

Marketplace National Regional Benefit Interpretation Document

Benefit Name	PARENTERAL, ENTERAL AND ORAL NUTRITIONAL THERAPY
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses parenteral nutrition therapy, enteral and oral nutritional therapy, including formula, accessories, and supplies.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individual and Small Group</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA: California Health & Safety Code §1374.56: Phenylketonuria</p> <p>FLORIDA:</p>

[Fla. Stat. § 627.42395](#): Enteral feeding formulas/treatment of PKU

ILLINOIS:

Public Act 95-520; [215 ILCS 5/356z.10](#)- Amino acid-based elemental formulas

[215 ILCS 125/5-3\(a\)](#)- Insurance Code provisions

[215 ILCS 125/5-3](#)- Amino acid-based elemental formulas

KENTUCKY:

[Ky. Rev. Stat. § 304.17A-139](#): Milk Fortifiers

[Ky. Rev. Stat. § 304.17A-258\(2\)](#): Inborn errors of metabolism or genetic conditions

NEVADA:

Coverage for treatment of certain inherited metabolic diseases

[NRS 689A.0423](#)

[NRS 695C.1723](#)

NEW MEXICO:

[NMSA 59A-22-41.1](#); [NMSA 59A-46-43.2](#)- Coverage for Medical Diets for Genetic Inborn Errors of Metabolism

TEXAS:

[TIC Section 1377.051](#)- Coverage for Certain Amino Acid-Based Elemental Formulas

TIC §1358.055 and §1355.015(c)

UTAH:

[31A-22-623](#)- Dietary products for inborn metabolic errors

WASHINGTON:

[WAC 284-44-450](#): PKU formula coverage requirements and exceptions

[RCW 48.43.176](#): Eosinophilic Gastrointestinal Associated Disorder – Elemental formula

[WAC 284-46-100](#): PKU Formula Coverage Requirements

[WAC 284-50-260](#): PKU formula coverage Requirements and Exceptions
State-mandated formula that requires Enteral feeding is covered as required by law

[RCW 48.20.520](#); [48.21.300](#); [48.44.440](#); [48.46.510](#)- Medical foods for inborn metabolic disorder, including Phenylketonuria (PKU)

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

PARENTERAL NUTRITIONAL THERAPY

ALL STATES:

Molina and Passport (KY) cover Parenteral Nutritional Therapy

ADDITIONAL FOR PARENTERAL NUTRITIONAL THERAPY

MICHIGAN:

Food Supplements and Formulas: Molina covers supplemental feedings via IV (parenteral feeding). Nutrients, supplies, accessories, and equipment needed to administer these types of nutrition are covered.

NEW MEXICO:

Total Parenteral Nutrition (TPN) is the administration of nutrients through intravenous catheters via central or peripheral veins and is covered when ordered by a practitioner/provider.

OHIO:

Home IV therapy includes, but is not limited to, injections (intra-muscular, subcutaneous, and continuous subcutaneous), and total parenteral nutrition

ENTERAL AND ORAL NUTRITIONAL THERAPY

ALL STATES:

Molina and Passport (KY) cover Enteral and Oral Nutritional Therapy

NEVADA:

The Policy must provide coverage for enteral formulas for at-home use for the treatment of inherited metabolic diseases. In addition, the Policy must provide

“at least \$2,500 per year for special food products which are prescribed or ordered by a physician as medically necessary for the treatment” of an individual under this provision. (Benchmark)

NEW MEXICO:

Enteral formulas or products, as nutritional support, are covered only when prescribed by a practitioner/provider and administered by enteral tube feedings.

CALIFORNIA, IDAHO, NEW MEXICO, TEXAS, UTAH, WASHINGTON:

Phenylketonuria (PKU) and Other Inborn Errors of Metabolism (TEXAS: or other Heritable Diseases): Molina covers testing and treatment of phenylketonuria (PKU). Molina also covers other inborn errors of metabolism that involve amino acids. This includes formulas and special food products that are part of a diet prescribed by a Participating Provider and managed by a licensed health care professional. The health care professional will consult with a physician who specializes in the treatment of metabolic disease. The diet must be deemed Medically Necessary to prevent the development of serious physical or mental disabilities or to promote normal development or function.

For purposes of this section, the following definitions apply: “Special food product” is a food product that is prescribed by a Participating Provider for treatment of PKU. It may also be prescribed for other inborn errors of metabolism. It is used in place of normal food products, such as grocery store foods. It does not include a food that is naturally low in protein. “Formula” is an enteral product for use at home that is prescribed by a Participating Provider.

Other specialized formulas and nutritional supplements are not covered.

