

Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Outpatient 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](#).

Most Member Certificates or Summary Plan Descriptions (SPD) exclude coverage of enteral feeds unless they are the sole source of nutrition, however, enteral feedings of standard infant formulas, standard baby food, and regular grocery products used in blenderized formulas are excluded regardless of whether they are the sole source of nutrition.

Coverage may vary according to the terms of the Member Certificate and Summary Plan Description. Enteral therapy may also be described as food in the Member Certificate and Summary Plan Description.

Medica Medical Policy:

1.0 Synthetic or semi-synthetic enteral feedings **require** prior authorization through the Health Services Division and are considered medically necessary for members that meet **ALL** the following criteria:

1.1 Enteral feedings are the member's sole source of nutrition (dietary adjustment or oral supplements are contraindicated or are not possible).

1.1.1 Members which are required, as a part of the physician's prescribed treatment plan, to ingest a small amount of oral feeding may be considered meeting this criteria when the enteral feeding formula comprises 60% or more of caloric nutritional intake; **AND**

1.2 The member has a functional intestinal tract, and **ONE** of the following conditions are met:

1.2.1 Non-function or disease of the pharynx, esophagus, or stomach that prevents nutrients from reaching the small intestine;

1.2.1.1 Non-function or disease of other organs does not meet this criteria; **OR**

1.2.2 Central nervous system (CNS) disease leading directly to interference with the neuromuscular coordination chewing and swallowing such that a risk of aspiration exists;

1.2.2.1 CNS disease that does not interfere with chewing and swallowing and cause risk of aspiration does not meet this criteria; **AND**

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- 1.3 A naso-gastric, jejunostomy, or gastrostomy tube is in place for administering the feedings.
- 2.0 Enteral formula consisting of manufactured blenderized natural foods with intact nutrients, includes proteins, carbohydrate, vitamins, mineral and may include fiber, administered through an enteral feeding tube (HCPCS B4149) **require** prior authorization through the Health Services Division and are considered medically necessary when **ALL** of the following criteria are met:
 - 2.1 All criteria of (1.0) are met; **AND**
 - 2.2 Documentation indicates the member has **ONE** of the following:
 - 2.2.1 Intolerance to a semi-synthetic enteral product; **OR**
 - 2.2.2 Severe allergic reaction to a semi-synthetic enteral product.
- 3.0 The following are excluded whether they are the sole source of nutrition unless specifically included in the Member Certificate or Summary Plan Description:
 - 3.1 Regular grocery products used in blenderized formulas
 - 3.2 Enteral feedings of standard infant formulas or standard baby food
 - 3.3 Enteral nutrition formulas that are administered orally and supplies related to oral administration
 - 3.4 Digestive enzyme cartridges (e.g. RELiZORB, HCPCS B4105) used in conjunction with enteral nutrition therapy are considered experimental and investigational and therefore are not covered.
- 4.0 Supplies and equipment necessary to accomplish enteral formula administration are covered according to the terms of the Member Certificate or Summary Plan Description.



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