancer, gastrointestinal disorders, neurological disorders, and metabolic disorders.

- For a comprehensive list of enteral nutrition formulas, please refer to the Enteral Nutrition Formula Guide by the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). This guide provides detailed information on various enteral nutrition products, including their composition, indications, and specific considerations. The guide is available on the [A.S.P.E.N. website](#).

Please note: the inclusion or exclusion of a specific enteral nutrition product in the A.S.P.E.N. guide does not imply or guarantee coverage or reimbursement by the Plan. The actual coverage or non-coverage of services for an individual member will be determined by the terms and conditions of their policy at the time of service, as well as applicable state and federal law.

The A.S.P.E.N. guide is provided as a reference for healthcare professionals to assist in selecting appropriate enteral nutrition products based on patient needs.

To be considered a medical food, a product must be labeled for the dietary management of a medical disorder, disease, or condition and labeled to be used under medical supervision. These products provide essential nutrients to individuals who have limited or impaired capacity to ingest, digest, absorb, or metabolize regular food or certain nutrients, or who have other medically determined nutrient requirements that cannot be achieved by modifying their normal diet alone.

- For more information about medical foods, please refer to:
 - The FDA's "Frequently Asked Questions About Medical Foods; Third Edition" guidance document: <https://www.fda.gov/media/97726/download>.
 - The National Library of Medicine's DailyMed database (<https://dailymed.nlm.nih.gov>) which contains up-to-date labeling information for medical foods.

Please note: *The inclusion or exclusion of a medical food product in these resources does not imply or guarantee coverage or reimbursement by the Plan. Coverage of medical foods is subject to:*

- *The terms and conditions of the member's policy at the time of service.*
- *Applicable state and federal laws.*
- *The medical necessity criteria outlined in this policy.*
- *Product-specific clinical guidelines where applicable.*

Enteral nutrition products come in various forms, including nutritionally complete formulas, nutritionally incomplete formulas, formulas for metabolic disorders, and oral rehydration products. They are primarily administered through the gastrointestinal tract, either orally or via a feeding tube or catheter that delivers nutrients beyond the oral cavity or directly to the stomach.

Medical foods are typically obtained from hospitals, clinics, and other medical facilities, but certain specialized nutritional supplement products may be covered by the Plan's Pharmacy benefit. This includes products necessary for malabsorption disorders, renal dysfunction, tube feeding formulas, and lactose-free infant formulas, as well as other specialized products. Some medical foods may also be obtained through a prescription from a Pharmacy and covered by the Plan's Pharmacy benefit (i.e., supplied by a pharmacy provider upon the prescription of a physician within the scope of his or her practice). Additional Clinical Policy may apply for coverage via the Pharmacy benefit, such as:

- Nutritional Supplements – Infant Formulas
- Nutritional Supplements – Malabsorption Products
- Nutritional Supplements – Renal Dysfunction Products

- Nutritional Supplements – Tube Feeding Products

NOTE: All oral nutritional supplementation must be prescribed by a licensed provider and eligibility and cost of coverage are based on the member's Schedule of Benefits and Certificate of Coverage.

Definitions

“Elemental and Semi-Elemental Products” refers to products that contain partially or fully broken down macronutrients.

“Enteral Nutrition” is the administration of nutrition through the gastrointestinal (GI) tract. This can be done through:

1. the oral cavity, as in traditional eating
2. a nasogastric or orogastric tube (tube placed through the nose or mouth into the stomach)
3. a gastric or gastro-jejunal feeding tube (placed percutaneously directly into the stomach or small intestine, bypassing the oral cavity and esophagus)

“Failure to Thrive (FTT)” is a term applicable to children younger than 2 years old, and defined using WHO growth charts which can identify weight gain issues including:

1. Children weighing less than the 2nd percentile for gestation-corrected age and sex when plotted on the appropriate growth chart on more than one occasion (**Note:** Special charts for patients with genetic syndromes or prematurity may be applicable); **and**
2. Decreased growth velocity of weight gain compared to growth in length.

