

MEDICAL POLICY

Medical Policy Title	Enteral Nutrition
Policy Number	10.01.03
Current Effective Date	February 20, 2025
Next Review Date	February 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to [Product Disclaimer](#))

POLICY STATEMENT(S)

Note: Refer to the section regarding Pharmacy Benefits for Medicaid Managed Care product members at the end of this policy for coverage criteria for those members.

- I. Enteral formulas for home use, whether administered orally or via tube feeding (e.g., nasogastric [NG] tubes, naso-enteral [NE] tubes, gastrostomy [G-] tubes, jejunostomy [J-] tubes), are considered **medically appropriate** when:
 - A. A physician or other licensed health care provider has issued a written order stating that the enteral formula is medically necessary and has been proven effective as a disease-specific treatment regimen including, but not limited to, **ONE** of the following conditions:
 1. Inherited diseases of amino acid or organic acid metabolism (e.g., Phenylketonuria/PKU);
 2. Branch-chain ketonuria, galactosemia, or homocystinuria;
 3. Crohn's disease;
 4. Gastroesophageal reflux;
 5. Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract (e.g., chronic intestinal pseudo-obstruction, Ogilvie's syndrome);
 6. Ulcerative colitis;
 7. Severe food protein-induced enterocolitis syndrome;
 8. Eosinophilic disorders; **or**
 9. Multiple, severe food allergies, including, but not limited to, immunoglobulin E- and non-immunoglobulin E-mediated allergies to multiple food proteins.
- II. Modified solid food products that are low-protein, contain modified protein, or are amino acid-based are considered **medically appropriate** for the following indications:
 - A. In the treatment of certain inherited diseases of amino acid (e.g., maple syrup urine disease (MUSD)) and organic acid metabolism; or
 - B. Severe protein allergic conditions. *Refer to Policy Guideline I regarding reimbursement guidelines*.

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- III. Enteral nutrition with enteral feeding tubes (e.g., NG tubes, NE tubes, G-tubes, J-tubes) is considered **medically appropriate** for functional impairments that include, but are not limited to, the following:
- A. Muscular paralysis in which the individual is unable to swallow because a damaged brain or spinal cord can no longer communicate to the muscles of the alimentary tract to initiate function. The paralysis may be the result of a disease process such as:
 - 1. cerebral vascular accident (CVA);
 - 2. trauma/accident;
 - 3. spinal cord injury;
 - 4. birth defects/cerebral palsy;
 - 5. Parkinson's disease;
 - 6. amyotrophic lateral sclerosis (ALS);
 - 7. multiple sclerosis (MS);
 - 8. myasthenia gravis; **or**
 - 9. Huntington's chorea.
 - B. Cognitive neurological disorders that may cause the individual to forget how to swallow, such as:
 - 1. senile dementia;
 - 2. Alzheimer's disease; **or**
 - 3. organic brain syndrome.
 - C. Mechanical dysfunction of the gastrointestinal tract in which there is a functional impairment that results in a specific inability to swallow or may prevent food from reaching the stomach (e.g., esophageal obstruction or stricture, cancer of the larynx or tongue).
 - D. Compromised ability for oral intake in individuals with a functioning gastrointestinal tract who, due to pathology, disease or non-function of the structures that normally permit food to reach the digestive tract, cannot maintain weight and strength commensurate with the individuals general condition.
- IV. Dietary supplements such as probiotics and digestive enzymes (e.g., RELiZORB) do not meet the criteria for enteral nutrition, as stated in Policy Statement I above. Probiotics and digestive enzymes are considered **not medically necessary**.

RELATED POLICIES

Corporate Medical Policy

1.01.00 Durable Medical Equipment-Standard and Non-Standard (DME)

11.01.04 Total Parenteral Nutrition (TPN) /Hyperalimentation

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POLICY GUIDELINE(S)

