

# Enteral Nutrition

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[Instructions for Use](#)

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<b>Related Commercial Policy</b>
<ul style="list-style-type: none"> <li><a href="#">Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements</a></li> </ul>
<b>Community Plan Policy</b>
<ul style="list-style-type: none"> <li><a href="#">Oral and Enteral Nutrition</a></li> </ul>

## Coverage Rationale

### Indications for Coverage

Certain plans may include coverage for enteral nutrition (enteral formulas and low protein modified food products). Refer to the member specific benefit plan document to determine if this coverage applies.

#### *For Plans with Language that Cover Enteral Nutrition*

For plans that cover enteral nutrition, if there is a difference between a member specific benefit plan document and the information below, the member specific benefit plan document should be used for making benefit determinations.

Note: Check state mandate applicability before proceeding with the following.

Benefits are provided for enteral formulas and low protein modified food products, administered either orally or by tube feeding as the primary source of nutrition, for certain conditions which require specialized nutrients or formulas. Examples of conditions include:

- Metabolic Diseases such as phenylketonuria (PKU) and maple syrup urine disease
- Severe food allergies
- Impaired absorption of nutrients caused by disorders affecting the gastrointestinal tract

Benefits for prescription or over-the-counter formula are available when a Physician issues a prescription or written order stating the formula or product is Medically Necessary for the therapeutic treatment of a condition requiring specialized nutrients and specifying the quantity and the duration of the prescription or order. The formula or product must be administered under the direction of a Physician or registered dietitian.

For the purpose of this Benefit:

- Enteral formulas include:
  - Amino acid-based elemental formulas
  - Extensively hydrolyzed protein formulas
  - Modified nutrient content formulas
- Severe food allergies mean allergies which if left untreated will result in:
  - Malnourishment
  - Chronic physical disability
  - Intellectual disability

- Loss of life

## ***Enteral Pumps***

Enteral pumps and supplies are addressed in the Coverage Determination Guideline titled [Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements](#).

## **Coverage Limitations and Exclusions**

Certain plans may exclude coverage for enteral nutrition. Refer to the member specific benefit plan document to determine if this exclusion applies.

- Food of any kind, infant formula, standard milk-based formula, and donor breast milk. This exclusion does not apply to enteral formula and other modified food products for which Benefits are provided in the members benefit plan document. This exclusion includes but is not limited to:
  - Blenderized food
  - Clear liquids
  - Food additives
  - Food thickeners
- Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements and other nutrition-based therapy. Examples include supplements and electrolytes.

## **Definitions**

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

**Medically Necessary:** Health care services that are all of the following as determined by us or our designee:

- In accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on physician specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by us and revised from time to time), are available to Covered Persons through [myuhc.com](#) or the telephone number on your ID card. They are also available to physicians and other health care professionals on [UHCprovider.com](#).

**Metabolic Diseases:** Metabolic diseases include inborn errors of amino acid metabolism, such as phenylketonuria, maternal phenylketonuria, maple syrup urine disease, homocystinuria, methylmalonicacidemia, propionicacidemia, isovalericacidemia, and other disorders of leucine metabolism; glutaricaciduria type I and tyrosinemia types I and II; and urea cycle disorders. These are all disorders treatable by dietary modifications, which can prevent complications like severe mental retardation and death.

**Physician:** Any Doctor of Medicine or Doctor of Osteopathy who is properly licensed and qualified by law.

Note: Any podiatrist, dentist, psychologist, chiropractor, optometrist, or other provider who acts within the scope of his or her license will be considered on the same basis as a physician. The fact that we describe a provider as a physician does not mean that benefits for services from that provider are available to you under the policy.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarification: The following enteral nutrition HCPCS codes are:

- Covered for all diagnoses listed in the [Diagnosis Code](#) section.
- Excluded for all diagnoses not listed in the [Diagnosis Code](#) section.

HCPCS Code	Description
B4150	Enteral formula; nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (Use this code for Enrich, Ensure, Ensure HN, Ensure Powder, Isocal, Lonlac Powder, Meritene, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Sustacal, Renu, Sustagen Powder, Travasorb)
B4152	Enteral formula; nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit. (Use this code for Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN)
B4153	Enteral formula; nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit. (Use this code for Citricare HN, Vivonex t.e.n (Total Enteral Nutrition), Vivonex HN, Vital (Vital HN), Travasorb HN, Isotein HN, Precision HN, Precision Isotonic)
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit. (Use this code for Hepatic-aid, Travasorb Hepatic, Travasorb MCT, Travasorb Renal, Traum-aid, Tramacal, Aminaid)
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit. (Use this code for Propac, Gerval Protein, Promix, Casec, Moducal, Controlyte, Polycose Liquid or Powder, Sumacal, Microlipids, MCT Oil, Nutri-source)
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