“Food Additives” are products available over-the-counter that are ingested in addition to a regular diet. Examples include calorie supplements, digestive aids, fiber supplements, minerals, protein supplements, thickeners, and vitamins.

“Medical foods” are a specific category of food products that are formulated to be consumed or administered enterally (through the digestive system) under the supervision of a physician for the dietary management of a specific disease or condition for which distinctive nutritional requirements have been established based on recognized scientific principles. Medical foods are intended to meet the distinctive nutritional needs of patients with certain medical or metabolic conditions who cannot meet their nutritional requirements through a normal diet alone. They are distinguished from the broader category of foods for special dietary use and from foods that make health claims by the requirement that medical foods are to be used under medical supervision.

“Oral Nutritional Supplements” are considered “medical foods” as defined by the FDA. They include metabolic formulas and modified low protein foods that are specially formulated and processed. They can be obtained in pharmacies or over-the-counter and are used for patients with specific nutritional needs. Common trade brands include Ensure, Boost, Glucerna, Nepro, and Suplena.

“Parenteral Nutrition” refers to nutrition administered outside of the GI tract, such as intravenous feeding. It may be used when traditional enteral feeding is not possible due to obstructions, malabsorption, or congenital conditions. Parenteral nutrition is not discussed in this guideline.

“Poor Weight Gain” is a term applicable to children aged 2-18, and defined using the CDC Growth Charts and BMI-For-Age Charts which can identify weight gain issues including:

1. Abrupt weight loss following a period of normal growth along a well-established pattern of height and weight gain defined as crossing two or more major weight percentiles; **or**
2. Slow, steady weight gain below the fifth percentile of the NCHS growth curves; **or**
3. A growth curve proportionate to, but lower than, the child's expected height trajectory; **or**
4. Growth milestones that have been met but only with nutritional support consisting of high-calorie foods and/or nutritionally dense foods, where support with nutritional and calorie appropriate food is necessary.

Medical Necessity Criteria for Authorization

The Plan considers **Nutritional (Enteral) Products, Supplies, and Equipment** medically necessary when **ALL** the following criteria are met (*as applicable*) below:

1. Recent documentation (within the last 6 months) of **ALL** of the following:
 - a. Medical nutritional product is prescribed by a licensed provider for the therapeutic treatment of a condition requiring specialized nutrients; **and**
 - b. Diagnosis or condition, including (*as applicable*) accurate diagnostic information pertaining to the underlying diagnosis or condition that resulted in the requirement for a nutritional product, such as:
 - i. Growth history and growth charts; **and**
 - ii. Height and weight; **and**
 - iii. Member's overall health status; **and**
 - iv. Other formulas tried and why they did not meet the member's needs; **and**
 - v. Why the member cannot be maintained on an age-appropriate diet; **and**
 - c. Goals and timelines on the medical plan of care; **and**
 - d. Specified quantity and duration of the prescription or order; **and**

- e. Total caloric intake prescribed by the provider; **and**
 - f. For members who require tube feeding, documentation indicating that the member has a feeding tube in place; **AND**
2. Member is characterized by **ONE** of the following:
- a. Member requires tube feedings; **or**
 - i. A documented medical diagnosis that requires enteral nutrition products administered through a feeding tube should be provided.
 - b. Currently undergoing transition from parenteral or enteral diet (with tube feeding) to oral diet; **or**
 - c. Member has severe swallowing or chewing difficulty due to one of the following:
 - i. Cancer in the mouth, throat, or esophagus; **or**
 - ii. Injury, trauma, surgery, or radiation therapy involving the head or neck; **or**
 - iii. Chronic neurological disorders; **or**
 - iv. Severe craniofacial anomalies; **or**
 - d. Adult member 18 years of age and older (≥ 18) **AND ANY** of the following:
 - i. Documented chronic medical disease (e.g. HIV/AIDS, Crohn's disease, cystic fibrosis, etc) that is being appropriately treated **AND** inability to meet nutritional needs even with a dietary adjustment of regular or altered consistency (soft/pureed) foods; **or**
 - ii. Medical condition (acute or chronic) such as a metabolic, gastrointestinal, or gastroesophageal disorder that is being appropriately treated **AND** associated with an inability to meet nutritional needs with a dietary adjustment of regular or altered consistency foods (e.g., soft or pureed) **AND ONE** of the following:
 - 1. Involuntary weight loss of:
 - a. 10 percent or more of usual body weight within six months; **or**
 - b. 7.5 percent or more of usual body weight within three months; **or**
 - or**
 - c. 5 percent or more of usual body weight in one month; **or**
 - 2. Body mass index less than 18.5 kg/m^2 ; **or**
 - iii. Multiple, severe food allergies which if left untreated will cause malnourishment, chronic physical disability, mental retardation or death; **or**
 - e. Pediatric members under the age of 18 **AND ONE** of the following:
 - i. Members with inborn errors in metabolism, including but not limited to:
 - 1. Glutaric aciduria type I; **or**
 - 2. Homocystinuria; **or**
 - 3. Isovaleric acidemia; **or**

