



MVP Health Care Medical Policy

Medicare Part B: Enteral Therapy

(enteral, modified solid foods and medical foods)

Type of Policy: Drug Therapy

Prior Approval Date: N/A

Approval Date: 11/01/2023

Effective Date: 01/01/2024

Related Policies: Medicare Part B Drug Therapy

Medicare Part B vs. Part D Determination

Overview/Summary of Evidence

Enteral nutrition is a form of nutrition that is delivered into the digestive system as a liquid. Enteral nutrition may be provided orally or through a feeding tube.^[3] Enteral products may be liquids or powders that are reconstituted to a liquid form.

Indications/Criteria

Enteral nutrition is covered under the prosthetic device benefit as per the Medicare Local Coverage Determination (LCD) for Enteral Nutrition (L38955) and the LCD-related Policy Article A58833. Please refer to this guidance for appropriate coverage.

Coverage of In-line digestive enzyme cartridges (ie. RELiZORB) is considered reasonable and necessary for the management of Medicare beneficiaries with a diagnosis of Exocrine Pancreatic Insufficiency (EPI) to maintain weight and strength commensurate with their overall health status. Please refer to LCD L38955.

Supplemental nutritional therapy including modified solid foods, medical foods, nutritional supplements, and enteral products administered orally or products that do not meet the Medicare definition of enteral therapy are not covered under Medicare Part B or Medicare Part D.

DSNP Variation (for MAP plans ONLY):

Enteral nutrition for DSNP members is covered if it meets criteria outlined in the above Medicare Variation OR for the following conditions:

- Tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube

- Individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means. Coverage of certain inherited disease of amino acid and organic acid metabolism shall include modified solid food products that are low-protein, or which contain modified protein.

References

1. Durable Medical Equipment Regional Carrier (DMERC A), HCFA, (2000) Coverage Issues Manual 65-10 Prosthetic Device, *Enteral Nutrition*. Available: www.umd.nycpic.com.
2. American Society for Parenteral and Enteral Nutrition (1992). Standards for home nutrition support. *Nutrition in Clinical Practice*, 7,65-69. (On-line). Available: www.hna.ffh.vic.gov.au/ahs/jem/app.
3. National Cancer Institute (1998). Nutrition. PDQ^a -Supportive Care-Patients. (On-line). Available: www.cancernet.nci.nih.gov/clinpdq/supportive_pat/Nutrition.
4. New York State Insurance Law (1998). Article 32: Insurance contracts-life, accident and health annuities. Section 3221, Subsection (K) (11).
5. American Academy of Family Physicians, *American Family Physician* (2003) Failure to Thrive.
6. National Coverage Determination for Enteral and Parenteral Nutritional Therapy (180.2). Effective Date: 7/11/1984
7. Local Coverage Determination for Enteral Nutrition (L38955). Effective Date: 01/01/2022.
8. Enteral Nutrition – Policy Article (A58833). Effective Date: 09/05/2021.
9. Drugs Covered by NYRx for [Dual Eligible Members Effective 10/22/2020](https://health.ny.gov). <https://health.ny.gov>.