

MEDICAL POLICY



SUBJECT: ENTERAL NUTRITION	EFFECTIVE DATE: 09/16/99 REVISED DATE: 02/28/01, 08/28/03, 10/28/04, 10/27/05, 10/26/06, 12/13/07, 08/28/08, 08/27/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 02/22/18, 08/23/18
POLICY NUMBER: 10.01.03 CATEGORY: Government Mandate	PAGE: 1 OF: 8
<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i>	

Note: Refer to the section regarding Pharmacy Benefits for Medicaid Managed Care product members at the end of this policy for coverage criteria for those members.

POLICY STATEMENT:

- I. Based upon our criteria and review of the peer-reviewed literature, enteral nutrition is considered **medically necessary** for certain conditions in which, without these products, the patient's condition would deteriorate to the point where severe malnutrition could cause physical disability, mental retardation or death.
- II. Health Plan contracts with prescription drug coverage will provide benefits for:
 - A. Enteral formulas that have been proven medically effective and are **medically appropriate** in the treatment of, but not limited to, the following conditions:
 1. Inherited diseases of amino acid or organic acid metabolism (e.g., Phenylketonuria/PKU);
 2. Branch-chain ketonuria, galactosemia, or homocystinuria;
 3. Crohn's disease;
 4. Gastroesophageal reflux with failure to thrive;
 5. Disorders of gastrointestinal motility (e.g., chronic intestinal pseudo-obstruction, Ogilvie's syndrome);
 6. Ulcerative colitis; or
 7. Multiple severe, food allergies which if left untreated will cause malnourishment, chronic physical disability, mental retardation or death.
 - B. Modified solid food products that are low protein or which contain modified protein have been proven medically effective and are **medically appropriate** in the treatment of certain inherited diseases of amino acid and organic acid metabolism. *Refer to policy guideline I regarding reimbursement guidelines.*
- III. Enteral nutrition *with enteral feeding tubes* (e.g., NG tubes, NE tubes, G- tubes, J-tubes) is considered **medically necessary** for, but not limited to, the following functional impairments:
 - A. Muscular paralysis in which the patient is unable to swallow because a damaged brain or spinal cord can no longer communicate to the muscles of the alimentary tract to function. The paralysis may be a result of, but not limited to:
 1. Cerebral vascular accident (CVA),
 2. Trauma/accident,
 3. Spinal cord injury,
 4. Birth defects/cerebral palsy,
 5. Parkinson's disease,
 6. Amyotrophic lateral sclerosis (ALS),
 7. Multiple sclerosis (MS),
 8. Myasthenia gravis, or
 9. Huntington's chorea.

<p>SUBJECT: ENTERAL NUTRITION</p> <p>POLICY NUMBER: 10.01.03</p> <p>CATEGORY: Government Mandate</p>	<p>EFFECTIVE DATE: 09/16/99</p> <p>REVISED DATE: 02/28/01, 08/28/03, 10/28/04, 10/27/05, 10/26/06, 12/13/07, 08/28/08, 08/27/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 02/22/18, 08/23/18</p> <p>PAGE: 2 OF: 8</p>
---	---

- B. Cognitive neurological disorders that may cause the patient to forget how to swallow, such as:
 - 1. Senile dementia,
 - 2. Alzheimer's disease, or
 - 3. Organic brain syndrome.
 - C. Mechanical dysfunction of the gastrointestinal tract in which there is a functional impairment that results in a specific inability to swallow or may prevent food from reaching the stomach (e.g., esophageal obstruction or stricture, cancer of the larynx or tongue).
 - D. Compromised ability for oral intake in patients with a functioning gastrointestinal tract who, due to pathology, disease or non-function of the structures that normally permit food to reach the digestive tract, cannot maintain weight and strength commensurate with his or her general condition.
- IV. Dietary supplements such as probiotics and digestive enzymes do not meet the criteria for enteral nutrition, as stated in policy statement # I above. Probiotics and digestive enzymes are **not medically necessary**.

Refer to Corporate Medical Policy #1.01.00 regarding Durable Medical Equipment (DME).

Refer to Corporate Medical Policy #11.01.04 regarding Total Parenteral Nutrition (TPN) /Hyperalimentation.

