

Enteral and Oral Nutritional Therapy

Policy Number: BIP110.I
Effective Date: November 1, 2021

[➔ 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

Texas Insurance Code, 1359.003: Coverage Required

<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1359.htm>

- (a) A group health benefit plan must provide coverage for formulas necessary to treat phenylketonuria or a heritable disease.
- (b) The group health benefit plan must provide the coverage to the same extent that the plan provides coverage for drugs that are available only on the orders of a physician.

Texas 1377.051 Coverage for Certain Amino Acid-Based Elemental Formulas

<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1377.htm>

- a. A health benefit plan must provide coverage as provided by this chapter for amino acid-based elemental formulas, regardless of the formula delivery method, that are used for the diagnosis and treatment of:
 - 1) immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins;
 - 2) severe food protein-induced enterocolitis syndrome;
 - 3) eosinophilic disorders, as evidenced by the results of a biopsy; and
 - 4) impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract
- b. Subject to Subsection (c), the coverage required under Subsection (a) is required if the treating physician has issued a written order stating that the amino acid-based elemental formula is medically necessary for the treatment of an enrollee who is diagnosed with a disease or disorder listed in Subsection (a). The coverage must include coverage of any medically necessary services associated with the administration of the formula.
- c. A health benefit plan must provide the coverage described by Subsection (a) on a basis no less favorable than the basis on which prescription drugs and other medications and related services are covered by the plan, and to the same extent that the plan provides coverage for drugs that are available only on the orders of a physician.

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.

Amino Acid Based Elemental Formulas

Benefits are provided for amino acid-based elemental formulas, regardless of the formula delivery method, that are used for the diagnosis and treatment of:

- Immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins
- Severe food protein-induced enterocolitis syndrome
- Eosinophilic disorders, as evidenced by the results of a biopsy
- Impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length and motility of the gastrointestinal tract

Benefits will also be provided for any Medically Necessary services associated with the administration of the formula.

If an *Outpatient Prescription Drug Rider* is included under this Contract, benefits for the amino acid based elemental formulas will be provided under the *Outpatient Prescription Drug Rider*. Otherwise, the Benefits will be provided under this benefit category of the Contract.

For benefits to be provided, the treating Physician must issue a written order stating that the amino acid based elemental formula is medically necessary for the treatment of a Covered Person who is diagnosed with at least one of the diseases or disorders listed above.

Phenylketonuria (PKU) Treatment

PKU treatment includes those formulas and special food products that are part of a diet prescribed by a Contracting Physician and managed by a health care professional in consultation with a Physician who specializes in the treatment of metabolic disease 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.

Not Covered

- Non prescription oral formulas, self blenderized formula, food, vitamins, herbs and dietary supplements unless covered under the *Federal/State Mandated Regulations* section.
Examples include:
 - Food thickeners,
 - Baby food,
 - Food products,
 - High and low protein foods,
 - Low carbohydrate foods,
 - 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

Enteral Feeding: The 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.

Policy History/Revision Information

Date	Summary of Changes
11/01/2021	<ul style="list-style-type: none"><li data-bbox="337 529 1031 556">• Routine review; no change to benefit coverage guidelines<li data-bbox="337 560 862 588">• Archived previous policy version BIP110.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.