- I. To be eligible for benefits for enteral nutrition, all enteral formulas must be prescribed for the individual in a written order by a provider legally authorized to prescribe under the New York Education Law. Claims for reimbursement will be processed in accordance with the member's subscriber contract.
 - A. The written order by the individual's provider must contain the individual's diagnosis and must state that the enteral formula is medically necessary and has been proven effective as a disease-specific treatment regimen.
 - B. Benefits for enteral formulas administered orally (without feeding tubes) and modified solid food products, when medically appropriate, will be considered under the pharmacy benefit. If there is no pharmacy coverage with the Health Plan, benefits will not be provided.
 - C. Benefits for enteral formulas administered with feeding tubes will be considered as follows:
 1. When the individual is receiving home care, and the services are billed by a home care agency, enteral formulas and necessary supplies to administer the enteral formula (e.g., feeding tubes, pumps, etc.) will be considered under the home care benefit.
 2. When the individual is not receiving home care or has not been approved for home care benefits, charges for:
 - a) Enteral formulas will be considered under the medical contract with the individual copayment being equal to that of the third-tier pharmacy benefit. If there is no pharmacy coverage with the Health Plan, benefits will not be provided; an
 - b) Necessary supplies will be considered under the prosthetic benefit of the medical contract.
- II. Individuals with cognitive/neurological disease must have documentation in the medical record that demonstrates a dysfunction of the swallowing mechanism. Swallowing assessments or evaluations are required.
- III. All individuals should be monitored in conjunction with a qualified dietitian, health care practitioner certified in nutritional support, gastroenterologist, or pediatric allergist when appropriate.
- IV. A comprehensive individual assessment is essential before nutritional support is provided, including consideration of the benefits and burdens of nutritional support, based on the individual's diagnosis, prognosis, and goals for care, and plans for reassessment of the need for ongoing nutritional support.

DESCRIPTION

Enteral formulas are specialized mixtures designed to deliver nutrients that can be utilized by individuals who cannot maintain adequate oral intake of food or nutrients to meet their metabolic demands. Enteral nutrition is commonly used by individuals with dysphagia (difficulty swallowing),

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neuromuscular disorders affecting swallowing reflex, and upper gastrointestinal strictures or tumors.

Modified solid food products are everyday solid foods with essential nutrients removed in order to avoid allergic or other adverse reactions that the foods might otherwise cause.

Enteral nutrition formulas are given through the gastrointestinal tract (mouth, esophagus, stomach or small intestine). They may be administered orally (by mouth) or enterally (with a feeding tube).

Examples of feeding tubes are:

- I. Nasogastric (NG) tube: nose to stomach;
- II. Naso-enteral (NE) tube: nose to small bowel;
- III. Gastrostomy (G-tube): surgically placed into the stomach through the abdominal wall; and
- IV. Jejunostomy (J-tube): surgically placed into the small bowel through the abdominal wall.

Hyperemesis gravidarum is a term reserved to describe the most severe cases of nausea and vomiting in pregnancy (NVP). It is characterized by the inability to rehydrate and replenish nutritional reserves, after severe nausea and vomiting. A diagnosis of hyperemesis gravidarum is made based on objective findings such as moderate to large ketonuria and weight loss. Weight loss of five percent or greater is often described as diagnostic of hyperemesis gravidarum. Hyperemesis gravidarum tends to begin earlier in pregnancy and lasts longer than those individuals with less severe NVP.

Probiotics are dietary supplements of live microorganisms (e.g., Lactobacillus species, Bifidobacterium species, yeasts) that are intended to beneficially affect an individual upon ingestion by improving the balance of the intestinal microflora. Dietary supplements are generally excluded under most Health Plan contracts.

SUPPORTIVE LITERATURE

Medical foods and dietary supplements are used to treat rare inborn error of metabolism (IEM) identified through state based universal newborn screening (Berry et al., 2020). These products are regulated under U.S. Food and Drug Administration (FDA) food and dietary supplement statuses. IEM diseases involve failure of the metabolic pathways involved in either the break-down or storage of carbohydrates, fatty acids, and proteins.

For guidance on medical foods visit the U.S. Food and Drug Administration (FDA) Guidance for Industry: Frequently Asked Questions About Medical Foods - Third Edition. March 2023. [access 2025 Jan 30]. Available from: [Guidance for Industry: Frequently Asked Questions About Medical Foods - Third Edition \(March 2023\)](#)

An individual's wish to be provided with enteral nutrition at the end of life should be described in the individual's advanced directives.

