

24.5.25 Enteral Products for Adults

24.5.25.1 Nutritional Products and Supplies

Enteral nutritional products are those food products that are included in an enteral treatment protocol. They serve as a therapeutic agent for health maintenance and are required to treat an identified medical condition. Nutritional products, supplies, and equipment may be provided in the home under Texas Medicaid (Title XIX) Home Health Services.

Enteral products are a benefit under Texas Medicaid (Title XIX) Home Health Services for clients 21 years of age and older who require tube feeding as their sole source of nutrition. Prior authorization is required for all enteral products. Requests are reviewed for reasonable amounts. Enteral products for clients who can take nutrition by mouth and/or used as a supplement will not be prior authorized.

To be reimbursed as a home health benefit:

- The client must be eligible for home health benefits.
- The criteria listed in this policy for the requested supplies/equipment must be met.
- The supplies/equipment requested must be medically necessary.
- Federal financial participation (FFP) must be available.
- The client's nutritional status would be compromised without the requested enteral nutritional products/supplies/equipment.

24.5.25.2 Enteral Nutritional Products

All enteral nutritional products paid under the Texas Medicaid Program are paid based on units of 100 calories (as documented by the manufacturer) with the appropriate "B" code (as documented by the Statistical Analysis DME Regional Carrier [SADMERC] Product Classification List for Enteral Nutrition in effect at the time) and with the appropriate modifier based on the product's average wholesale price (AWP) less 10.5 percent (as documented by the Red Book).

It is the provider's responsibility to know the correct "B" code, the correct units of 100 calories, and the modifier for requesting prior authorization and for payment. Supporting documentation for these components must be maintained in the provider's records and be made available upon request by HHSC or TMHP. Payment is based on the lower of billed charges or the Medicaid allowed fee, with the Medicaid allowed fee based on the appropriate "B" code, modifier, and units of 100 calories.

It is the provider's responsibility to know when products are discontinued by the manufacturer, when container sizes change and when names change. Please submit requests for prior authorization and payment accordingly.

The Palmetto GBA SADMERC Product Classification List is located on its website (www.palmettogba.com).

24.5.25.3 Enteral Feeding Pumps

Enteral feeding pumps are a benefit of Texas Medicaid (Title XIX) Home Health Services for those clients who require enteral feeding. The Title XIX request for enteral feeding pumps and supplies must be completed, signed, and dated by a physician familiar with the client before requesting prior authorization.

Sole source enteral nutrition for clients 21 years of age and older should be prior authorized through TMHP Home Health Services.

Nasogastric and Gastrostomy/Jejunostomy Tubes

Nasogastric feeding tubes require prior authorization. Additional devices may be reimbursed if documentation submitted indicates medical necessity.

Nonobtured gastrostomy/jejunostomy tubes will be limited to two per year. Additional tubes may be reimbursed if documentation submitted indicates medical necessity, such as infection at gastrostomy site, leakage or occlusion. Obtured gastrostomy tube replacements are performed in the physician's office or outpatient setting and are not a benefit of Texas Medicaid (Title XIX) Home Health Services.

Enteral Supplies

Enteral feedings may require some or all the following supplies:

- Needleless syringes, any size
- Enteral extension tubing
- Gravity bags/nutritional containers

Syringes without needles are considered reusable for enteral administration of medication. These syringes are limited to eight per month.

Irrigation syringes, bulb or piston, for enteral administration of nutritional products are limited to four per month.

A food scale is payable for clients on specific diets with foods measured in grams (e.g., ketogenic diets). This service requires prior authorization and has a maximum allowable fee of \$60.

Important: Medical nutritional products for clients younger than 21 years of age remain a benefit of THSteps-CCP.

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Note: THSteps-eligible clients who qualify for medically necessary services beyond the limits of this home health benefit will receive those services through THSteps-CCP.

Procedure Codes		
9-B4100	9-B4150	9-B4152