4. Maple syrup urine disease; **or**
 5. Maternal phenylketonuria; **or**
 6. Methylmalonic acidemia; **or**
 7. Other disorders of leucine metabolism; **or**
 8. Phenylketonuria; **or**
 9. Propionic acidemia; **or**
 10. Tyrosinemia types I and II; **or**
 11. Urea cycle disorders; **or**
- ii. Member has malnutrition or risk of malnutrition, as demonstrated by any **ONE** of the following:
1. Allergic or eosinophilic enteritis (colitis/proctitis, esophagitis, gastroenteritis); **or**
 2. Allergy or hypersensitivity to cow or soy milk diagnosed through a formal food challenge; **or**
 3. Allergy to specific foods including food-induced anaphylaxis; **or**
 4. Cystic fibrosis with malabsorption; **or**
 5. Malabsorption unresponsive to standard age appropriate interventions when associated with failure to gain weight or meet established growth expectations; **or**
 6. Poor oral intake related to anatomic or motility related disorders of the GI tract; **or**
 7. Symptoms of malabsorption related to inflammatory disorders of the GI tract; **or**
- iii. Members aged 2-18 with poor weight gain, as defined above in "**Definitions**", that is unresponsive to standard age appropriate interventions; **or**
- iv. Members aged <2 years old with failure to thrive, as defined above in "**Definitions**", that is unresponsive to standard age appropriate interventions; **or**
- v. Pediatric members residing in Texas with nutritional deficiencies related to documented autism spectrum disorder; **or**
- f. Pregnant Women with Hyperemesis Gravidarum who meet **ALL** of the following criteria:
- i. Condition is refractory first-line interventions, including both pharmacologic (e.g., antiemetics) and nonpharmacologic (e.g., dietary modifications) treatments; **and**
 - ii. Member has experienced significant weight loss, defined as either:
 1. Loss of more than 5% of pre-pregnancy weight; **or**

2. Inability to tolerate sufficient oral intake to meet daily nutritional requirements; **and**
 - iii. Member has been evaluated by a registered dietitian or qualified nutrition specialist, with a treatment plan that includes ongoing nutritional assessment and monitoring; **AND**
 3. If the requested product is for **ONE** of the following:
 - a. **Carbohydrate modular products** administered orally or through a feeding tube, there must be documented evidence that the member is unable to meet caloric nutritional needs with the current use of an enteral nutrition product; **or**
 - b. **Diabetic products**, the member must have documented evidence of **BOTH** of the following:
 - i. Diagnosis of hyperglycemia or diabetes; **and**
 - ii. HbA1c (A1c) value measured within six months of the authorization request; **or**
 - b. **Elemental or semi-elemental nutrition products**, members must have documented evidence of **ALL** of the following:
 - i. Chronic intestinal malabsorption disease (lactose intolerance is excluded); **and**
 - ii. Be unable to absorb nutrients or tolerate intact protein in a way that cannot otherwise be medically managed or managed with alternative dietary options; **and**
 - iii. History of use of disease-specific or specialized nutrition products that have not been successful (unless medically contraindicated); **or**
 - c. **Hepatic products**, the member must have documented results of liver function test measured within six months of the request; **or**
 - d. **Lipid (fat) modular products** administered orally or through a feeding tube, the member must have documented evidence of **ONE** of the following diagnosis:
 - i. Inability to digest/absorb conventional fats; **or**
 - ii. Uncontrolled seizure disorder that cannot be otherwise managed (in cases of ketogenic diet); **or**
 - e. **Medical Foods Dispensed by Prescription**, in the absence of product-specific clinical guideline or coverage criteria, documentation of **ALL** of the following:
 - i. The product is prescribed for the specific dietary management of a disease or condition with distinctive nutritional requirements; **and**