PROFESSIONAL GUIDELINE(S)

According to Bischoff et al. (2022), enteral nutrition a medical treatment and decisions on route, content, and management of nutritional support are best made by multidisciplinary nutrition teams. See The European Society of Parenteral and Enteral Nutrition (ESPEN) Practical Guidelines for Home

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Enteral Nutrition (HEN). [accessed 2025 Jan 13]. Available from:

[https://www.clinicalnutritionjournal.com/article/S0261-5614\(21\)00497-0/fulltext](https://www.clinicalnutritionjournal.com/article/S0261-5614(21)00497-0/fulltext)

The American Society for Parenteral and Enteral Nutrition (ASPEN) Clinical Guidelines and Clinical Resources. [accessed 2025 Jan 13]. Available from:

https://www.nutritioncare.org/guidelines_and_clinical_resources/

The National Kidney Foundation (NKF) updated its clinical practice guidelines for nutrition in chronic kidney disease (CKD) (Ikizler et al., 2020)). The guideline was expanded to include individuals with end-stage kidney disease or advanced CKD, and for individuals with stages 1- 5 CKD who are not receiving dialysis, and patients with a functional kidney transplant. The updated guideline statements focus on 6 primary areas: nutritional assessment, medical nutrition therapy (MNT), dietary protein and energy intake, nutritional supplementation, micronutrients, and electrolytes. The guidelines primarily cover dietary management rather than all possible nutritional interventions (see the reference section for guidance).

National Institute for Health and Care Excellence (NICE). Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical guidelines. Last updated: 04 August 2017. [accessed 2025 Jan 15]. Available from: <https://www.nice.org.uk/guidance/cg32>

REGULATORY STATUS

The New York Insurance Law mandates coverage of enteral formulas under contracts that cover prescription drugs. The required coverage is for home use of enteral formulas, whether administered orally or via tube feeding, pursuant to a written order by the individual's physician stating that the enteral formula is medically necessary and has been proven effective as a disease-specific treatment regimen.

The mandate also requires coverage of modified solid food products to treat inherited diseases of amino acid and organic acid metabolism up to \$2,500 per individual per calendar year or a continuous benefit period of 12 months. However, the federal Patient Protection and Affordable Care Act (PPACA) prohibits dollar limits on essential health benefits, including these conditions, and supersedes the New York State mandate; therefore, the Health Plan does not apply the \$2,500 limit.

The United States Food and Drug Administration has approved a device known as RELiZORB, which is an in-line cartridge intended to aid in the delivery of fat absorption with cystic fibrosis individuals who have confirmed exocrine pancreatic insufficiency. There is limited, current peer-reviewed literature supporting the efficacy of the device on health outcomes. Additional studies with a larger number of subjects are needed, to evaluate the effect of the RELiZORB device with increased levels of plasma omega-3 fatty acid, as related to increased fat absorption and weight gain, versus the current standard of care.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).

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- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
No specific code(s)	

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HCPCS Codes

Refer to the HCPCS manual for codes appropriate to specific formulas.

HCPCS codes listed below from B4034 - S9343 refer to enteral TUBE feedings.

Code	Description
B4034-B4036	Enteral feeding supply kit (code range)
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)
B4105 (NMN)	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
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

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Code	Description
	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
B9002	Enteral nutrition infusion pump, any type
B9998	NOC for enteral supplies
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional

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Code	Description
	pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9432	Medical foods for non-inborn errors of metabolism
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

ICD10 Codes

Code	Description
Numerous Codes	

REFERENCES

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Al-Omran M, et al. Enteral versus parenteral nutrition for acute pancreatitis. *Cochrane Database Syst Rev.* 2010;(1):CD002837.

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Berry SA, et al. Follow-up and Treatment (FUTR) Workgroup for the Advisory Committee on Heritable Disorders in Newborns and Children. Medical Foods for Inborn Errors of Metabolism: History, Current Status, and Critical Need. *Pediatrics.* 2020 Mar;145(3):e20192261.

Bischoff SC et al. ESPEN practical guideline: Home enteral nutrition. *Clin Nutr.* 2022 Feb;41(2):468-488.

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Hendrix SJ et al. Improvements in anthropometric measures and gastrointestinal tolerance in patients with cystic fibrosis by using a digestive enzyme cartridge with overnight enteral nutrition. *Nutr Clin Pract.* 2022 Apr;37(2):344-350.

Ikizler TA, et al. KDOQI Clinical Practice Guideline for Nutrition in CKD: 2020 Update. *Am J Kidney Dis.* 2020 Sep;76(3 Suppl 1):S1-S107.

