

## Chapter 8

## Section 7.1

# Nutritional Therapy

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### 1.0 HCPCS PROCEDURE CODES

B4034 - B9999

### 2.0 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/or
- Neurological or physiological conditions which require enteral tube feedings.

### 3.0 POLICY

**3.1** When used as the primary source of calories or as the primary source or a required macronutrient (i.e., protein), TRICARE may cost-share medically necessary supplies and nutritional products for:

**3.1.1** Enteral nutritional therapy.

**3.1.2** Parenteral nutritional therapy.

**3.1.3** Oral nutritional therapy.

**3.1.4** Medically necessary vitamins and minerals added to the nutritional solution.

**3.1.5** Intraperitoneal Nutrition (IPN) therapy when determined to be medically necessary treatment for individuals suffering from malnutrition as a result of end stage renal disease.

**3.1.6** Ketogenic diet if it is part of a medically necessary admission for epilepsy. Services and supplies will be reimbursed under the Diagnosis Related Group (DRG) payment methodology.

**3.2** Medically necessary nutritional products which are provided under [paragraph 3.1](#) and which are on the "Enteral Nutrition Product Classification List" are eligible for TRICARE cost-sharing. The list is maintained by Noridian Administrative Services and is currently available online at: <http://www.dmepdac.com/dmecsapp/do/search>.

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

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

**4.0 EXCLUSIONS**

**4.1** Food and food substitutes.

**4.2** Vitamins or mineral preparations, except as provided in [paragraph 3.0](#) or by [Section 9.1](#).

**4.3** 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.

**4.4** The above exclusions apply also to prenatal care.

**4.5** For children less than one year of age who require enteral nutritional therapy, formulas that are readily available in a retail environment and are marketed for use by infants without medical conditions as described in [paragraph 2.0](#) are excluded from coverage.

**4.6** Except as provided in [paragraph 3.1.6](#), services and supplies related to a ketogenic diet, including nutritional counseling, calculation of a ketogenic formula, and food substitutes.

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