



KAISER PERMANENTE®

Mid-Atlantic States

**Nutritional Support
Enteral Formula, Medical Foods and Feeding
Equipment and Supplies**

Medical Coverage Policy

UTILIZATION * ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
- Please refer to state issued guidelines for Medicaid Members.
- Please review the Medicare coverage database for Medicare Advantage members. CMS guidelines for DME (Medicare) covers enteral nutrition under the prosthetic devices benefit.
- Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

I. Service: Outpatient Nutritional Support Therapies

- II. Diagnosis:** Numerous congenital or acquired conditions including:
- Malformations and malfunctions of mouth and/or esophagus
 - Dysfunction of gastro-intestinal (GI) system including swallowing
 - Congenital or acquired food metabolism conditions, per state mandate

III. Definitions

- A. Enteral formulas are liquid nutrition delivered via tube feeding.
- B. Amino Acid Formulas are specialized liquid nutrition delivered by mouth through normal oral intake or via tube.
- C. Medical foods are special foods used for treating inborn metabolism errors, to restrict the intake of certain amino acids in the member's diet.

IV. Pediatric Conditions

Newborns and children can have different structural, developmental, or metabolic conditions which require specialized diet to meet their caloric requirement for adequate growth and development.

A. Pediatric enteral supplies and equipment

Medical equipment and supplies are covered for pediatric members who meet the following criteria for enteral feeding:

1. Inability to ingest adequate nutrition due to:
 - a. Structural malformation of the mouth, esophagus, throat, or GI tract;
 - b. Congenital or genetic anomalies (including autism) which impairs food intake;
 - c. Significant food aversion resulting in failure to thrive;



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- d. Reduced cardiac or pulmonary stamina, malabsorption or increase caloric needs; or
 - e. Congenital or acquired food metabolism disorders; or
 - f. Inability to maintain adequate nutrition through oral intake.
2. Supplies and equipment are covered when the member meets the criteria for pediatric enteral supplies, regardless of whether the formula is covered by the member's plan.
 3. Coverage of supplies may be of single use (disposable) or multiple use.
 4. Enteral feeding pumps must be supported by sufficient medical documentation to establish their medical necessity.

B. Pediatric formulas (including enteral formula) and medical foods

1. Coverage of amino acid formulas and medical foods vary by state mandate and are covered as described in the member's evidence of coverage (EOC).
2. Enteral formula is covered when the following criteria are met:
 - a. Structural malformation of the mouth, esophagus, throat, or GI tract; or
 - b. Inability to swallow secondary to neurological or other disorder
3. Approval of amino acid formulas for mild protein enteropathies requires documentation that the member has tried and failed extensively hydrolyzed formula.

C. Pediatric coverage

1. **Maryland and Virginia Medicaid members with normal food metabolism** have coverage of formula for tube feeding or oral intake when medically necessary. Expert physician opinion must be obtained to determine the medical necessity of both oral and enteral feeding nutritional support for these members.
2. KPMAS does not cover banked breast milk for any method of delivery.

V. Adult Conditions

A. Adult enteral supplies and equipment

1. Enteral equipment and supplies are covered when the member meets the following criteria for enteral feeding:
 - a. Structural malformation of the mouth, esophagus, throat, or GI tract;
 - b. Inability to swallow secondary to neurological or other disorder; or
 - c. Inability to maintain adequate nutrition through oral intake.
2. Covered supplies may be of single use (disposable) or multiple use.
3. Enteral feeding pumps must be supported with sufficient medical documentation to establish that the pump is medically necessary, i.e., gravity feeding is not sufficient due to aspiration or dumping syndrome.

B. Adult formulas (enteral, oral) and medical foods coverage



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1. Enteral formula is covered for a patient who has **a OR b, c, AND d**
 - a. Non-function or diseases 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, **AND**
 - c. Requires tube feeding to maintain weight and strength commensurate with the patient's overall health status, **AND**
 - d. The patient's condition must be of a long and indefinite duration (ordinarily at least 3 months). The condition could either be anatomic (obstruction due to head and neck cancer, reconstructive surgery, etc.) or a motility disorder (e.g., severe dysphagia following a stroke, etc.).
2. Medical foods given internally or orally are covered as described in the member's EOC and state mandates.
3. Oral nutritional supplements are not covered.

VI. Adult and Pediatric Enteral Formulas and Medical Foods for District of Columbia (DC) situs members

- A. Conditions covered for enteral formulas and medical foods under DC mandate:
 1. Inflammatory bowel disease;
 2. Gastroesophageal reflux disease that is nonresponsive to standard medical therapies;
 3. Immunoglobulin E and non-Immunoglobulin E-mediated allergies to food proteins;
 4. Food protein-induced enterocolitis syndrome;
 5. Eosinophilic disorders, including eosinophilic esophagitis, gastroenteritis, colitis, and post-transplant eosinophilic disorders;
 6. Impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract, including short bowel syndrome and chronic intestinal pseudo-obstruction;
 7. Malabsorption due to liver or pancreatic disease;
 8. Inherited metabolic disorders; **and**
- B. Any other diseases or conditions as determined by the current DC Mayor through rule making.



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Approval History

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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
10/21/2016	10/21/2016
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*The Regional Utilization Management Committee received **delegated authority** to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.