

**MEDICAL ASSOCIATES HEALTH PLANS**  
**HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL**  
**POLICY NUMBER: PP 4**

**POLICY TITLE:** Nutritional Therapies

**POLICY STATEMENT:** Medical Associates Health Plans has established this policy to ensure that MAHP member meets the criteria for Nutritional Therapy. This includes Enteral (administration by a tube) or Parenteral (intravenously administered) nutrition.

**PROCEDURE:**

1. For members with a plan benefit, specific nutritional support is considered to be a medical item *only* when administered enterally or parenterally where the member has either (a) a permanent non-function or disease of the structures that normally permit food to reach the small bowel; or (b) disease of the small bowel which impairs digestion and absorption of an oral diet, either of which requires enteral or parenteral feedings to provide sufficient nutrients to maintain weight and strength corresponding with the member's overall health status.  
**NOTE:** Not all benefit plans cover nutritional support even in the circumstances stated above. Please check benefit plan descriptions.
2. MAHP does not cover nutritional support that is taken orally (i.e., by mouth), unless mandated by state law. Oral nutrition is not considered a medical item. This includes supplementary infant formulas such as those used for PKU (Phenylketonuria) and other deficiencies.
3. Regular food products are not considered medical items. Regular food products include food thickeners, baby food, or other regular grocery products that can be mixed in blenders and used with an enteral system regardless of whether these regular food products are taken orally or parenterally.
4. Permanent impairment can reasonably be expected to exceed ninety days. Permanence does not mean that the impairment must persist for a lifetime.

**Enteral Nutrition:**

Coverage Determination:

The test of permanence is met when the impairment is expected to exceed ninety days.

Enteral nutritional formula for home use may be considered medically necessary when one of the following criteria is met:

- a. The formula is for the treatment of severe intestinal malabsorption and the formula comprises the sole source or an essential source of nutrition, or
- b. There is permanent non-function or disease of the structures that normally permit food to reach the small bowel necessitating tube feedings in order to provide sufficient nutrients to maintain weight and strength corresponding with the individual's overall health status.
- c. There is a central nervous system disease leading to sufficient interference with the neuromuscular coordination of chewing and swallowing that a risk of aspiration exists. (Examples of such conditions include anatomic impairments such as head and neck cancer or functional impairments that interfere with the ability to chew or swallow).
- d. Coverage is possible for patients with partial impairments – e.g., a patient with dysphasia who can swallow small amounts of food or a patient with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption.

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**NOTE:** The medical necessity for any specialized formulas should be reviewed on a case-by-case basis.

Enteral nutrition is usually administered by syringe or gravity feedings. A pump may be medically necessary in the following circumstances:

- a. A gravity feeding is not satisfactory due to reflux and/or aspiration
- b. The individual has other medical conditions such as severe diarrhea, dumping syndrome, blood glucose fluctuations or circulatory overload.

Non-Covered Conditions and Supplies:

- Individuals who are capable of adequate oral intake
- Food supplements, specialized infant formulas, vitamins and/or minerals taken orally are not covered even if they are required to maintain weight and strength.

**Parenteral Nutrition**

Coverage Determination:

The test of permanence is met when the impairment is expected to exceed ninety days.

Parenteral nutrition may be considered medically necessary when one of the following criteria is met:

- a. Medical documentation of failure of oral or tube feeding.
- b. The individual is perioperative and unable to tolerate oral or tube feedings.
- c. Medical documentation of structural or functional bowel disease that makes oral and tube feedings inappropriate.
- d. A condition necessitating the gastrointestinal tract to be totally non-functioning for a period of time.
- e. Hyperemesis gravidarum

(Example of such conditions includes Crohn's disease, obstruction of the esophagus or stomach, loss of the swallowing mechanism, short bowel syndrome, malabsorption due to fistulas, newborns with catastrophic gastrointestinal anomalies, infants and young children with failure to thrive syndrome due to systemic disease or secondary to intestinal insufficiency, and prolonged paralytic ileus following major surgery or multiple injuries).

**Note:** If parenteral nutritional therapy satisfies the medical necessity requirements, medically necessary nutrients, administration supplies and equipment are covered.

Non-Covered Conditions or Supplies for patient with a functioning gastrointestinal tract whose need for parenteral nutrition is only due to any of the following conditions:

- Temporary defect in gastric emptying such as metabolic or electrolyte disorder,
- Swallowing disorder
- Psychological disorder impairing food intake such as depression,
- Metabolic disorder including anorexia such as cancer,
- Physical disorder impairing food intake such as the dyspnea of severe pulmonary or cardiac disease,
- Side effects of medications
- Renal failure and/or dialysis

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5. Coverage determination:
- a. Based on terms of the specific benefit plan in question.
  - b. A claim should include a written order or prescription from the attending physician and sufficient medical documentation to determine medical necessity.
  - c. Medicare pays for no more than one month's supply of nutrients at one time.

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**References:** Trilogy Claims Administrative Handbook  
Aetna's Policy for Nutritional Support  
BC/BS Policy for Nutritional Support

**Attachments:** LCD information on Parenteral Nutrition  
LCD information on Enteral Nutrition  
CMS Enteral and Parenteral Nutrition Form

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