

Pharmacy Management Drug Policy

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| SUBJECT: Enteral Nutrition POLICY NUMBER: PHARMACY-142 EFFECTIVE DATE: 03/2026 LAST REVIEW DATE: 03/04/2026 | | |
| <i>If the member's subscriber contract excludes coverage for a specific service or prescription drug, it is not covered under that contract. In such cases, medical or drug policy criteria are not applied. This drug policy applies to the following line/s of business:</i> | | |
| Policy Application | | |
| Category: | <input checked="" type="checkbox"/> Commercial Group (e.g., EPO, HMO, POS, PPO) | <input type="checkbox"/> Medicare Advantage |
| | <input checked="" type="checkbox"/> On Exchange Qualified Health Plans (QHP) | <input type="checkbox"/> Medicare Part D |
| | <input checked="" type="checkbox"/> Off Exchange Direct Pay | <input checked="" type="checkbox"/> Essential Plan (EP) |
| | <input type="checkbox"/> Medicaid & Health and Recovery Plans (MMC/HARP) | <input checked="" type="checkbox"/> Child Health Plus (CHP) |
| | <input type="checkbox"/> Federal Employee Program (FEP) | <input type="checkbox"/> Ancillary Services |
| | <input type="checkbox"/> Dual Eligible Special Needs Plan (D-SNP) | |

DESCRIPTION:

Enteral formulas are specialized mixtures designed to deliver nutrients that can be utilized by individuals who cannot maintain adequate oral intake of food or nutrients to meet their metabolic demands. Enteral nutrition is commonly used by individuals with dysphagia (difficulty swallowing), neuromuscular disorders affecting swallowing reflex, and upper gastrointestinal strictures or tumors.

Modified solid food products are everyday solid foods with essential nutrients removed to avoid allergic or other adverse reactions that the food 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) tube: nose to stomach;
- II. Naso-enteral (NE) tube: nose to small bowel;
- III. Gastrostomy (G-tube): surgically placed into the stomach through the abdominal wall; and
- IV. Jejunostomy (J-tube): surgically placed into the small bowel through the abdominal wall.

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

The New York Insurance Law mandates coverage of enteral formulas under contracts that cover prescription drugs. The required coverage is for home use of enteral formulas, whether administered orally or via tube feeding, pursuant to a written order by the individual's physician stating that the enteral formula is medically necessary and has been proven effective as a disease-specific treatment regimen.

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 a continuous benefit period of 12 months. However, the federal Patient Protection and Affordable Care Act (PPACA)

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prohibits dollar limits on essential health benefits, including these conditions, and supersedes the New York State mandate; therefore, the Health Plan does not apply the \$2,500 limit.

POLICY:

- I. Enteral formulas for home use, whether administered orally or via tube feeding (e.g., nasogastric [NG] tubes, naso-enteral [NE] tubes, gastrostomy [G-] tubes, jejunostomy [J-] tubes), are considered **medically necessary** when:
 - a. A physician or other licensed health care provider has issued a written order stating that the enteral formula is medically necessary and has been proven effective as a disease-specific treatment regimen including, but not limited to, ONE of the following conditions:
 - i. Inherited diseases of amino acid or organic acid metabolism (e.g., Phenylketonuria/PKU)
 - ii. Branch-chain ketonuria, galactosemia, or homocystinuria
 - iii. Crohn's disease
 - iv. Ulcerative colitis
 - v. Gastroesophageal reflux
 - vi. Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract (e.g., chronic intestinal pseudoobstruction, Ogilvie's syndrome)
 - vii. Severe food protein-induced enterocolitis syndrome
 - viii. Eosinophilic disorder
 - ix. Multiple, severe food allergies, including, but not limited to, immunoglobulin E- and nonimmunoglobulin E-mediated allergies to multiple food proteins
- II. Enteral nutrition with enteral feeding tubes (e.g., NG tubes, NE tubes, G-tubes, J-tubes) is considered **medically necessary** for functional impairments that include, but are not limited to, the following:
 - a. Muscular paralysis in which the individual is unable to swallow because a damaged brain or spinal cord can no longer communicate to the muscles of the alimentary tract to initiate function. The paralysis may be the result of a disease process such as ONE of the following:
 - i. Cerebral vascular accident (CVA)
 - ii. Trauma/accident
 - iii. Spinal cord injury.
 - iv. Birth defects/cerebral palsy
 - v. Parkinson's disease
 - vi. Amyotrophic lateral sclerosis (ALS)
 - vii. Multiple sclerosis (MS)
 - viii. Myasthenia gravis
 - ix. Huntington's chorea
 - b. Cognitive neurological disorders that may cause the individual to forget how to swallow, such as ONE of the following:
 - i. Senile dementia
 - ii. Alzheimer's disease
 - iii. 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 individuals 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 the individuals' general condition.

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- III. Modified solid food products that are low-protein, contain modified protein, or are amino acid-based are considered **medically necessary** for the following indications:
 - a. In the treatment of certain inherited diseases of amino acid (e.g., maple syrup urine disease (MUSD)) and organic acid metabolism
 - b. Severe protein allergic conditions.
- IV. Dietary supplements such as probiotics and digestive enzymes do not meet the criteria for enteral nutrition. Probiotics and digestive enzymes are considered **not medically necessary**.

POLICY GUIDELINES:

1. Approval durations will typically be for 1 year, unless that patient's condition is known to be temporary and therefore duration can be adjusted accordingly.
 - a. Continued approval at time of recertification will require documentation that the enteral is providing ongoing benefit to the patient in terms of improvement or stability.
2. Clinical documentation must be submitted for each request (initial and recertification) unless otherwise specified (e.g., prescriber attestation required). Supporting documentation includes, but is not limited to, progress notes documenting previous treatments/treatment history, diagnostic testing, laboratory test results, genetic testing/biomarker results, imaging and other objective or subjective measures of benefit which support continued use of the requested product is medically necessary.
3. To be eligible for benefits for enteral nutrition, all enteral formulas must be prescribed for the individual in a written order by a provider legally authorized to prescribe under the New York Education Law. Claims for reimbursement will be processed in accordance with the member's subscriber contract.
4. 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.
5. Benefits for enteral formulas administered with feeding tubes will be considered as follows:
 - a. When the individual 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.
 - b. When the individual is not receiving home care or has not been approved for home care benefits, charges for:
 - i. Enteral formulas will be considered under the medical contract with the individual copayment 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;
 - ii. Necessary supplies will be considered under the prosthetic benefit of the medical contract.
6. Individuals 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.
7. All individuals should be monitored in conjunction with a qualified dietitian, health care practitioner certified in nutritional support, gastroenterologist, or pediatric allergist when appropriate.
8. A comprehensive individual assessment is essential before nutritional support is provided, including consideration of the benefits and burdens of nutritional support, based on the individual's diagnosis, prognosis, and goals for care, and plans for reassessment of the need for ongoing nutritional support.

CODES:

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

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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.

Code Key:

Experimental/Investigational = (E/I),

Not medically necessary/ appropriate = (NMN).

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HCPCS:

UPDATES:

| Date | Revision |
|------------|-------------------------|
| 03/04/2026 | Policy Created & Posted |

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