POLICY GUIDELINES:

- I. All enteral nutrition benefits must be prescribed in a written order by the patient's physician and will be processed in accordance with the member's subscriber contract.
 - A. Benefits for enteral formulas administered orally (without feeding tubes) and modified solid food products, when medically appropriate, will be considered under the pharmacy benefit. If there is no pharmacy coverage with the Health Plan, benefits will not be provided.
 - B. Benefits for enteral formulas administered with feeding tubes:
 - 1. When the patient is receiving home care and the services are billed by a home care agency, enteral formulas and necessary supplies to administer the enteral formula (e.g., feeding tubes, pumps, etc.) will be considered under the home care benefit.
 - 2. When the patient is not receiving home care or has not been approved for home care benefits, charges for:
 - a. enteral formulas will be considered under the medical contract with the patient co-payment being equal to that of the third tier pharmacy benefit. If there is no pharmacy coverage with the Health Plan, benefits will not be provided; and
 - b. necessary supplies will be considered under the prosthetic benefit of the medical contract.
- II. Documentation of medical necessity should include:
 - A. The patient's diagnosis;
 - B. The functional impairment that prevents adequate nutrition by conventional means;
 - C. The patient's weight history before initiating enteral feeding that demonstrates oral intake without enteral nutrition is inadequate;
 - D. The percentage of the patient's average daily nutrition taken by mouth and by tube; and
 - E. The anticipated consequences of not initiating or withdrawing enteral nutrition.
- III. Patients with cognitive/neurological disease must have documentation in the medical record that demonstrates a dysfunction of the swallowing mechanism. Swallowing assessments or evaluations are required.
- IV. Coverage is not intended for inpatient or skilled nursing facility acute care.
- V. All patients must be monitored in conjunction with a qualified dietitian, health care practitioner certified in nutritional support, gastroenterologist, or pediatric allergist.

<p>SUBJECT: ENTERAL NUTRITION</p> <p>POLICY NUMBER: 10.01.03</p> <p>CATEGORY: Government Mandate</p>	<p>EFFECTIVE DATE: 09/16/99</p> <p>REVISED DATE: 02/28/01, 08/28/03, 10/28/04, 10/27/05, 10/26/06, 12/13/07, 08/28/08, 08/27/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 02/22/18, 08/23/18</p> <p>PAGE: 3 OF: 8</p>
---	---

- VI. Coverage is intended for patients who cannot eat and provision of nutritional support meets their goals for care. Coverage is not intended for patients who will not eat.
- VII. Coverage is not intended for patients requiring foods for specialized diets (e.g., gluten free foods); other than as mandated by New York State law. *Refer to policy guideline III above.*
- VII. A comprehensive patient assessment is essential before nutritional support is provided; including consideration of the benefits and burdens of nutritional support based on the patient's diagnosis, prognosis, goals for care, and plans for reassessment of the need for ongoing nutritional support.
- VIII. *Home enteral therapy* for maternal weight loss secondary to hyperemesis (must meet all):
1. Attempted and failed drug step therapy approach;
 2. Other potential causes of nausea and vomiting have been ruled out;
 3. Information about symptoms, food intake, urinary ketones, urine specific gravity, and daily weights is supplied;
 4. Clinical signs of hyperemesis gravidarum, including nausea and vomiting, have been persistent for ≥ 3 weeks;
 5. Within this time, there has been documented weight loss and dehydration or electrolyte abnormalities;
 6. Enteral therapy is started in the hospital.

DESCRIPTION:

For patients who lack the ability for the body to properly digest essential nutrients contained in everyday foods enteral feeding provides nutritional support. Enteral nutrition formulas are specialized mixtures designed to deliver nutrients that can be utilized by these patients' bodies. Modified solid food products are everyday solid foods with essential nutrients removed in order to avoid allergic or other adverse reactions the foods might otherwise cause.

Enteral nutrition formulas are given through the gastrointestinal tract (mouth, esophagus, stomach or small intestine). They may be administered orally (by mouth) or enterally (with a feeding tube). Examples of feeding tubes are:

- I. Nasogastric (NG): nose to stomach,
- II. Naso-enteral (NE): nose to small bowel,
- III. Gastrostomy (G-tube): surgically placed into the stomach through the abdominal wall, or
- IV. Jejunostomy (J-tube): surgically placed into the small bowel through the abdominal wall.

