

WESTERN REGION ONLY ADDENDUM

SUBJECT: ENTERAL NUTRITION (Mandated and Expanded Benefit)
POLICY #: O-6

CODES:	
ICD9-CM	Various diagnosis codes
HCPCS	B4149
	B4150
	B4152
	B4153
	B4154
	B4155
	B4157
	B4158
	B4159
	B4160
	B4161
	B4162
	B9998

NOTE: Please refer to the Expanded Benefit for guidelines on oral administration of these formulas.

DESCRIPTION:

Enteral feeding is the provision of nutrition through the use of special enteral formula or elemental medical formula provided either by mouth or through a feeding tube placed into the gastrointestinal tract. It is an alternative to hyperalimentation for individuals who cannot take adequate nutrition through regular diet but who have adequate gastrointestinal tract function to absorb the enteral formula.

PATIENT SELECTION:

- I. **State-mandated conditions for use of enteral feeding:**
 - congenital metabolic disorders (phenylketonuria, galactosemia, homocystinuria, branched-chain ketonuria) requiring limitation of certain nutrients.
- II. **State-mandated conditions for use of amino acid-based elemental medical formulas made of 100% free amino acids as the protein source, administered by oral or enteral feeding for infants and children:**
 - Food protein allergies
 - Food protein-induced enterocolitis syndrome
 - Eosinophilic disorders
 - Short bowel syndrome
- III. **Expanded benefit conditions for use of enteral feeding may include but are not limited to:**
 - neurologic deficits which make oral feeding difficult (cerebral palsy, coma)
 - difficulty swallowing (stroke, cerebral palsy, head and neck cancer following surgery, jaw fractures)
 - congenital metabolic disorders (phenylketonuria, galactosemia, homocystinuria, etc.) requiring limitation of certain nutrients
 - gastric reflux with risk of aspiration
 - digestive problems with difficulty absorbing normal nutrients (pancreatic insufficiency, malabsorption, short bowel syndrome, inflammatory bowel diseases, etc.)
 - acquired metabolic disorders (hepatic insufficiency, pulmonary insufficiency, renal failure) requiring limitation of certain nutrients

- In addition to the state mandated conditions in sections I and II above, amino acid-based elemental medical formulas made of 100% free amino acids as the protein source, administered by oral or enteral feeding for infants and children for:
 - Food protein allergies
 - Food protein-induced enterocolitis syndrome
 - Eosinophilic disorders
 - Short bowel syndrome

MEDICAL POLICY:

I. PA State Mandate

Act 191

Effective June 20, 1997, enteral feeding solutions administered by any method are eligible when necessary for the therapeutic treatment of the following hereditary genetic disorders as defined in Act 191 - 1996. Under this Act, benefits for medically necessary enteral formulas, such as PKU 1 or 2, Lofenalac, or Ketonex 1 or 2, administered under the direction of a physician for these specified conditions are exempt from any contract deductibles.

- Phenylketonuria (PKU)
- Branched-chain ketonuria
- Galactosemia
- Homocystinuria

Act 158-2014

Effective April 20, 2015 coverage for amino acid-based elemental medical formulas is determined according to individual or group customer benefits.

Amino acid-based elemental medical formulas made of 100% free amino acids as the protein source, are eligible when ordered by a physician as medically necessary and administered orally or enterally for infants and children as set forth in Act 158-2014, for the following conditions:

- Food protein allergies
- Food protein-induced enterocolitis syndrome
- Eosinophilic disorders
- Short bowel syndrome

II. Expanded Benefit (For Groups that select an expanded benefit)

Enteral feeding solutions are eligible for coverage when they are provided **via tube** (nasogastric, gastrostomy, jejunostomy, etc.) and are the sole source of nutrition for any condition listed in Patient Selection, III.

In addition, enteral feeding solutions are eligible for coverage when they are provided **orally** and they are the sole source of nutrition for:

- individuals who require a hydrolyzed protein predigested or amino acid-based formula, formula for special metabolic needs, modular components formula or standardized nutrient formula
- individuals who require a defined formula with specialized contents for specific metabolic needs
- individuals who require a modular component formula.

Once eligible for coverage, they will remain eligible until an individual is able to take at least 50% of their daily caloric requirement in regular foods.

Enteral formula provided due to inability to take adequate calories by regular diet is not eligible for coverage, unless the enteral formula is the sole source of nutrition and is a formula included

in this section's three bullet points above.

Infant formulas, **administered either by mouth or through a tube**, may be considered eligible for coverage based on the content of the formula and the reasons for use of a special formula as noted above. Lactose intolerance, milk protein intolerance, or other milk allergies are not indications for coverage. However, hemorrhagic colitis secondary to these conditions is eligible. Basic milk or soy formulas are not eligible.

RATIONALE:

These solutions when used under the circumstances noted under Medical Policy are medically necessary and appropriate for the health of the individual due to the presence of a medical condition as outlined under Patient Selection.

BENEFIT ADMINISTRATION

Benefits are payable for enteral feeding solution under the enteral foods benefit excluding amino acid-based elemental medical formulas. When provided for one of the state mandated conditions in Patient Selection I, enteral feeding solutions are exempt from any contract deductibles.

Enteral Accessories and Supplies

Accessories and/or supplies that are used directly with enteral systems to achieve therapeutic benefit or assure proper functioning of the feeding system are eligible under the Durable Medical Equipment (DME) benefit. They include:

- Catheters
- Concentrated nutrients
- Dressings
- Enteral nutrition preparation
- Extension tubing
- Filters
- Infusion bottles
- IV pole
- Liquid diet (for catheter administration)
- Needles
- Pumps (food or infusion)
- Tape