HCPCS Code	Description
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
S9435	Medical foods for inborn errors of metabolism

Diagnosis Code	Description
B20	Human immunodeficiency virus [HIV] disease
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
D56.4	Hereditary persistence of fetal hemoglobin [HPFH]
D58.2	Other hemoglobinopathies
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly) neuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly) neuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly) neuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly) neuropathy
E70.0	Classical phenylketonuria
E70.1	Other hyperphenylalaninemias
E70.20	Disorder of tyrosine metabolism, unspecified
E70.21	Tyrosinemia
E70.29	Other disorders of tyrosine metabolism
E70.40	Disorders of histidine metabolism, unspecified
E70.41	Histidinemia
E70.49	Other disorders of histidine metabolism
E70.5	Disorders of tryptophan metabolism
E70.81	Aromatic L-amino acid decarboxylase deficiency
E70.89	Other disorders of aromatic amino-acid metabolism
E70.9	Disorder of aromatic amino-acid metabolism, unspecified
E71.0	Maple-syrup-urine disease
E71.110	Isovaleric acidemia
E71.111	3-methylglutaconic aciduria
E71.118	Other branched-chain organic acidurias
E71.120	Methylmalonic acidemia
E71.121	Propionic acidemia
E71.128	Other disorders of propionate metabolism
E71.19	Other disorders of branched-chain amino-acid metabolism
E71.2	Disorder of branched-chain amino-acid metabolism, unspecified
E71.310	Long chain/very long chain acyl CoA dehydrogenase deficiency
E71.311	Medium chain acyl CoA dehydrogenase deficiency

Diagnosis Code	Description
E71.312	Short chain acyl CoA dehydrogenase deficiency
E71.313	Glutaric aciduria type II
E71.314	Muscle carnitine palmitoyltransferase deficiency
E71.318	Other disorders of fatty-acid oxidation
E71.32	Disorders of ketone metabolism
E71.50	Peroxisomal disorder, unspecified
E71.510	Zellweger syndrome
E71.511	Neonatal adrenoleukodystrophy
E71.518	Other disorders of peroxisome biogenesis
E71.520	Childhood cerebral X-linked adrenoleukodystrophy
E71.521	Adolescent X-linked adrenoleukodystrophy
E71.522	Adrenomyeloneuropathy
E71.528	Other X-linked adrenoleukodystrophy
E71.529	X-linked adrenoleukodystrophy, unspecified type
E71.53	Other group 2 peroxisomal disorders
E71.540	Rhizomelic chondrodysplasia punctata
E71.541	Zellweger-like syndrome
E71.542	Other group 3 peroxisomal disorders
E71.548	Other peroxisomal disorders
E72.00	Disorders of amino-acid transport, unspecified
E72.01	Cystinuria
E72.02	Hartnup's disease
E72.03	Lowe's syndrome
E72.04	Cystinosis
E72.09	Other disorders of amino-acid transport
E72.10	Disorders of sulfur-bearing amino-acid metabolism, unspecified
E72.11	Homocystinuria
E72.12	Methylenetetrahydrofolate reductase deficiency
E72.19	Other disorders of sulfur-bearing amino-acid metabolism
E72.20	Disorder of urea cycle metabolism, unspecified
E72.21	Argininemia
E72.22	Arginosuccinic aciduria
E72.23	Citrullinemia
E72.29	Other disorders of urea cycle metabolism
E72.3	Disorders of lysine and hydroxylysine metabolism
E72.4	Disorders of ornithine metabolism
E72.50	Disorder of glycine metabolism, unspecified
E72.52	Trimethylaminuria
E72.53	Primary hyperoxaluria
E72.59	Other disorders of glycine metabolism
E72.81	Disorders of gamma aminobutyric acid metabolism
E72.89	Other specified disorders of amino-acid metabolism

