

Enteral and Oral Nutritional Therapy

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[➔ Instructions for Use](#)

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Related Benefit Interpretation Policy

- [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/ Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#)

Federal/State Mandated Regulations

317:30-5-211.20 Enteral nutrition

[Revised 07-01-2021]

- (a) Enteral nutrition. Enteral nutrition is the delivery of nutrients directly into the stomach, duodenum, or jejunum.
- (b) Medical necessity. Enteral nutrition supplies must be determined by a provider to be medically necessary and documented in the member's plan of care as medically necessary and used for medical purposes. Requests by qualified providers for enteral nutrition supplies in and of itself shall not constitute medical necessity. The Oklahoma Health Care Authority (OHCA) shall serve as the final authority pertaining to all determinations of medical necessity. Refer to Oklahoma Administrative Code (OAC) 317:30-5-211.2 and 317:30-3-1(f) for policy on medical necessity.
- (c) Documentation. All documentation submitted to request services must demonstrate, through adequate objective medical records, evidence sufficient to justify the member's need for the service, in accordance with OAC 317:30-3-1(f)(2). Documentation must include:
 - (1) Diagnosis;
 - (2) Certificate of medical necessity (CMN);
 - (3) Ratio data;
 - (4) Route;
 - (5) Caloric intake; and
 - (6) Prescription.
 - (7) For full guidelines, please refer to www.okhca.org/mau.
- (d) Reimbursement.
 - (1) Extension sets and Farrell bags are not covered when requested separately from the supply kits;
 - (2) Enteral nutrition for individuals in long-term care facilities is not separately reimbursed as this is included in the per diem rate.
- (e) Non-covered items. The following are non-covered items:
 - (1) Orally administered enteral products and/or related supplies;
 - (2) Formulas that do not require a prescription unless administered by tube;
 - (3) Food thickeners, human breast milk, and infant formula;
 - (4) Pudding and food bars; and
 - (5) Nursing services to administer or monitor the feedings of enteral nutrition.

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 nutritional therapy, including formula, accessories and supplies, is covered under the medical benefit when all of the following criteria are met:

- Enteral nutrition is covered for a member who has (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 tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the member's overall health status.
- The member must have a permanent impairment. Permanence does not require a determination that there is no possibility that the member's condition may improve sometime in the future. If the judgment of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of Permanence is considered met. Enteral nutrition will be denied as non-covered in situations involving temporary impairments.
- The member's condition could be either anatomic (e.g., obstruction due to head and neck cancer or reconstructive surgery, etc.) or due to a motility disorder (e.g., severe Dysphagia following a stroke, etc.). Enteral nutrition is non-covered for members with a functioning gastrointestinal tract whose need for Enteral nutrition is due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc.
- The member must require tube feedings to maintain weight and strength commensurate with the member's overall health status. Adequate nutrition must not be possible by dietary adjustment and/or oral supplements. Coverage is possible for members with partial impairments - e.g., a member with Dysphagia who can swallow small amounts of food or a member with Crohn's disease who requires prolonged infusion of Enteral nutrients to overcome a problem with absorption.
- If the coverage requirements for Enteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.
- The member is in a skilled nursing facility or receiving home health skilled nursing or skilled therapy visits under a plan of care prescribed by a physician.

Note: When the member is no longer receiving home health or skilled nursing facility services or skilled therapy visits, the pump and other accessories are covered as DME and are subject to the applicable benefit maximum and the Enteral formula is not covered.

Not Covered

- Non prescription oral formula, self blenderized formula, food, vitamins, herbs and dietary supplements unless covered under the *Federal/State Mandated Regulations* section.
Examples include,
 - Baby food,
 - Food thickeners,
 - Food products,
 - High and low protein foods,
 - Low carbohydrate foods, 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
Note: Home health or skilled nursing services are not considered medically necessary if the primary purpose is to monitor Enteral feedings.

Definitions

Dysphagia: A swallowing disorder that may be due to various neurological, structural, and cognitive deficits.

Enteral Feeding: The provision of nutritional requirements through a tube into the stomach or bowel. It may be administered by syringe, gravity, or pump.

Permanence: For the purposes of this policy, Permanence does not require a determination that there is no possibility that the member's condition may improve sometime in the future. If the physician's opinion is that the condition is of long and indefinite duration (ordinarily at least 3 months), then the qualifier of permanent is met.

References

National Coverage Determination (NCD) 180.2 Enteral and Parenteral Nutritional Therapy; [Enteral and Parenteral Nutritional Therapy \(180.2\)](#) (Accessed September 10, 2021)

DME MAC [LCD for Enteral Nutrition \(L33783\)](#) and the DME MAC Local Coverage Articles (LCAs) for [Enteral Nutrition - Policy Article \(A52493\)](#). (Accessed September 10, 2021)

Policy History/Revision Information

Date	Summary of Changes
11/01/2021	<p>Federal/State Mandated Regulations</p> <ul style="list-style-type: none">Added language pertaining to <i>Oklahoma Administrative Code Section 317:30.5.211.20</i>Removed language pertaining to <i>Oklahoma Administrative Code Section 317:30.5.210.2</i> <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version BIP109.H

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.