(TX: Prescription Drug Cost Sharing will apply)

(NM: Durable Medical Equipment (DME) Cost Sharing will apply)

NEVADA:

Phenylketonuria (PKU) and Other Inborn Errors of Metabolism: Molina covers testing and treatment of phenylketonuria (PKU). Molina also covers other inborn errors of metabolism that involve amino acids. This includes formulas and special food products that are part of a diet prescribed by a Participating Provider and managed by a licensed health care professional. The health care professional will consult with a physician who specializes in the treatment of metabolic disease. The diet must be deemed Medically Necessary to prevent the development of serious physical or mental disabilities or to promote normal development or function.

For purposes of this section, the following definitions apply: “Special food product” is a food product that is prescribed by a Participating Provider for treatment of PKU. It may also be prescribed for other inborn errors of

metabolism. It is used in place of normal food products such as grocery store foods. It does not include a food that is naturally low in protein. "Formula" is an enteral product for use at home that is prescribed by a Participating Provider. Other specialized formulas and nutritional supplements are not covered.

Coverage for special food products and enteral formulas is limited to a 30-day supply four times per Calendar year per Member. Nursing visits to assist with enteral nutrition are covered under the home health benefits when Medically Necessary and are not considered Custodial Care. These services are frequently provided through a Home Health Agency. More information can be found under the heading "Home Healthcare" and "Hospice Services".

ADDITIONAL FOR ENTERAL AND ORAL NUTRITIONAL THERAPY
FLORIDA:

Enteral formula for Members who require tube feeding in accord with Medicare guidelines.

ILLINOIS:

Amino Acid-Based Elemental Formulas: Molina covered medically necessary amino acid-based elemental formulas for the diagnosis and treatment of eosinophilic disorders or short-bowel syndrome, when prescribed by a Participating Provider.

KENTUCKY:

Therapeutic Food, formulas, supplements, and low protein modified food products: Passport provides coverage for prescribed treatment of inborn errors of metabolism or genetic conditions, if the food is obtained under the direction of a doctor.

MICHIGAN:

Food Supplements and Formulas: Molina covers supplemental feedings via tube (enteral feeding). Nutrients, supplies, accessories, and equipment needed to administer these types of nutrition are covered.

OHIO:

Home IV therapy includes, but is not limited to, enteral nutrition therapy.

CALIFORNIA, SOUTH CAROLINA:

Enteral formula for Members who require tube feeding in accord with Medicare guidelines.

TEXAS:

Amino-Acid based elemental formulas: Molina covers Medically Necessary amino acid-based elemental formulas. This is regardless of the

formula delivery system. They must be used for the diagnosis and treatment of:

- immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins;
- severe food protein-induced enterocolitis syndrome;
- eosinophilic disorders, as evidenced by the results of a biopsy; and
- impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length and motility of the gastrointestinal tract.

The coverage includes any Medically Necessary services associated with the administration of the formula. It is subject to the written order of a Participating Provider. It must be for the treatment of a Member who is diagnosed with one of the above listed conditions. Coverage for formulas and special food products is provided on the same basis as any other prescription medication under this plan.

WASHINGTON:

For purposes of this section, the following definitions apply:

- Elemental formula for eosinophilic gastrointestinal associated disorder

Molina covers Medically Necessary elemental formula, regardless of delivery method, when associated to eosinophilic gastrointestinal associated disorder. This benefit must be order and supervised by a Participating Provider, outpatient professional services Cost Share applies.

NUTRITIONAL COUNSELING

CALIFORNIA, FLORIDA, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, TEXAS, UTAH, WISCONSIN:

Molina and Passport cover Nutritional Counseling when it is only Diabetes-related

IDAHO, SOUTH CAROLINA, WASHINGTON:

Molina covers Nutritional Counseling when it is offered related to Diabetes and for other reasons not regarding Diabetes

ADDITIONAL FOR NUTRITIONAL COUNSELING

IDAHO: Nutritional Counseling is covered for all members (3 visits per year, only if provided by a Doctor of Medicine (M.D.), doctor of osteopathy (D.O.), Registered Dietitian, Physician Assistant (P.A.), or a Nurse Practitioner (N.P.)

OHIO: Covered benefit under home health services and covered as USPSTF A or B recommendation under preventive health services (includes diet counseling for adults at higher risk for chronic disease, obesity screening and counseling for all adults, and healthy diet counseling for adults with cardiovascular risk factors).

NEW MEXICO: Enteral formulas or products, as nutritional support, are covered only when prescribed by a practitioner/provider and administered by enteral tube feedings.

WASHINGTON: Benchmark: NUTRITIONAL COUNSELING
We cover nutritional counseling for all conditions, including obesity, not subject to any specific visit limitation.

Note: Diabetes related Dietician services may be covered for certain states. Please refer to the Benefit Interpretation Policy titled **Diabetic Management Services** for more information on coverage.

