

Draft

Appendix A

(Please refer to National Coverage Determination (NCD) 180.2 for additional guidance regarding Medicare coverage.) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.pdf

Enteral Infusion Pumps (B9002)

Program payment for the pump is based on the reasonable charge for the simplest model that meets the medical needs of the patient as established by medical documentation. Medical records justify the use of or B9002 due to:

- Gravity feeding is not satisfactory due to reflux and/or aspiration; or
- Severe diarrhea; or
- Dumping syndrome; or
- Administration rate less than 100 ml/hr.; or
- Blood glucose fluctuations; or
- Circulatory overload; or
- Gastrostomy/jejunostomy tube used for feeding

Special Nutrient Formulas (B4149, B4153-B4157, B4161, B4162, and B4158 – B4160)

Allowed claims are to be reviewed at periodic intervals of no more than 3 months by the Part A/B Medicare Administrative Contractor (A/B MAC) (B) medical consultant or specially trained staff, and additional medical documentation considered necessary is to be obtained as part of this review. [NCD 180.2]

- Physician ordered the special nutrient
- Medical records document specific medical condition and need for the special nutrient

Feeding Supply Kit (B4034-B4036)

- Feeding supply kit corresponds to the method of administration
 - [See question 5 of the Durable Medical Equipment (DME) Information Form (DIF) -- CMS-10126]
- When a pump supply kit (B4035) is provided, the medical necessity of the pump must be documented

Draft

IV Pole

When an IV pole (E0776) is used for enteral nutrition administered by gravity or a pump, it is covered separately provided it is billed with the BA modifier.