- ii. The member has limited or impaired capacity to ingest, digest, absorb or metabolize normal foodstuffs or certain nutrients, or has medically determined special nutrient requirements; **and**
 - iii. Normal diet alone cannot meet the distinctive nutritional needs; **and**
 - iv. The safety and effectiveness of the product has been established for the member's age and disease or condition; **and**
 - v. The product is being used adjunctively with standard of care treatment options for the member's disease or condition, including drug therapy, non-drug, and supportive care.
- f. **Protein modular products** administered orally or through a feeding tube, there must be documented evidence that the member is unable to meet protein requirements with current use of a high protein enteral nutrition product; **or**
- g. **Related supplies and equipment for nutritional products**, provided that **ALL** of the following are met:
- i. The criteria for nutritional products are met, as outlined in the Plan's clinical policy; **and**
 - ii. Medical necessity is documented for each requested item; **and**
 - iii. For additional feeding tubes, submitted documentation supports medical necessity, such as infection at gastrostomy site, leakage, or occlusion; **and**
 - iv. For enteral feeding pumps (with or without alarms), the member meets **ANY** of the following criteria:
 1. Gravity or syringe feedings are not medically indicated; **or**
 2. The member requires an administration rate of less than 100 ml/hr; **or**
 3. The member requires night-time feedings; **or**
 4. The member has a medical condition necessitating the use of an enteral feeding pump, such as blood glucose fluctuations, circulatory overload, dumping syndrome, reflux or aspiration, or severe diarrhea; **and**
 - v. For a backpack or carrying case for a portable enteral feeding pump, documented evidence of **BOTH** of the following:
 1. The member requires enteral feedings lasting more than eight hours continuously, or the feeding intervals exceed the time the member must be away from home due to attending school or work, frequent medical appointments, or extensive physician-ordered outpatient therapies; **and**

2. The member is ambulatory or uses a wheelchair that cannot support the use of a portable pump through other means, such as an IV pole; **or**
- h. **Renal products**, the member must have documented evidence of **ONE** of the following indicators measured within six months of the request:
- i. Blood serum potassium (elevated); **or**
 - ii. BUN levels (>20mg/dl); **or**
 - iii. GFR < 60.

If the applicable criteria for prior authorization above are met, the requested Nutritional (Enteral) Products, Supplies, or Equipment will be authorized for the requested duration or according to the following durations, whichever is lesser:

- **Extended Authorization (Up to 12 Months)** may be granted when documentation confirms:
 - Permanent diagnosis/condition unlikely to resolve requiring ongoing nutritional support, such as:
 - **Metabolic/Genetic Disorders:**
 - Inborn errors of metabolism (e.g., PKU, MSUD).
 - Urea cycle disorders.
 - Other established metabolic disorders requiring specialized nutrition.
 - **Anatomical/Structural Conditions:**
 - Short bowel syndrome.
 - Permanent GI alterations (e.g., esophagectomy, gastrectomy).
 - Severe neurological conditions affecting feeding (e.g., cerebral palsy).
 - **Chronic Malabsorption Conditions:**
 - Cystic fibrosis with established nutritional regimen.
 - HIV/AIDS with stable nutritional needs.
 - Other established malabsorption disorders.
- **90-Day Authorization** may be granted when documentation indicates long-term but potentially modifiable conditions, including:
 - Permanent feeding tubes (gastrostomy or jejunostomy).
 - Members with cancer and on active treatment.
 - Post-surgical feeding support.
 - Failure to thrive with an established treatment plan.
 - Crohn's disease or ulcerative colitis in remission.
 - Stable renal disease requiring specialized nutrition.