Lee YF, et al. The Efficacy and Safety of Tube Feeding in Advanced Dementia Patients: A Systemic Review and Meta-Analysis Study. *J Am Med Dir Assoc.* 2021 Feb;22(2):357-363.

Liu L, et al. Home enteral nutrition after esophagectomy for esophageal cancer A systematic review and meta-analysis. *Medicine.* 2020;99:36.

Morton A and Wolfe S. Enteral tube feeding for cystic fibrosis. *Cochrane Database Syst Rev.* 2015 Apr 9;(4):CD001198.

New York State Insurance Law, Section 4303 (y), § 3216 (21), and § 3221 (C) (11). [Internet] [accessed 2025 Jan 16]. Available from: <https://newyork.public.law/laws/n.y.insurance.law.section.4303>

Pironi L, et al. ESPEN guideline on home parenteral nutrition. *Clin Nutr.* 2020 Jun;39(6):1645-1666.

Omorogieva O et al. The effects of enteral nutrition in critically ill patients with covid 19: a systematic review and meta-analysis. *Nutrients.* 2022 Mar 7; 14(5) 1120-1134.

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Stevens J, et al. Absorption and safety with sustained use of RELiZORB evaluation (ASSURE) study in patients with cystic fibrosis receiving enteral feeding. *J Pediatr Gastroenterol Nutr.* 2018 Oct;67(4):527-532.

Xueting H, et al. Home enteral nutrition and oral nutritional supplements in postoperative patients with upper gastrointestinal malignancy: A systematic review and meta-analysis. *Clinical Nutrition.* 2021 May;40(5):3082-3093.

SEARCH TERMS

Enteral nutrition, Enteral therapy, Probiotics, Tube feeding, Parenteral nutrition (PN).

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Based on our review, Enteral Nutrition is not addressed in National or Regional Medicare coverage determinations or policies.

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NY STATE COVERAGE OF PHARMACY BENEFITS FOR MEDICAID MANAGED CARE PRODUCT MEMBERS

There are currently guidelines for Pharmacy benefits of Enteral Nutrition Formula for New York State (NYS) Medicaid Managed Care Members. For those members, enteral nutritional formula benefit coverage is limited to:

1. Beneficiaries who are fed via nasogastric, gastrostomy or jejunostomy tube.
2. Beneficiaries with inborn metabolic disorders.
3. Children up to 21 years of age, who require liquid oral enteral nutritional formula when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized.

For complete coverage guidelines please refer to the following website: [accessed 2025 Jan 16].

Available from:

https://www.emedny.org/providermanuals/communications/enteral_nutritional_formula_benefit_update_20110418.pdf.

In addition, the Medicaid Managed Care benefit for enteral nutritional formula includes coverage of orally administered formula for adults with a diagnosis of HIV infection, AIDS, HIV-related illness, or other disease or condition, who are oral-fed, and who:

1. Require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, and have a body mass index (BMI) under 18.5 as defined by the Centers for Disease Control, up to 1,000 calories per day; or
2. Require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, have a body mass index (BMI) under 22 as defined by the Centers for Disease Control, and have a documented, unintentional weight loss of five percent or more within the previous six-month period, up to 1,000 calories per day; or
3. Require total oral nutritional support, have a permanent structural limitation that prevents the chewing of food, and placement of a feeding tube is medically contraindicated.

NYRx, Medical Supply Codes Billable by a Pharmacy [Internet]. [accessed 2024 Jan 16]. Available from: https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Procedure_Codes.pdf

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.

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- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
10/18/01, 08/28/03, 10/28/04, 10/27/05, 10/26/06, 12/13/07, 08/28/08, 08/27/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 02/22/18, 08/23/18, 02/28/19, 02/27/20, 02/25/21, 02/17/22, 02/16/23, 02/22/24, 02/20/25	
Date	Summary of Changes
02/20/25	<ul style="list-style-type: none">• Policy intent unchanged; Changed patient to "individual" throughout document where applicable; updated professional society guidelines to include ESPEN, ASPEN, and NICE
01/01/25	<ul style="list-style-type: none">• Summary of changes tracking implemented
10/18/01	<ul style="list-style-type: none">• Original effective date