Hyperemesis gravidarum is a term reserved to describe the most severe cases of nausea and vomiting in pregnancy (NVP). It results from severe nausea and vomiting, and the resultant inability to rehydrate and replenish nutritional reserves. A diagnosis of hyperemesis gravidarum is made based on objective findings such as moderate to large ketonuria and weight loss. Weight loss of 5% or greater is often described as diagnostic of hyperemesis gravidarum. Hyperemesis gravidarum tends to begin earlier in pregnancy and last longer than those patients with less severe NVP.

Probiotics are dietary supplements of live microorganisms (e.g., *Lactobacillus* species, *Bifidobacterium* species, yeasts) that are intended to beneficially affect a patient upon ingestion by improving the balance of the intestinal microflora. Dietary supplements are generally excluded under most Health Plan contracts.

New York State Laws (ISC § 3216, § 3221, and § 4303) mandate coverage for enteral formulas for all contracts that cover prescription drugs. The mandate requires coverage for home use of enteral formulas, whether administered orally or via tube feeding, pursuant to a written order by the patient's physician stating the enteral formula is medically necessary and proven effective as a disease-specific treatment regimen for those individuals who are, or will become, malnourished or suffer from disorders which, if left untreated, will lead to chronic physical disability, mental retardation or death.

The mandate also requires coverage of modified solid food products to treat inherited diseases of amino acid and organic acid metabolism up to \$2,500 per individual per calendar year or continuous benefit period of 12 months. However, the

<p>SUBJECT: ENTERAL NUTRITION</p> <p>POLICY NUMBER: 10.01.03</p> <p>CATEGORY: Government Mandate</p>	<p>EFFECTIVE DATE: 09/16/99</p> <p>REVISED DATE: 02/28/01, 08/28/03, 10/28/04, 10/27/05, 10/26/06, 12/13/07, 08/28/08, 08/27/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 02/22/18, 08/23/18</p> <p>PAGE: 4 OF: 8</p>
---	---

Patient Protection and Affordable Care ACT (PPACA) prohibits dollar limitations on essential health benefits, including these conditions, and supersedes the state mandate; so that the Health Plan will not apply the \$2,500 limit.

For information regarding the Medical Orders for Life Sustaining Treatments (MOLST) program refer to the following website: <http://www.compassionandsupport.org>.

RATIONALE:

The FDA approved device RELiZORB™ is an in-line cartridge intended to aid in the delivery of fat absorption with cystic fibrosis (CF) patients who have confirmed exocrine pancreatic insufficiency. The lack of current peer-reviewed literature is insufficient to support the efficacy of the services. The evidence is insufficient to determine the effects of the technology on health outcomes. Additional studies with a larger number of subjects are needed to evaluate the effect of the Relizorb device with increased levels of plasma omega-3 FA as related to increased fat absorption and weight gain versus the current standard of care.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: No specific code(s)

Copyright © 2018 American Medical Association, Chicago, IL

HCPCS: *Refer to the HCPCS manual for codes appropriate to specific formulas.
HCPCS codes listed below from B4034 - S9343 refer to enteral TUBE feedings.*

- B4034-B4036 Enteral feeding supply kit (code range)
- B4102 Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit
- B4103 Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit
- B4104 Additive for enteral formula (e.g. fiber)
- B4149 Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- B4150 Enteral formula; nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- B4152 Enteral formulae; nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- B4153 Enteral formulae; nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber,

Proprietary Information of Excellus Health Plan, Inc.

SUBJECT: ENTERAL NUTRITION POLICY NUMBER: 10.01.03 CATEGORY: Government Mandate	EFFECTIVE DATE: 09/16/99 REVISED DATE: 02/28/01, 08/28/03, 10/28/04, 10/27/05, 10/26/06, 12/13/07, 08/28/08, 08/27/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 02/22/18, 08/23/18 PAGE: 5 OF: 8
--	--

- administered through an enteral feeding tube, 100 calories = 1 unit
- B4154 Enteral formulae; nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
 - B4155 Enteral formulae, nutritionally incomplete/modular nutrients includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
 - B4157 Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
 - B4158 Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
 - B4159 Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
 - B4160 Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
 - B4161 Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
 - B4162 Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
 - B9000 Enteral nutrition infusion pump – without alarm
 - B9002 Enteral nutrition infusion pump – with alarm
 - B9998 NOC for enteral supplies
 - S9340 Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
 - S9341 Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
 - S9342 Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem

