

**Criteria Checklist**  
**Alabama Medicaid Agency**  
**Enteral/Total Parenteral Nutrition Related Supplies and Equipment**

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**ENTERAL NUTRITION CRITERIA** *All of the following **must** be met with supporting documentation\*:*

- Patient is Medicaid eligible
- Patient has a current EPSDT screening if < 21
- Patient has met the criteria for specialized nutrition
  - Patient age < 21 and record supports > 50% of need is met by specialized nutrition
- OR**
- Patient ≥ 21 and record supports 100% of need is met by specialized nutrition
- AND**
- For patients ≥ 21 submit documentation\* from the physician to support patient's intolerance of bolus feeding and instead requires enteral nutrition by pump
- Patient cannot be sustained through oral feedings and must rely on enteral nutrition therapy which is administered by nasogastric, jejunostomy, or gastrostomy tubes

**PARENTERAL NUTRITION CRITERIA** *All of the following **must** be met with supporting documentation\*:*

- Patient is Medicaid eligible
- Patient has a current EPSDT screening if < 21
- Patient has met the criteria for specialized nutrition
  - Patient age < 21 and record supports > 50% of need is met by specialized nutrition
- OR**
- Patient ≥ 21 and record supports 100% of need is met by specialized nutrition
- Patient cannot be sustained through oral feedings and must rely on enteral nutrition therapy which is administered through some form of intravenous therapy

**DIAGNOSIS CODES**

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

**PROCEDURE CODES**

B9002, B9004, B9006, B4034, B4035, B4036, B4082, B4088, B9998

Maximum yearly limits apply to each of the procedure codes indicated above.

*\*Documentation may include notes from the patient chart.*