

#### Enteral nutrition

We provide coverage for this procedure for pediatric (over the age of 1) and adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9998

See below for the questions you'll encounter in the e-referral system.

**Q** Does the patient require enteral nutrition by TUBE FEEDINGS to provide sufficient nutrients to maintain weight and strength in proportion with the patient's overall health status due to EITHER A or B? A. Dysfunction or disease, of long term or permanent duration, of the structures that normally permit food to reach the small bowel. B. Disease of the small bowel, of long-term or permanent duration, that impairs digestion and absorption of an oral diet.

**A**

Possible answers: ☐ Yes ☐ No

**Q** Is the patient's condition of long and indefinite duration (ordinarily at least three months)?

**A**

Possible answers: ☐ Yes ☐ No

**Q** Does the patient's medical record include all information relevant to the patient requiring the nutrition and the nutritional prescription?

**A**

Possible answers: ☐ Yes ☐ No

## Preview questionnaire

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For Blue Care Network commercial

Effective Sept. 28, 2025

**Q** Does the patient have a functioning gastrointestinal tract whose need for enteral nutrition is due to reasons such as anorexia or nausea associated with mood disorder? Note: must select NO if member does not have one of these conditions.

**A**

Possible answers: ☐ Yes ☐ No

**Q** Can the patient's nutrition be adequately met by dietary adjustment and or oral supplements?

**A**

Possible answers: ☐ Yes ☐ No

**Q** Are the enteral nutrition products and the related supplies being administered orally?

**A**

Possible answers: ☐ Yes ☐ No

**Q** Is the request for food thickeners, baby food, infant formulas and other regular grocery products?

**A**

Possible answers: ☐ Yes ☐ No

**Q** Is a feeding pump being requested because gravity feeding is not possible due to the patient having one of the following conditions (A-C)? A. Aspiration. B. Diarrhea. C. Dumping syndrome. Note: MUST select N/A if a feeding pump is NOT required.

**A**

Possible answers: ☐ Yes ☐ No ☐ N/A