

# Enteral Nutrition (Oral and Tube Feeding) (for New Mexico Only)

**Policy Number:** CS136NM.D  
**Effective Date:** May 1, 2026

[Instructions for Use](#)

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### Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for New Mexico Only\)](#)

## Application

This Medical Policy only applies to the state of New Mexico.

## Coverage Rationale

**Note:** Medical foods are not covered for Alternative Benefit Package (ABP) members age 21 and over.

### Enteral Nutrition by Tube Feeding

Enteral nutrition (standard or [Specialized Nutrient Formula](#)) administered by tube feeding (e.g., nasogastric, gastrostomy, or jejunostomy tube) is medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Enteral and Parenteral Nutrition Therapy.

[Click here to view the InterQual® criteria.](#)

**Note:** When used for tube feeding, standard formula may be considered medically necessary because standard foods cannot be administered through a tube.

### Oral Nutrition

For medical necessity clinical coverage criteria for oral nutritional support products, refer to the [New Mexico Administrative Code \(NMAC\) § 8.324.5: Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.](#)

## Definitions

Refer to the federal, state, or contractual definitions that supersede the definitions below.

**Specialized Nutrient Formula:** Formula that is produced to meet unique nutrient needs for specific disease conditions (Greer, 2003).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
B4100	Food thickener, administered orally, per oz
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (e.g., fiber)
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
<b>Metabolic and Specialized Foods</b>	
S9432	Medical foods for noninborn errors of metabolism

HCPCS Code	Description
<b>Metabolic and Specialized Foods</b>	
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
S9434	Modified solid food supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism

## Description of Services

Enteral nutrition refers to any method of feeding that uses the gastrointestinal tract to deliver nutrition and calories, including a normal oral diet, use of a liquid supplement, or delivery by use of a tube, also referred to as a tube feeding (American College of Gastroenterology, 2021).

Formula for enteral nutrition can be provided either by tube feeding or orally, as a replacement for or supplement to dietary intake. Enteral formulas may be standard formulas, which are nutritionally complete products containing intact nutrients, or Specialized Nutrient Formulas. Specialized Nutrient Formulas are designed for individuals requiring specific dietary components or altered nutrient composition due to unique metabolic, digestive, or disease-related needs; these may include conditions involving disturbances in carbohydrate, lipid, vitamin, mineral, amino acid, or nitrogen metabolism (COC, 2026). They are used when standard formulas cannot meet an individual's distinctive nutritional requirements. Specialized Nutrient Formulas are classified as Medical Foods, specially formulated products intended to be consumed or administered enterally under the supervision of a physician and designed for the specific dietary management of a disease or condition with distinctive nutritional requirements established by medical evaluation [as defined in 21 U.S.C. § 360ee(b)(3)].

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

A medical food, as defined in section 5(b)(3) of the Orphan Drug Act [21 U.S.C. 360ee(b)(3)], is “a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.” Medical foods are not drugs and, therefore, are not subject to any regulatory requirements that specifically apply to drugs. However, manufacturers of medical foods must comply with all applicable FDA requirements for foods. For additional information, refer to the following guidance document: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/guidance-industry-frequently-asked-questions-about-medical-foods-third-edition>. (Accessed January 13, 2026)

## References

New Mexico Administrative Code (NMAC), Title 8, Chapter 324, Part 5: Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics. Available at: [https://www.hsd.state.nm.us/wp-content/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20324/8\\_324\\_5-Revised.pdf](https://www.hsd.state.nm.us/wp-content/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20324/8_324_5-Revised.pdf). Accessed February 18, 2026.

New Mexico Human Services Division (HSD), Medical Assistance Division (MAD), Turquoise Care Managed Care Policy Manual. Available at: <https://www.hca.nm.gov/wp-content/uploads/Turquoise-Care-Managed-Care-Policy-Manual-Effective-December-22-2025-FINAL.pdf>. Accessed February 18, 2026.

## Policy History/Revision Information

Date	Summary of Changes
05/01/2026	<p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>Description of Services</i> and <i>References</i> sections to reflect the most current information</li> <li>Archived previous policy version CS136NM.C</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.