

NUTRITIONAL THERAPY

ISSUE DATE: April 19, 1983

AUTHORITY: 32 CFR 199.4(a)(1)(i), (d)(3)(iii), (g)(57), and 32 CFR 199.5(c)

I. PROCEDURE CODES

HCPCS Codes B4034 - B9999

II. DESCRIPTION

Nutritional therapy provides medically necessary nutrient intake for individuals with inborn errors of metabolism, medical conditions of malabsorption, pathologies of the alimentary or gastrointestinal tract, and neurological or physiological conditions which require enteral tube feedings.

III. POLICY

A. When used as the primary source of nutrition, TRICARE may cost-share medically necessary supplies and nutritional products for:

1. Enteral nutritional therapy.
2. Parenteral nutritional therapy.
3. Oral nutritional therapy.
4. Medically necessary vitamins and minerals added to the nutritional solution.
5. Intraperitoneal nutrition (IPN) therapy when determined to be medically necessary treatment for individuals suffering from malnutrition as a result of end stage renal disease.
6. Ketogenic diet if it is part of a medically necessary admission for epilepsy. Services and supplies will be reimbursed under the DRG payment methodology.

B. Medically necessary nutritional products which are provided under paragraph III.A above and which are on the "Enteral Nutrition Product Classification List" are eligible for TRICARE cost-sharing. The list is maintained by the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) and is currently available online at:

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 8, SECTION 7.1

NUTRITIONAL THERAPY

[http://www.palmettogba.com/palmetto/Other.nsf/sitecategory/Enteral+Nutrition.pdf/\\$file/Enteral+Nutrition.pdf](http://www.palmettogba.com/palmetto/Other.nsf/sitecategory/Enteral+Nutrition.pdf/$file/Enteral+Nutrition.pdf)

C. Medical supplies and equipment required to provide the therapy are covered.

D. Nutritional therapy may be provided in the inpatient or outpatient setting.

IV. EXCLUSIONS

A. Food and food substitutes.

B. Vitamins or mineral preparations, except as provided in POLICY above or by [Chapter 8, Section 9.1](#).

C. Nutritional supplements administered solely to boost protein or caloric intake or in the absence of a medical condition for which the accepted treatment consists of or includes administration of nutritional supplements.

D. The above exclusions apply also to prenatal care.

E. For children less than one year of age who require enteral nutritional therapy, usual and customary infant formulas are excluded.

F. Except as provided in [paragraph III.A.6](#) above, services and supplies related to a ketogenic diet, including nutritional counseling, calculation of a ketogenic formula, and food substitutes.

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