SUBJECT: ENTERAL NUTRITION POLICY NUMBER: 10.01.03 CATEGORY: Government Mandate	EFFECTIVE DATE: 09/16/99 REVISED DATE: 02/28/01, 08/28/03, 10/28/04, 10/27/05, 10/26/06, 12/13/07, 08/28/08, 08/27/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 02/22/18, 08/23/18 PAGE: 6 OF: 8
--	--

- S9343 Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9433 Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
- S9434 Modified solid food supplements for inborn errors of metabolism
- S9435 Medical foods for inborn errors of metabolism

NDC: Numerous Refer to Pharmacy Management

ICD10: Numerous

REFERENCES:

Ajbnoor SM, et al. Effect of fat composition in enteral nutrition for Crohn's disease in adults: A systematic review. Clin Nutr. 2017 Dec 28.

*Al-Omran M, et al. Enteral versus parenteral nutrition for acute pancreatitis. Cochrane Database Syst Rev 2010;(1):CD002837.

American Geriatrics Society Ethics Committee and Clinical Practice and Models of Care Committee. American Geriatrics Society feeding tubes in advanced dementia position statement. J Am Geriatr Soc 2014 Aug;62(8):1590-3.

*American Society for Parenteral and Enteral Nutrition. Enteral nutrition practice recommendations. JPEN J Parenter Enteral Nutr OnlineFirst, 2009 Jan 27 [http://pen.sagepub.com/content/33/2/122] accessed 1/19/18.

*American Society for Parenteral and Enteral Nutrition. Guidelines for the use of parenteral and enteral nutrition in adult and pediatric patients. J Parenter Enteral Nutr 2002;26 Suppl 1:1SA-138SA.

*August DA, et al. A.S.P.E.N. clinical guidelines: nutrition support therapy during adult anticancer treatment and in hematopoietic cell transplantation. JPEN J Parenter Enteral Nutr 2009 Sep-Oct;33(5):472-500.

*BlueCross BlueShield Association. Total parenteral nutrition and enteral nutrition in the home - archived. Medical Policy Reference Manual Policy #1.02.01. 2009 Jun 11.

Conway S, et al. Enteral tube feeding for cystic fibrosis. Cochrane Database Syst Rev 2012 Dec 12;(12):CD001198.

Ferreira IM, et al. Nutritional supplementation for stable chronic obstructive pulmonary disease. Cochrane Database Syst Rev 2012 Dec 12;(12):CD000998.

Gelfond D, et al. Pancreatic Enzyme Replacement Therapy use in infants with Cystic Fibrosis Diagnosed by Newborn Screening. J Pediatr Gastroenterol Nutr. 2017 Nov 15.

Itkin M; Society of Interventional Radiology; American Gastroenterological Association Institute; Canadian Interventional Radiological Association; Cardiovascular and Interventional Radiological Society of Europe. Multidisciplinary practical guidelines for gastrointestinal access for enteral nutrition and decompression from the Society of Interventional Radiology and American Gastroenterological Association (AGA) Institute, with endorsement by Canadian Interventional Radiological Association (CIRA) and Cardiovascular and Interventional Radiological Society of Europe (CIRSE). Gastroenterology 2011 Aug;141(2):742-65.

Klek S, et al. Home enteral nutrition reduces complications, length of stay, and health care costs: results from a multicenter study. Am J Clin Nutr 2014 Aug;100(2):609-15.

<p>SUBJECT: ENTERAL NUTRITION</p> <p>POLICY NUMBER: 10.01.03</p> <p>CATEGORY: Government Mandate</p>	<p>EFFECTIVE DATE: 09/16/99</p> <p>REVISED DATE: 02/28/01, 08/28/03, 10/28/04, 10/27/05, 10/26/06, 12/13/07, 08/28/08, 08/27/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 02/22/18, 08/23/18</p> <p>PAGE: 7 OF: 8</p>
---	---

Mehta NM, et al. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Pediatric Critically Ill Patient: Society of Critical Care Medicine and American Society for Parenteral and Enteral Nutrition *Pediatr Crit Care Med*. 2017 Jul;18(7):675-715

Morton A and Wolfe S. Enteral tube feeding for cystic fibrosis. *Cochrane Database Syst Rev* 2015 Apr 9;(4):CD001198.

