

# Enteral and Oral Nutritional Therapy

**Policy Number:** BIP109.K

**Effective Date:** December 1, 2023

[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

### Section 317:30-5-211.20 Enteral Nutrition

<https://oklahoma.gov/okdhs/library/policy/current/oac-317/chapter-30/subchapter-5/parts-17/enteral-nutrition.html>

[Revised 07-01-2021]

- Enteral nutrition.** Enteral nutrition is the delivery of nutrients directly into the stomach, duodenum, or jejunum.
- 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.
- 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](http://www.okhca.org/mau).
- 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.
- 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, administration supplies and equipment, is covered **under the medical benefit** when **all** of the following criteria are met:

- The member requires feeding via enteral access device to provide sufficient nutrients to maintain weight and strength commensurate with the member's overall health status and has a permanent:
  - Full or partial non-function or disease of the structures that normally permit food to reach the small bowel. Examples include (not an all-inclusive list):
    - Head and neck cancer with reconstructive surgery.
    - Central nervous system disease leading to interference with the neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with oral feeding.
  - Disease that impairs digestion and/or absorption of an oral diet, **directly or indirectly, by the small bowel**. Examples include (not an all-inclusive list):
    - Inflammatory bowel disease
    - Surgical resection of small bowel
    - Cystic fibrosis
    - Chronic pancreatitis
    - Advanced liver disease
- 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 medical record, including the judgment of the treating practitioner, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met.
- Adequate nutrition must not be possible by dietary adjustment and/or oral supplements.
- The member is receiving medically necessary, authorized home health skilled visits, skilled nursing facility services or skilled therapy visits.

**Note:** 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.

## Not Covered

- Enteral nutrition in situations involving temporary impairments.
- Enteral nutrition 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.
- Nonprescription 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.
- 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.

## Definitions

**Dysphagia:** Difficulty swallowing due to obstructive lesions and motor disorders. A more specific classification categorizes the cause of dysphagia according to location: preesophageal or oropharyngeal dysphagia, esophageal or transport dysphagia, postesophageal or esophagogastric dysphagia, and paraesophageal or extrinsic dysphagia.

## References

DME MAC [LCD for Enteral Nutrition \(L38955\)](#) and the DME MAC Local Coverage Articles (LCAs) for [Enteral Nutrition - Policy Article \(A58833\)](#). (Accessed September 21, 2023)

National Coverage Determination (NCD) 180.2 Enteral and Parenteral Nutritional Therapy; [Enteral and Parenteral Nutritional Therapy \(180.2\)](#) (Accessed September 21, 2023)

NICHHD. (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	<p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>• Revised language to indicate:             <ul style="list-style-type: none"> <li>○ Enteral nutritional therapy, administration supplies and equipment, is covered under the medical benefit when <b>all</b> of the following criteria are met:                 <ul style="list-style-type: none"> <li>▪ The member requires feeding via enteral access device to provide sufficient nutrients to maintain weight and strength commensurate with the member's overall health status and has a permanent:                     <ul style="list-style-type: none"> <li>– Full or partial non-function or disease of the structures that normally permit food to reach the small bowel; examples include (not an all-inclusive list):                         <ul style="list-style-type: none"> <li>• Head and neck cancer with reconstructive surgery</li> <li>• Central nervous system disease leading to interference with the neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with oral feeding</li> </ul> </li> <li><b>or</b></li> <li>– Disease that impairs digestion and/or absorption of an oral diet, directly or indirectly, by the small bowel; examples include (not an all-inclusive list):                         <ul style="list-style-type: none"> <li>• Inflammatory bowel disease</li> <li>• Surgical resection of small bowel</li> <li>• Cystic fibrosis</li> <li>• Chronic pancreatitis</li> <li>• Advanced liver disease</li> </ul> </li> </ul> </li> <li>▪ The member must have a permanent impairment                     <ul style="list-style-type: none"> <li>– Permanence does not require a determination that there is no possibility that the member's condition may improve sometime in the future</li> </ul> </li> </ul> </li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>– If the medical record, including the judgment of the treating practitioner, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met</li> <li>▪ Adequate nutrition must not be possible by dietary adjustment and/or oral supplements</li> <li>▪ The member is receiving medically necessary, authorized home health skilled visits, skilled nursing facility services, or skilled therapy visits</li> <li>○ 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)</li> </ul> <p><b>Not Covered</b></p> <ul style="list-style-type: none"> <li>● Revised list of non-covered services; added (relocated from <i>Covered Benefits</i> section): <ul style="list-style-type: none"> <li>○ Enteral nutrition in situations involving temporary impairments</li> <li>○ Enteral nutrition 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.</li> </ul> </li> <li>● Added notation (relocated from <i>Covered Benefits</i> section) to indicate when the member is no longer receiving home health services, skilled nursing facility services, or skilled therapy visits: <ul style="list-style-type: none"> <li>○ The enteral pump and other accessories are covered as durable medical equipment (DME) and are subject to the applicable benefit maximum</li> <li>○ The enteral formula is not covered</li> </ul> </li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>● Removed definition of: <ul style="list-style-type: none"> <li>○ Enteral Feeding</li> <li>○ Permanence</li> </ul> </li> <li>● Updated definition of “Dysphagia”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Updated <i>References</i> section to reflect the most current information</li> <li>● Archived previous policy version BIP109.J</li> </ul>

## 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.