



PROVIDER POLICIES & PROCEDURES

PARENTERAL AND ENTERAL SUPPLIES NOT OTHERWISE CLASSIFIED (NOC) HCPCS CODES B9998/B9999

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 parenteral and 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.

Parenteral nutrition is provided through the intravenous administration of a prepared solution of nutrients bypassing the gastrointestinal tract. 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. Enteral nutrition may be provided safely in the home by a nonprofessional person/caregiver who has received training.

Please refer to the [DSS MEDS fee schedule for parenteral and enteral supplies](#) for the list of parenteral and enteral supplies requiring prior authorization.

Benefit and Prior Authorization Requirements:

- Prior authorization is always required for NOC, parenteral supplies - HCPCS code B9999
- Prior authorization is required for NOC, enteral supplies - HCPCS code B9998 if the billed amount for the items(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 parenteral and 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

Parenteral nutrition supplies are considered medically necessary when:

- A. The individual has a condition preventing absorption of sufficient nutrients through the gastrointestinal tract; and
- B. There is documentation that enteral nutrition has been considered and tried, ruled out, or found ineffective, or enteral nutrition would exacerbate gastrointestinal tract dysfunction.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

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.

Enteral nutrition supplies are considered medically necessary for individuals with a functioning gastrointestinal tract, who cannot meet their daily caloric and fluid requirements orally.

Reauthorization

Reauthorization of parenteral and enteral nutrition supplies is considered medically necessary if there is a signed prescription or order from the treating provider.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that 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 for parenteral and enteral supplies NOC is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for parenteral and enteral supplies. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

Initial Authorization

The following information is needed to review initial requests for parenteral and 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 12 months;
3. Documentation from the treating provider, written within the past 12 months supporting the medical need for parenteral and enteral supplies NOC as outlined in the Clinical Guideline section of this policy; and
4. Pricing information as outlined in the [DSS Pricing Policy for MEDS Items](#).

Reauthorization

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

1. **Fully completed reauthorization 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 12 months; and
3. Pricing information as outlined in the [DSS Pricing Policy for MEDS Items](#).

EFFECTIVE DATE

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

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

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LIMITATIONS

N/A

CODES:

Reviewed Using Policy

Code	Description
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies

Reviewed Using InterQual Criteria

Code	Description
N/A	

DEFINITIONS

- 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.
- 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.
- 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.
- 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).
- HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
- 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.
- 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.

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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). Local Coverage Determination (LCD) L38953: Parenteral Nutrition. Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38953> Accessed on February 6, 2024.
- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) 180.2: Enteral and Parenteral Nutrition Therapy. Available at: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=242&ncdver=1> Accessed on February 6, 2024.
- 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 February 6, 2024.
- 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.

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