Mueller C, et al and the American Society for Parenteral and Enteral Nutrition (ASPEN) Board of Directors. ASPEN clinical guidelines: Nutrition screening, assessment, and intervention in adults. *JPEN J Parenter Enteral Nutr* 2011 Jan;35(1):16-24.

New York State Insurance Law, Section 4303 (y) (1), § 3216 (21), and § 3221 (C) (11).

Nugent B, et al. Enteral feeding methods for nutritional management in patients with head and neck cancers being treated with radiotherapy and/or chemotherapy. *Cochrane Database Syst Rev* 2013 Jan 31;1:CD007904.

Poropat G, et al. Enteral nutrition formulations for acute pancreatitis. *Cochrane Database Syst Rev* 2015 Mar 23;(3):CD010605.

Schulman JM, et al. Maintenance of Remission with Partial Enteral Nutrition Therapy in Pediatric Crohn's Disease: A Retrospective Study. *Can J Gastroenterol Hepatol*. 2017;2017:5873158.

Silander E, et al. Energy intake and sources of nutritional support in patients with head and neck cancer—a randomised longitudinal study. *Eur J Clin Nutr* 2013 Jan;67(1):47-52.

Social Services Law § 365-A (g) (ii) Character and adequacy of assistance.

Song GM, et al. Role of enteral immunonutrition in patients undergoing surgery for gastric cancer: a systematic review and meta-analysis of randomized controlled trials. *Medicine (Baltimore)* 2015 Aug;94(31):e1311.

Freedman S, et al. Increased Fat Absorption From Enteral Formula Through an In-line Digestive Cartridge in Patients With Cystic Fibrosis. *J Pediatr Gastroenterol Nutr*. 2017 Jul;65(1):97-101.

Trinchieri V, et al. Efficacy and Safety of a Multistrain Probiotic Formulation Depends from Manufacturing. *Front Immunol*. 2017 Nov 6;8:1474.

Zheng T, et al. Impact of early enteral nutrition on short term prognosis after acute stroke. *J Clin Neurosci* 2015 Sep;22(9):1473-6.

KEY WORDS:

Enteral nutrition, Enteral therapy, Probiotics, Tube feeding.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination for Enteral and Parenteral Nutritional Therapy. Please refer to the following website for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=242&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York++Entire+State&Keyword=enteral&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAAAAAAAAA%3d%3d&>

There is currently a Local Coverage Determination (LCD): Enteral Nutrition (L33783) Please refer to the following website for Medicare Members: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33783&ver=9&DocType=All&bc=AgIAAAAAAAAAAA%3d%3d&#>

<p>SUBJECT: ENTERAL NUTRITION</p> <p>POLICY NUMBER: 10.01.03</p> <p>CATEGORY: Government Mandate</p>	<p>EFFECTIVE DATE: 09/16/99</p> <p>REVISED DATE: 02/28/01, 08/28/03, 10/28/04, 10/27/05, 10/26/06, 12/13/07, 08/28/08, 08/27/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 02/22/18, 08/23/18</p> <p>PAGE: 8 OF: 8</p>
---	---

NY STATE COVERAGE OF PHARMACY BENEFITS FOR MEDICAID MANAGED CARE PRODUCT MEMBERS

There are currently guidelines for Pharmacy benefits of Enteral Nutrition Formula for New York State (NYS) Medicaid Managed Care members. For those members, enteral nutritional formula benefit coverage is limited to:

1. Beneficiaries who are fed via nasogastric, gastrostomy or jejunostomy tube.
2. Beneficiaries with inborn metabolic disorders.
3. Children up to 21 years of age, who require liquid oral enteral nutritional formula when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized.

For complete coverage guidelines please refer to the following website:

https://www.emedny.org/providermanuals/communications/enteral_nutritional_formula_benefit_update_20110418.pdf.

In addition, the Medicaid Managed Care benefit for enteral nutritional formula includes coverage of *orally* administered formula for adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are oral-fed, and who:

1. require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, and have a body mass index (BMI) under 18.5 as defined by the Centers for Disease Control, up to 1,000 calories per day; or
2. require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, have a body mass index (BMI) under 22 as defined by the Centers for Disease Control, and a documented, unintentional weight loss of 5 percent or more within the previous 6 month period, up to 1,000 calories per day; or
3. require total oral nutritional support, have a permanent structural limitation that prevents the chewing of food, and placement of a feeding tube is medically contraindicated.