- **30-Day Authorization will be granted for temporary or newly initiated support, including:**
 - Temporary feeding tubes (nasogastric, nasoduodenal, nasojejunal).
 - New formula trials.
 - Initial post-hospital discharge orders.
 - Acute or unstable conditions:
 - Active inflammatory bowel disease flare.
 - Hyperemesis gravidarum.
 - Recent onset failure to thrive.
 - Post-operative nutrition initiation.
 - Acute illness recovery.
 - Any case not meeting criteria for longer authorization periods.

Continued Care (i.e., Extension of Authorization Requests):

Extension of services beyond the initial authorization period requires recertification demonstrating ALL of the following:

1. Documentation of ongoing medical necessity for prescribed nutritional products; **AND**
2. Evidence of treatment goal achievement or documented progress; **AND**
3. Current nutritional care plan; **AND**
4. Clinical assessment supporting continued need.

If approved, the requested nutritional products, supplies, or equipment will be authorized for the duration requested or for the longest appropriate duration based on the documented clinical condition, whichever is lesser:

- **Up to 12 months for permanent conditions unlikely to resolve.**
- **Up to 90 days for long-term but potentially modifiable conditions.**
- **Up to 30 days for temporary or newly initiated support.**

Note: Authorization will be granted for the longest appropriate duration according to the above guidelines based on the documented clinical condition.

Experimental or Investigational / Not Medically Necessary

- Over-the-counter products may not be covered, even if prescribed by a healthcare provider (refer to member's benefit plan for confirmation); **or**

- Medically necessary products must have a specific medical indication, not solely based on food preference or convenience; **or**
- Not medically necessary products may include, but are not limited to:
 - Baby food or standard infant formula; **or**
 - Breast milk; **or**
 - Enteral nutrition products used orally as a convenient alternative to preparing and/or consuming regular, solid, or pureed foods; **or**
 - Food thickeners; **or**
 - Gluten-free foods; **or**
 - High-protein powders or nutritional drinks; **or**
 - Items not categorized as medical foods; **or**
 - Low carbohydrate diet supplements; **or**
 - Non-prescription weight loss or weight gain products; **or**
 - Nutritional products for members who could be sustained on an age-appropriate diet; **or**
 - Products for assistance with weight loss; **or**
 - Regular food, including solid, semi-solid, and pureed foods; **or**
 - Relizorb (enzyme cartridge), considered experimental or investigational; **or**
 - Shakes, cereals, thickened products, puddings, bars, gels, and other non-liquid products.; **or**
 - Vitamins or minerals.

Applicable Billing Codes (CPT/HCPCS/ICD-10 Codes)

Disclaimer

The codes for the treatments, procedures, and products listed below are provided for informational purposes only. Inclusion or exclusion of a code does not imply or guarantee coverage or reimbursement by the Plan. The actual coverage or non-coverage of services for an individual member will be determined by the terms and conditions of their policy at the time of service, as well as applicable state and federal law.

Please refer to the member's policy documents (such as the Certificate/Evidence of Coverage, Schedule of Benefits, or Plan Formulary) or contact the Plan to confirm coverage. The coverage of services is subject to the terms, conditions, and limitations of a member's policy.

