



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Enteral Therapy

MP9069

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: Further information for infants less than 1 year of age can be found in the policy: [Amino Acid Based Formulas MP9355](#).

WellFirst Health Medical Policy:

- 1.0 Enteral feedings **require** prior authorization through the Health Services Division and are considered medically necessary for members that meet **ALL** of the following:
 - 1.1 The enteral feeding is supplying the **majority** of the member's nourishment; **AND**
 - 1.2 A naso-gastric or gastrostomy **tube is in place** for administering the feedings; **AND**
 - 1.3 The member has a diagnosis of an inborn enzyme deficiency or error of metabolism; **AND**
 - 1.4 The product requested is available only by prescription and cannot be purchased without a prescription from a commercial vendor.
 - 1.5 A digestive enzyme cartridge (e.g. RELiZORB) considered medically necessary for members with cystic fibrosis on enteral feedings.



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