



Subject: Enteral and Oral Feeding *

Effective Date: September 12, 2000

Department(s): Utilization Management

Policy: Feeding formulas and foods that can be purchased without a prescription are **NOT** reimbursable under Plans administered by QualCare, Inc.

Objective: To ensure proper & consistent reimbursement and to define a category of treatment that is not reimbursable.

Procedure:

A. Federal Law applicable to enteral and/or oral feeding supersedes the content of this Policy.

B. Requests for feeding formulas and foods that do not require a prescription to be obtained, shall be denied unless specifically included as covered by the member's Summary Plan Description (SPD) (**see item D below**).

1. Products to be denied through this policy include but are not limited to: Similac[®], Alimentum[®], Nutramigen[®], and Neocate[®].

2. These products shall be denied whether they are administered orally or by feeding tube, regardless of the age of the member.

C. Conditions for which medical foods and oral or enteral feeding formulas (**B4157, B4162**) that are formulated to be consumed under the supervision of a physician to meet distinctive nutritional requirements of Inborn or inherited metabolic disorders **ARE REIMBURSABLE** including but not limited to phenylketonuria (ICD-9 270.1; ICD-10 E70.0) and maple syrup urine disease (ICD-9 270.3; ICD-10 E71.0).

D. For those clients who wish to cover enteral feeding formulas that do not require a prescription (**HCPCS B4153, B4161**) to be obtained, ALL of the following criteria must be met and documented by a physician's order:

1. A special enteral or oral feeding formula is medically necessary to sustain life or health
2. No retail regular over-the-counter enteral or oral feeding formula can be used for the individual.
 - a. **Products considered a reimbursable special enteral or oral feeding formula include but are not limited to:** Elecare[®], Alimentum[®], Nutramigen[®], and Neocate[®].
 - b. **Products considered non-reimbursable, as “regular” enteral feeding formulas, include but are not limited to non-specialized over-the-counter items such as** Enfamil[®], Similac[®], and Ensure[®].
3. The special enteral or oral feeding formula is the sole source of nutrition or the source of at least 50% of the daily caloric intake

4. Nutritional management of the individual must include ongoing evaluation and management by a physician, physician assistant, or advance practice nurse
5. Diagnoses or conditions for which a special enteral or oral feeding formula is considered medically necessary include but are not limited to:
 - a. Severe, potentially life-threatening or life-threatening allergy to proteins such as soy or milk (**ICD-9 558.3; ICD-10 K52.2, V15.02; ICD-10 Z91.011, V15.05; ICD-10 Z91.018**)
 - b. Short gut syndrome (**ICD-9 579.3; ICD-10 K91.2**)

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.