

Enteral Nutrition Therapy

Also known as	1. Tube feeding						
Description	Specialized formula that is delivered to a patient through a naso-gastric tube (through the nose) or a gastric tube (through the stomach or small intestine). For formula that is swallowed, refer to Food Supplements .						
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Food Supplements - Supplements used to increase caloric intake.Formulas, Elemental Amino Acid-Based - An amino acid-based formula contains proteins which are broken down into their simplest and purest form making it easier for the body to process and digest.PKU (Phenylketonuria) Formula and Food - Formulas/foods nutritional compounds lacking the protein phenylalanine (Phe).Total Parenteral Nutrition (TPN) - Total nutritional and caloric needs for a person unable to eat and digest food delivered through an IV line.						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)						
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Outpatient Enteral Therapy (MP9069)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote medical supplies.						
Mayo Medical Plan (MMP)	<p>Quote miscellaneous medical supplies.</p> <ul style="list-style-type: none">• Check exclusions before quoting benefits.• Supplies: Supplies such as pump, tubing, catheters, and feeding bags are covered, regardless of enteral nutrition coverage. Refer to <i>Gastrostomy Supplies</i> on the DME grid.• Providers: Members need to receive formula from a DME vendor or one of the following Home Infusion providers:<ul style="list-style-type: none">– Children’s Home Care– Option Care (Roseville and St. Cloud locations)– InfuScience						
Medica (including MHPS)	<p>Medica’s Utilization Management Policy, <i>Outpatient Enteral Nutritional Therapy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote miscellaneous medical supplies.• Check exclusions before quoting benefits.• Supplies: Supplies such as pump, tubing, catheters, and feeding bags are covered, regardless of enteral nutrition coverage. Refer to <i>Gastrostomy Supplies</i> on the DME grid.• Providers: Members need to receive formula from a DME vendor or one of the following Home Infusion providers:<ul style="list-style-type: none">– Children’s Home Care– Option Care (Roseville and St. Cloud locations)– InfuScience						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• Member in SNF: Tube feedings are part of daily per diem and not be billed separately. PA is not required.• Member NOT in SNF: Tube feedings are billed to Medica. PA is required. See Medicaid below.<ul style="list-style-type: none">– PA through Care Coordinator/Care System. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote miscellaneous medical supplies.<ul style="list-style-type: none">– Baby food and other regular grocery products used in blenderized formula are NOT covered.– Standard infant formulas are NOT covered.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Quote miscellaneous medical supplies.</p> <ul style="list-style-type: none">• Codes B4150, B4152, and B4154: For Elderly Waiver Services members, if administered orally, the provider should add a BO and/or U3 modifier to the claim and PA is not required.• Member on skilled Part A stay: Tube feedings are part of the daily per diem and should not be billed separately and PA is not required.• Member NOT on skilled Part A stay: Tube feedings are billed to Medica and PA is required.<ul style="list-style-type: none">– PA through Care Coordinator/Care System.• Medica is the only payer.
Cost (Prime)	<p>Quote miscellaneous medical supplies.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Does NOT require authorization through Medica.
Med Advantage	<p>Medica’s Utilization Management Policy, <i>Title</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• Diagnosis must be linked to the need for nutritional products and products must provide 50% or more of the daily calories or 50% or more of a major nutrient.<ul style="list-style-type: none">– Baby food and other regular grocery products used in blenderized formula are NOT covered.– Standard infant formulas are NOT covered.• If approved, quote miscellaneous medical supplies.• Supplies: Supplies such as pump, tubing, catheters, and feeding bags are covered, regardless of enteral nutrition coverage. Refer to <i>Gastrostomy Supplies</i> on the DME grid.• Providers: Members need to receive formula from a DME vendor or one of the following Home Infusion providers:<ul style="list-style-type: none">– Children’s Home Care– Option Care (Roseville and St. Cloud locations)– InfuScience• Follows Medicare guidelines.• Medica is the only payer.
Med Supp (Select, Signature)	<p>Quote miscellaneous medical supplies.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.

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Medicaid

Medica’s Utilization Management Policy, *Outpatient Enteral Nutrition Therapy*, applies.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- **Requires prior authorization.** See *Medical Necessity Criteria*.
 - Provider can submit a [Prior Authorization Request](#).
 - **Note:** The provider must pick the right form. There are different versions depending on the provider and/or procedure.
 - **Important:** Check policy for limits or exclusions.
- Diagnosis must be linked to the need for nutritional products and products must provide 50% or more of the daily calories or 50% or more of a major nutrient.
 - Baby food and other regular grocery products used in blenderized formula are NOT covered.
 - Standard infant formulas are NOT covered.
- If approved, quote miscellaneous medical supplies.
- **Supplies:** Supplies such as pump, tubing, catheters, and feeding bags are covered, regardless of enteral nutrition coverage. Refer to *Gastrostomy Supplies* on the [DME grid](#).

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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Outpatient Enteral Therapy (MP9069)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote medical supplies.						
Medica	<p>Medica’s Utilization Management Policy, <i>Outpatient Enteral Nutrition Therapy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote miscellaneous medical supplies.• Supplies: Supplies such as pump, tubing, catheters, and feeding bags are covered, regardless of enteral nutrition coverage. Refer to <i>Gastrostomy Supplies</i> on the DME grid.• Providers: Members need to receive formula from a DME vendor or one of the following Home Infusion providers:<ul style="list-style-type: none">– Children’s Home Care– Option Care (Roseville and St. Cloud locations)– InfuScience						
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