

UnitedHealthcare® West Benefit Interpretation Policy

Enteral and Oral Nutritional Therapy

Policy	Number:	BIP112.K
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Effective	Date:	December	1,	2023
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☐ Instructions for Use

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Related Benefit Interpretation Policy

<u>Durable Medical Equipment (DME), Prosthetics,</u>
 <u>Corrective Appliances/ Orthotics (Non-Foot Orthotics) and Medical Supplies Grid</u>

Federal/State Mandated Regulations

ORS 743A.070: Nonprescription Enteral Formula for Home Use

https://www.oregonlegislature.gov/bills_laws/ors/ors743a.html

ORS 743A.070 - Nonprescription enteral formula for home use (public.law)

- 1) All policies providing health insurance, as defined in ORS 731.162 ("Health insurance"), except those policies whose coverage is limited to expenses from accidents or specific diseases that are unrelated to the coverage required by this section, shall include coverage for a nonprescription elemental enteral formula for home use, if the formula is medically necessary for the treatment of severe intestinal malabsorption and a physician has issued a written order for the formula and the formula comprises the sole source, or an essential source, of nutrition.
- 2) The coverage required by subsection (1) of this section may be made subject to provisions of the policy that apply to other benefits under the policy including, but not limited to, provisions related to deductibles and coinsurance. Deductibles and coinsurance for elemental enteral formulas shall be no greater than those for any other treatment for the condition under the policy.
- 3) This section is exempt from ORS 743A.001 ([Formerly 743.729; 2009 c.703 §1]

ORS: 743A-188: Inborn Errors of Metabolism

https://oregon.public.law/statutes/ors_743a.188

- All individual and group health insurance policies providing coverage for hospital, medical or surgical expenses, other than coverage limited to expenses from accidents or specific diseases, shall include coverage for treatment of inborn errors of metabolism that involve amino acid, carbohydrate and fat metabolism and for which medically standard methods of diagnosis, treatment and monitoring exist, including quantification of metabolites in blood, urine or spinal fluid or enzyme or DNA confirmation in tissues. Coverage shall include expenses of diagnosing, monitoring and controlling the disorders by nutritional and medical assessment, including but not limited to clinical visits, biochemical analysis and medical foods used in the treatment of such disorders.
- 2 As used in this section "Medical foods" means foods that are formulated to be consumed or administered enterally under the supervision of a physician, as defined in ORS 677.010, that are specifically processed or formulated to be deficient in one or more of the nutrients present in typical nutritional counterparts, that are for the medical and nutritional management of patients with limited capacity to metabolize ordinary foodstuffs or certain nutrients contained therein or have other specific nutrient requirements as established by medical evaluation and that are essential to optimize growth, health and metabolic homeostasis.
- 3 This section is exempt from ORS 743A.001. [Formerly 743.726]

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Enteral Nutrition

 Enteral formulas and low protein modified food products administered either orally or by tube feeding as a primary source of nutrition for certain conditions which require specialized nutrients or formulas are covered under the medical benefit.

Examples of conditions include:

- o Metabolic diseases or inborn errors of metabolism such as Phenylketonuria (PKU) and maple syrup urine disease.
- Severe food allergies.
- o Impaired absorption of nutrients caused by disorders affecting the gastrointestinal tract
- o For the purpose of this benefit, "enteral formulas" include:
 - Amino acid-based elemental formulas.
 - Extensively hydrolyzed protein formulas.
 - Modified nutrient content formulas.
- o For the purpose of this benefit, "severe food allergies" mean allergies which if left untreated will result in:
 - Malnourishment
 - Chronic physical disability;
 - Intellectual disability; or
 - Loss of life.

Treatment for Phenylketonuria (PKU)

Treatment for Phenylketonuria (PKU) Is covered to prevent the development of serious physical or mental disabilities or to promote normal development or function as a consequence of PKU enzyme deficiency. PKU includes those formulas and special food products that are part of a diet prescribed by a Participating Practitioner and managed by a health care professional in consultation with a physician who specializes in the treatment of metabolic disease and who participates in, or is authorized by, UnitedHealthcare, provided that the diet is deemed medically necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of PKU. Special food products do not include food that is naturally low in protein, but may include a special low-protein formula specifically approved for PKU and special food products that are specially formulated to have less than one gram of protein per serving.

Elemental Enteral Formula

Nonprescription elemental enteral formula is only covered for the treatment of severe intestinal malabsorption. In addition, certain inborn errors of metabolism that involve amino acid, carbohydrate and fat metabolism and for which medically standard methods of diagnosis, treatment and monitoring exist, including quantification of metabolites in blood, urine or spinal fluid or enzyme or DNA confirmation in tissues, are covered. Coverage will include expenses of diagnosing, monitoring and controlling the disorders by nutritional and medical assessment, including, but not limited to: clinical visits; biochemical analysis; medical foods used in the treatment of such disorders and elemental enteral formula administered enterally under the supervision of a Physician if these formulations comprise the sole source, or an essential source, of nutrition.

Not Covered

- Nonprescription oral formulas, self blenderized formula, food, vitamins, herbs and dietary supplements unless covered under the Federal/State Mandated Regulations and Covered Benefits sections.
 Examples include:
 - o Food thickeners,
 - Baby food,
 - Food products,
 - High and low protein foods,
 - o Low carbohydrate foods,
 - o Supplements, and
 - Electrolytes
- Enteral formula or medical food when the member is not receiving medically necessary skilled home health visits or skilled nursing facility services or skilled therapy visits unless covered under the Federal/State Mandated Regulations section.
 Note: Home health or skilled nursing services are not considered medically necessary if the primary purpose is to monitor enteral feedings.

Definitions

Phenylketonuria (PKU) Treatment: Phenylketonuria (PKU) is a rare metabolic disorder (and orphan disease) that usually results from a deficiency of a liver enzyme known as phenylalanine hydroxylase (PAH). This enzyme deficiency leads to elevated levels of the amino acid phenylalanine (Phe) in the blood and other tissues. The untreated state is characterized by mental retardation, microcephaly, delayed speech, seizures, eczema, behavior abnormalities, and other symptoms. Treatment via medical nutrition therapy involves the use of medical foods including medical protein sources and modified low-protein products in addition to the provision of required amounts of Phe through small amounts of natural protein.

References

NICHD. (2000, updated 2006). *Report of the NIH consensus development conference on phenylketonuria (PKU): Screening and management*. Retrieved May 15, 2012, from http://www.nichd.nih.gov/publications/pubs/pku/

Policy History/Revision Information

Date	Summary of Changes		
12/01/2023	Federal/State Mandated Regulations		
	Updated reference link to Oregon Revised Statute Section 743A.070		
	Covered Benefits		
	Enteral Nutrition		
	Revised language to indicate:		

Date	Summary of Changes		
	 Chronic physical disability 		
	Intellectual disability		
	 Loss of life 		
	Definitions		
	Removed definition of "Enteral Feeding"		
	Updated definition of "Phenylketonuria (PKU) Treatment"		
	Supporting Information		
	Added References section		
	Archived previous policy version BIP112.J		

Instructions for Use

Covered benefits are listed in three (3) sections: Federal/State Mandated Regulations, State Market Plan Enhancements, and Covered Benefits. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.