Codes considered medically necessary if clinical criteria are met:

Code	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
B4081	Nasogastric tubing with stylet
B4082	Nasogastric tubing without stylet
B4083	Stomach tube - Levine type
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
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
B9002	Enteral nutrition infusion pump, any type
B9998	NOC for enteral supplies
S9432	Medical foods for non inborn 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
ICD-10 codes considered medically necessary if criteria are met:	
C00.0 - C21.8	Malignant neoplasm of lip, oral cavity, pharynx, esophagus, stomach, small intestine, colon, rectosigmoid junction, rectum, anus and anal canal
C76.0	Malignant neoplasm of head, face and neck
D81.810	Biotinidase deficiency

D81.818	Other biotin-dependent carboxylase deficiency
E40	Kwashiorkor
E41	Nutritional marasmus
E42	Marasmic kwashiorkor
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E70.0	Classical phenylketonuria
E70.1	Other hyperphenylalaninemia
E70.20- E70.29	Disorder of tyrosine metabolism
E70.30 – E70.39	Albinism
E70.40- E70.49	Disorders of histidine metabolism
E70.5	Disorders of tryptophan metabolism
E70.81	Aromatic L-amino acid decarboxylase deficiency
E70.89	Other disorders of aromatic amino-acid metabolism
E70.9	Disorder of aromatic amino-acid metabolism, unspecified
E71.0	Maple-syrup-urine disease
E71.110- E71.118	Branched-chain organic acidurias
E71.120- E71.128	Disorders of propionate metabolism
E71.19	Other disorders of branched-chain amino-acid metabolism
E71.2	Disorder of branched-chain amino-acid metabolism, unspecified
E71.30	Disorder of fatty-acid metabolism, unspecified
E71.310- E71.318	Disorders of fatty-acid oxidation
E71.32	Disorders of ketone metabolism
E71.39	Other disorders of fatty-acid metabolism
E71.40	Disorders of carnitine metabolism, unspecified

E71.41	Primary carnitine deficiency
E71.42	Carnitine deficiency due to inborn errors of metabolism
E71.448	Other secondary carnitine deficiency
E71.50	Peroxisomal disorder, unspecified
E71.520	Childhood cerebral X-linked adrenoleukodystrophy
E71.53	Other group 2 peroxisomal disorders
E71.541	Zellweger-like syndrome
E71.542	Other group 3 peroxisomal disorders
E71.548	Other peroxisomal disorders
E72.00- E72.09	Disorders of amino-acid transport
E72.10- E72.19	Disorders of sulfur-bearing amino-acid metabolism
E72.20- E72.29	Disorder of urea cycle metabolism
E72.3	Disorders of lysine and hydroxylysine metabolism
E72.4	Disorders of ornithine metabolism
E72.50- E72.59	Disorder of glycine metabolism
E72.81	Disorders of gamma aminobutyric acid metabolism
E72.89	Other specified disorders of amino-acid metabolism
E72.9	Disorder of amino-acid metabolism, unspecified
E74.00 – E74.9	Other disorders of carbohydrate metabolism
E75.00 – E75.6	Other disorders of carbohydrate metabolism
E76.01 – E76.9	Disorders of glycosaminoglycan metabolism
E77.0 – E77.9	Disorders of glycoprotein metabolism
E78.72	Smith-Lemli-Opitz syndrome
E84.0 - E84.9	Cystic fibrosis
E88.40 – E88.49	Mitochondrial metabolism disorders
F01.50 - F80.2	Mental and behavioral disorders
F80.4 - F84.0	
F84.3 - F99	

I69.091	Sequelae of cerebrovascular disease [dysphagia]
I69.191	
I69.291	
I69.391	
I69.891	
I69.991	
K22.4	Dyskinesia of esophagus
K50.00 - K50.919	Crohn's disease
N17.0 - N19	Acute kidney failure and chronic kidney disease
O21.0	Mild hyperemesis gravidarum
O21.1	Hyperemesis gravidarum with metabolic disturbance
O21.2	Late vomiting of pregnancy
O21.8	Other vomiting complicating pregnancy
O21.9	Vomiting of pregnancy, unspecified
R13.0 - R13.19	Aphagia and dysphagia
Z93.1	Gastrostomy status
Z93.4	Other artificial openings of gastrointestinal tract status
Z99.2	Dependence on renal dialysis

CPT/HCPCS codes considered experimental or investigational or *not* considered medically necessary (unless state mandated):

Code	Description
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
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	Relizorb (digestive enzyme cartridge) In-line cartridge containing digestive enzyme(s) for enteral feeding, each

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