



CLINICAL CRITERIA FOR UM DECISIONS

Enteral Formula and Pumps for Enteral Feeding

Some members of Capital Health Plan may have coverage for enteral nutrition and DME equipment to provide enteral nutrition. The following information is provided to assist in these coverage decisions.

Enteral Formula

Enteral formulas are liquid food products that are specially formulated and designed to increase the amount of various food elements and nutrients that will maintain proper physiological function of the body process. They may also be used to correct an existing deficiency.

Enteral formulas may be administered intermittently or continuously through nasogastric, gastrostomy, or jejunostomy tubes directly into the gastrointestinal tract with or without the assistance of an infusion pump, or they may be administered orally.

Inherited Metabolic Diseases

Some benefit packages for CHP members provide coverage for inherited diseases of amino acid, organic acid, carbohydrate or fat metabolism. These diseases are diagnosed in infancy or early childhood and may be related to amino acid deficiencies or defective metabolic pathways which result in the requirement for special nutritional supplementation or replacement. Metabolic Diseases diagnosed after one year of age or related to acquired diseases or impairments are not considered to be inherited.

Inherited Malabsorption

Some benefit packages for CHP members provide coverage for inherited malabsorption. These diseases are diagnosed in infancy or early childhood and may be related to defects in the ability to transfer nutrition or certain nutrients from the gastrointestinal tract into the circulatory and / or lymphatic system resulting in a nutritional deficiency. Malabsorption diagnosed after one year of age or related to acquired diseases or impairments are not considered to be inherited.

Feeding Pumps

Feeding pumps shall be covered by CHP when there is documented medical evidence that gravity feeding methods cannot be utilized.

If the coverage requirements for enteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.

If the coverage requirements for enteral nutrition are not met, the administration supplies and equipment can be covered.

Medical Necessity Approvals to be made by:

- Medical Director
- Physician Reviewer
- Chief of Eye Care
- Medical Services Coordinator
- Nurse Reviewer
- Authorized CCD staff when UM criteria are met

These criteria apply to the following product when determined to be included in the member's benefit package:

- Commercial

References:

CHP Member Benefit Packages

BCBSF Medical Coverage Guideline for "Enteral Formulas," #09-J0000-61, revised effective 5/11/14.

Reviewed QIMT 10/27/05

Approved QIMT 9/26/02, 10/30/03, 11/4/04, 12/15/05, 9/28/06, 9/27/07, 9/11/08, 9/17/09, 8/5/10, 8/18/11, 8/2/12, 8/29/13, 7/31/14

Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.