ENTERAL AND ORAL NUTRITIONAL THERAPY

Policy Number: BIP112.G  
Effective Date: December 1, 2019

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Covered benefits are listed in three (3) Sections - A, B and C. 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.

Essential Health Benefits for Individual and Small Group
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

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

1. 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]

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

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

   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.

D. NOT COVERED

1. Non prescription oral Formulas, self blenderized formula, food, vitamins, herbs and dietary supplements unless covered under Section A and C. Examples include: food thickeners,
baby food, food products, high and low protein foods, low carbohydrate foods, supplements, and electrolytes

2. 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 Section A. (Note: Home health or skilled nursing services are not considered medically necessary if the primary purpose is to monitor enteral feedings.)

E. DEFINITIONS

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

Phenylketonuria (PKU) Treatment: Diagnosis and treatment of PKU including formula and special food products necessary for the treatment that are part of a diet prescribed by the treating physician.

F. POLICY HISTORY/REVISION INFORMATION

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<th>Date</th>
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<td>12/01/2019</td>
<td><strong>Federal/State Mandated Regulations</strong>&lt;br&gt;• Revised language pertaining to:&lt;br&gt;  o ORS 743A.070&lt;br&gt;  o ORS: 743A-188&lt;br&gt;<strong>Not Covered</strong>&lt;br&gt;• Revised list of non-covered items to reflect/include:&lt;br&gt;  o Non-prescription oral formulas, self blenderized formula, food, vitamins, herbs, and dietary supplements unless covered under Section A or Section C of the policy; examples include food thickeners, baby food, food products, high and low protein foods, low carbohydrate foods, supplements, and electrolytes&lt;br&gt;  o 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 Section A of the policy; home health or skilled nursing services are not considered medically necessary if the primary purpose is to monitor Enteral Feedings&lt;br&gt;<strong>Definitions</strong>&lt;br&gt;• Updated definition of “Enteral Feeding”&lt;br&gt;<strong>Supporting Information</strong>&lt;br&gt;• Archived previous policy version BIP112.F</td>
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