### Sample Documentation for Specialty Nutrients

#### Standard Formula Intolerance
- Patient shows evidence of failure to tolerate a standard formula.

#### Initial Specific Medical Need
- Patient has a specific medical condition and the need for the specialty nutrients formulated for that condition.

#### Possible ICD-9 Codes
- Patient has a medical diagnosis (ICD-9 code) that is appropriate for a specialized nutritional product/formula.

#### Nutritional Assessment indicating Formula Need
- Patient has laboratory results that demonstrate the need for a specialty product/formula and documentation is included in patient's medical record.

#### Clinical/Physical Findings indicating Formula Needs
- Patient has clinical/physical findings that demonstrate the need for a specialty product/formula.

### EleCare®/EleCare® Jr
- Amino acid-based formulas for infants (under 12 months) and children (over 1 year of age) who cannot tolerate intact or hydrolyzed protein.
- **Possible ICD-9 Codes**
  - Malabsorption
  - Intolerance to standard formula
  - Hyperphosphatemia
  - Malabsorption
- **Nutritional status assessment**
  - Regional enteritis (Crohn's Disease) (555.0-555.1)
  - Documentation of pertinent surgery or pathology reports confirming gastric, intestinal malabsorption, and other GI conditions.
  - Other situations based on clinical judgment that demonstrate the need for a specialty product/formula.
- **Laboratory tests documenting malabsorption**
  - (e.g. serum albumin, prealbumin, transferrin, vitamin levels)
  - Laboratory tests confirming malabsorption (e.g. fecal fat, d-xylose).

### PediaSure® Peptide 1.0 Cal/PediaSure® Peptide 1.5 Cal
- Peptide-based nutrition for children ages 1-13 years with malabsorption, maldigestion and other GI conditions.
- **Possible ICD-9 Codes**
  - Diabetes (250.0-250.9)
  - Elephantiasis (961.4)
  - Failure to thrive (262.0)
  - Fever (451.0-451.9)
  - Hypoglycemia (25.0-25.9)
  - Hypophosphatemia (276.2)
  - Malabsorption
  - Maldigestion (e.g., pancreatic enzyme deficiency)
  - Malnutrition (e.g., serum albumin, prealbumin, transferrin, vitamin levels)
  - Hyperkalemia
- **Laboratory tests documenting malabsorption**
  - (e.g. serum albumin, prealbumin, transferrin, vitamin levels)
  - Laboratory tests confirming malabsorption (e.g. fecal fat, d-xylose).

### Vital® 1.5 Cal/Vital® 1.5 Cal/Vital® High Protein/Vital AF 1.2 Cal
- Therapeutic, peptide-based elemental nutrition to promote GI tolerance.
- **Possible ICD-9 Codes**
  - Diabetes (250.0-250.9)
  - Elephantiasis (961.4)
  - Failure to thrive (262.0)
  - Fever (451.0-451.9)
  - Hypoglycemia (25.0-25.9)
  - Hypophosphatemia (276.2)
  - Malabsorption
  - Maldigestion (e.g., pancreatic enzyme deficiency)
  - Malnutrition (e.g., serum albumin, prealbumin, transferrin, vitamin levels)
  - Hyperkalemia
- **Laboratory tests documenting malabsorption**
  - (e.g. serum albumin, prealbumin, transferrin, vitamin levels)
  - Laboratory tests confirming malabsorption (e.g. fecal fat, d-xylose).

### Nopros with Carb Steady/Suplena® with Carb Steady
- Therapeutic nutrition for patients with renal disease (e.g. acute kidney injury, chronic kidney disease, and chronic kidney disease requiring dialysis).
- **Possible ICD-9 Codes**
  - Diabetic nephropathy (403.9)
  - Diabetic retinopathy (366.88)
  - Hypertension (401.0-401.9)
  - Proteinuria (585.7)
  - Renal failure (586.0)
  - Chronic kidney disease (585.5-585.9)
  - Chronic kidney disease (585.5-585.9)
  - Chronic kidney disease (585.5-585.9)
  - Chronic kidney disease (585.5-585.9)
- **Signs and symptoms**
  - Acute kidney injury
  - Chronic kidney disease
  - Chronic kidney disease requiring dialysis (end-stage renal disease or renal failure)
  - Chronic kidney disease
  - Chronic kidney disease
  - Chronic kidney disease
  - Chronic kidney disease
- **Laboratory tests documenting malabsorption**
  - (e.g. serum albumin, prealbumin, transferrin, vitamin levels, C-reactive protein)
  - Malabsorption (e.g. fecal fat, d-xylose).

### Glucerna® 1.0 Cal/ Glucerna® 1.2 Cal/ Glucerna® 1.5 Cal
- Specialized nutrition for patients with abnormal glucose tolerance.
- **Possible ICD-9 Codes**
  - Diabetes mellitus (250.0-250.9)
  - Hyperglycemia
  - Hypoglycemia
  - Hyperkalemia
  - Hypertension
  - Hypothyroidism
  - Hypothyroidism
  - Hypothyroidism
  - Hypothyroidism
- **Signs and symptoms**
  - Elevated blood glucose levels
  - Increased antihyperglycemic medication
  - Medication needed to manage blood glucose levels
  - Blood glucose levels
  - Type 1 and type 2 diabetes
  - Hyperglycemia/abnormal glucose tolerance resulting from metabolic stress, such as illness, trauma or infection
  - Secondary diabetes mellitus (249)
  - Diabetes mellitus (250)

### Specialty Nutrients - Documentation

Some payers require additional documentation to justify coverage of specialty enteral formulas because they are produced to meet unique nutritional needs for individual patients. Failure to substantiate the medical necessity of specialty enteral formulas (HCPCS codes B4140, B4153-B4157, B4161, and B4162) may result in a claim being denied as not medically necessary. The sample documentation grid is provided as an educational tool to help providers capture information specific to the patient's medical condition.

**Disclaimer:** This document offers examples of clinical information and medical diagnoses that may be relevant for specific products in seeking enteral coverage. It is not intended to be an exhaustive list of all the potentially applicable codes for all diagnoses. Abbott Nutrition is not recommending a product based on medical necessity determination or providing documentation associated with a specific patient or claim. The health care professional should make their own nutritional product determination and assessment based on the patient's condition and care plan. In addition, each health care provider is ultimately responsible for verifying codes, coverage and payment policies used to ensure that they are accurate and appropriate for the services and items provided. Abbott Nutrition does not guarantee reimbursement by any third-party payer and will not reimburse physicians or providers for claims denied by third-party payers. This document does not take the place of documentation which may be required to support a claim submission. Providers should consult with the payer for complete and accurate details concerning documentation for enteral claims. Documentation requirements may vary among payers.