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.