



PROVIDER POLICIES & PROCEDURES

ENTERAL SUPPLIES NOT OTHERWISE CLASSIFIED (NOC) HCPCS CODE B9998

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for enteral supplies not otherwise classified (NOC). By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Enteral nutrition is provided by inserting a tube into the stomach or small intestine for intermittent or continuous delivery of total or supplemental nutritional formulas via gravity or pump. Certain supplies (e.g., extension kits, anti-reflux valves) for the delivery of enteral nutrition may not have an established HCPCS code and are referred to as *not otherwise classified (NOC)*. This policy will address the medical necessity of those supplies.

Benefit and Prior Authorization Requirements:

Prior authorization is required for HCPCS code B9998 if the billed amount for the item(s) will exceed \$279.00

Reference: [DSS Provider Bulletin 2023-67 – Prior Authorization Threshold for Procedure Code B9998 – NOC Enteral Supplies](#)

CLINICAL GUIDELINE

Coverage guidelines for enteral supplies NOC are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Initial Authorization

Enteral supplies NOC are considered medically necessary when:

- A. The individual has a gastrointestinal feeding tube in place; and
- B. There is not a more specific HCPCS code that describes the requested enteral supply.

Reauthorization

Reauthorization of enteral supplies NOC is considered medically necessary if there is a signed prescription or order supporting the ongoing need of the supplies from the treating provider.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that

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To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization of enteral supplies NOC is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for medical supplies. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for enteral supplies NOC:

1. Fully completed authorization request via on-line web portal;
2. Prescription from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA), signed and dated within the past 3 months for initial authorization requests and within the past 12 months for reauthorization requests;
3. Documentation from the treating provider, written within the past three months supporting the medical need for the supplies as outlined in the *Clinical Guideline* section of this policy; and
4. Pricing information as outlined in the [DSS Pricing Policy for MEDS Items](#).

EFFECTIVE DATE

This policy for the prior authorization for enteral supplies NOC for individuals covered under the HUSKY Health Program is effective November 01, 2024.

LIMITATIONS

N/A

CODES:

Code	Description
B9998	NOC for enteral supplies

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.

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4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

REFERENCES

- Centers for Medicare and Medicaid Services (CMS). Policy Article A58833: Enteral Nutrition. Available at: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58833>. Accessed on July 10, 2025.
- Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) L38955: Enteral Nutrition. Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38955>. Accessed on July 9, 2025.
- DSS Provider Bulletin 2023-67 – Prior Authorization Threshold for Procedure Code B9998 – NOC Enteral Supplies.

PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	July 2024	Approved at the July 10, 2024, CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on September 16, 2024. Approved by DSS on September 27, 2024.
Updated	August 2025	Removed Parenteral Supplies NOC (B9999) from the policy. B9999 will be reviewed using InterQual criteria. Clinical

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		Guideline updated to clarify and outline the medical necessity criteria for enteral supplies NOC for initial authorization and for reauthorization. "Nutrition" removed from verbiage within the initial and reauthorization sections. Procedure updated to require a prescription dated within three (3) months for the initial authorization request and within twelve (12) months for a reauthorization request. Documentation from the treating provider supporting the medical need of the enteral supplies dated within three (3) months. Reauthorization section removed. Addressed with initial authorization. References updated to reflect current resources. Changes reviewed and approved at the September 10, 2025, CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on September 16, 2025. Approved by DSS on September 23, 2025.
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