Diagnosis Code	Description
E72.9	Disorder of amino-acid metabolism, unspecified
E74.00	Glycogen storage disease, unspecified
E74.01	von Gierke disease
E74.02	Pompe disease
E74.03	Cori disease
E74.04	McArdle disease
E74.09	Other glycogen storage disease
E74.10	Disorder of fructose metabolism, unspecified
E74.11	Essential fructosuria
E74.12	Hereditary fructose intolerance
E74.19	Other disorders of fructose metabolism
E74.20	Disorders of galactose metabolism, unspecified
E74.21	Galactosemia
E74.29	Other disorders of galactose metabolism
E74.31	Sucrase-isomaltase deficiency
E74.39	Other disorders of intestinal carbohydrate absorption
E74.4	Disorders of pyruvate metabolism and gluconeogenesis
E74.810	Glucose transporter protein type 1 deficiency
E74.818	Other disorders of glucose transport
E74.819	Disorders of glucose transport, unspecified
E74.89	Other specified disorders of carbohydrate metabolism
E74.9	Disorder of carbohydrate metabolism, unspecified
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E76.01	Hurler's syndrome
E76.02	Hurler-Scheie syndrome
E76.03	Scheie's syndrome
E76.1	Mucopolysaccharidosis, type II
E76.22	Sanfilippo mucopolysaccharidoses
E76.29	Other mucopolysaccharidoses
E76.210	Morquio A mucopolysaccharidoses
E76.211	Morquio B mucopolysaccharidoses
E76.219	Morquio mucopolysaccharidoses, unspecified
E76.3	Mucopolysaccharidosis, unspecified
E76.8	Other disorders of glucosaminoglycan metabolism

Diagnosis Code	Description
E76.9	Glucosaminoglycan metabolism disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.6	Lipoprotein deficiency
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified
E88.1	Lipodystrophy, not elsewhere classified
E88.40	Fabry (-Anderson) disease
E88.40	Mitochondrial metabolism disorder, unspecified
E88.41	MELAS syndrome
E88.42	MERRF syndrome
E88.49	Other mitochondrial metabolism disorders
E88.49	Other mitochondrial metabolism disorders
H49.811	Kearns-Sayre syndrome, right eye
H49.812	Kearns-Sayre syndrome, left eye
H49.813	Kearns-Sayre syndrome, bilateral
H49.819	Kearns-Sayre syndrome, unspecified eye
K20.0	Eosinophilic esophagitis
K29.30	Chronic superficial gastritis without bleeding
K29.31	Chronic superficial gastritis with bleeding
K29.60	Other gastritis without bleeding
K29.61	Other gastritis with bleeding
K31.84	Gastroparesis
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction



Diagnosis Code	Description
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula



Diagnosis Code	Description
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.81	Eosinophilic gastritis or gastroenteritis
K52.82	Eosinophilic colitis
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine
K55.012	Diffuse acute (reversible) ischemia of small intestine
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified
K55.021	Focal (segmental) acute infarction of small intestine
K55.022	Diffuse acute infarction of small intestine
K55.029	Acute infarction of small intestine, extent unspecified
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine
K55.032	Diffuse acute (reversible) ischemia of large intestine
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified
K55.041	Focal (segmental) acute infarction of large intestine
K55.042	Diffuse acute infarction of large intestine
K55.049	Acute infarction of large intestine, extent unspecified
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified
K55.061	Focal (segmental) acute infarction of intestine, part unspecified
K55.062	Diffuse acute infarction of intestine, part unspecified
K55.069	Acute infarction of intestine, part and extent unspecified
K55.1	Chronic vascular disorders of intestine
K55.8	Other vascular disorders of intestine

Diagnosis Code	Description
K55.9	Vascular disorder of intestine, unspecified
K56.69	Other intestinal obstruction
K59.89	Other specified functional intestinal disorders
K59.9	Functional intestinal disorder, unspecified
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z91.011	Allergy to milk products
Z91.048	Other nonmedicinal substance allergy status
Z91.09	Other allergy status, other than to drugs and biological substances

## References

Reimbursement for Foods for Special Dietary Use, Committee on Nutrition, Pediatrics May 2003.

<https://pediatrics.aappublications.org/content/111/5/1117>.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

## Guideline History/Revision Information

Date	Summary of Changes
10/01/2020	<p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>• Corrected decimal placement error; replaced: <ul style="list-style-type: none"> <li>○ E762.10 with E76.210</li> <li>○ E762.11 with E76.211</li> <li>○ E762.19 with E76.219</li> </ul> </li> <li>• Updated list of applicable ICD-10 diagnosis codes to reflect annual edits: <ul style="list-style-type: none"> <li>○ Added E70.81, E70.89, E74.810, E74.818, E74.819, E74.89, and K59.89</li> <li>○ Removed E70.8, E74.8, K21.0, and K59.8</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version CDG.027.01</li> </ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state

mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

This Coverage Determination Guideline may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

For self-funded plans with SPD language other than fully-insured Generic COC language, please refer to the member specific benefit plan document for coverage.