Benefit Workgroup: All States: No limit for Nutritional Counseling for Preventive or Medical, but Cost Share applies to Medical Diagnosis.

HEALTH EDUCATION

MICHIGAN:

Molina covers the following health educational services:

- Dietitian Services with Participating Provider

LIMITATIONS: 6 visits/year- Dietician Services (Diabetes-related)

MORE INFORMATION

Refer to the Benefit Interpretation Policy titled **Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics)** and **Medical Supplies Grid (not finalized yet)**

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

Note: Diabetes related Dietician services may be covered for certain states. Please refer to the Benefit Interpretation Policy titled **Diabetic Management Services** for more information on coverage.

DIETITIAN

CALIFORNIA:

Dietitian: A service of a dietitian is not a Covered Service except for hospice benefits or as described in the section titled, “Phenylketonuria (PKU) and Other Inborn Errors of Metabolism.” This exclusion does not apply to medically necessary treatment of a mental health or substance use disorder.

FLORIDA:

Dietitian: A service of a dietitian is not a covered benefit. This exclusion does not apply to services under hospice care.

IDAHO:

Dietitian: A service of a Dietitian is not a Covered Service except for when covered under the nutritional counseling benefit or Hospice Care benefit. Please consult the Schedule of Benefits for additional details.

MISSISSIPPI, OHIO, WISCONSIN:

Dietitian: A service of a Dietitian is not a covered service except as outlined in the Hospice Care Benefit Policy.

NEW MEXICO:

Dietitian: A service of a Dietitian is not a covered service except as specifically covered under the Dietitian Services or Hospice Care benefits. Please see both sections for additional information.

SOUTH CAROLINA:

Dietitian: A service of a dietitian is not a covered benefit. This exclusion does not apply to services under hospice care, diabetes services or cardiac rehabilitation therapy.

TEXAS:

Dietitian: A service of a Dietitian is not a covered service except for under following sections:

- Hospice Services
- Diabetes Services
- Autism Spectrum Disorder

UTAH:

Dietitian: A service of a dietitian is not a Covered Service except as specifically covered under Hospice Care, Preventive Care, and Diabetes Services benefits

WASHINGTON:

Dietitian: A service of a Dietitian is not a Covered Service except for when covered under the nutritional counseling benefit or Hospice Care benefit. Please consult the Schedule of Benefits for additional details.

ORAL NUTRITION

CALIFORNIA:

Outpatient oral nutrition is not covered, such as dietary or nutritional supplements, supplements, herbal supplements, weight loss aids, and food. This exclusion does not apply to services covered under the “Phenylketonuria (PKU) and Other Inborn Errors of Metabolism” section of this Agreement.

FLORIDA, IDAHO, MISSISSIPPI, NEW MEXICO, OHIO, TEXAS, UTAH, WASHINGTON, WISCONSIN:

Outpatient oral nutrition is not covered, such as dietary or nutritional supplements, specialized formulas, supplements, herbal supplements, weight loss aids, formulas, and food.

This exclusion does not apply to any of the following:

- Formulas and special food products when prescribed for the treatment of Phenylketonuria or other inborn errors of metabolism involving amino acids, in accordance with the “Phenylketonuria or other Heritable Diseases” section of this policy for the applicable states.

ILLINOIS, KENTUCKY, MICHIGAN, NEVADA, SOUTH CAROLINA:

Oral Nutrition: Outpatient oral nutrition is not covered, such as dietary or nutritional supplements, supplements, herbal supplements, weight loss aids, and food.

E. DEFINITIONS

[See Glossary](#)

F. REFERENCES

National Coverage Determination (NCD) 180.2 Enteral and Parenteral Nutritional Therapy; [Enteral and Parenteral Nutritional Therapy \(180.2\)](#) (Accessed October 1, 2020)

DME MAC [LCD for Parenteral Nutrition \(L33798\)](#) and the DME MAC [LCAs for Parenteral Nutrition - Policy Article \(A52515\)](#). (Accessed October 1, 2020)

DME MAC [LCD for Enteral Nutrition \(L33783\)](#) and the DME MAC Local Coverage Articles (LCAs) for [Enteral Nutrition - Policy Article \(A52493\)](#). (Accessed September 5, 2019)

G. POLICY HISTORY/REVISION INFORMATION

	Date		Action/Description	
	4/15/2021		<ul style="list-style-type: none">Added KY 2022 Drafted Language	
	5/14/2021		<ul style="list-style-type: none">Added IL 2022 EOC Language	
	6/2/2021		<ul style="list-style-type: none">Added: Benefit Workgroup on 6/2/2021: All States: No limit for Nutritional Counseling for Preventive or Medical , but Cost Share applies to Medical Diagnosis.	
	6/30/2021		<ul style="list-style-type: none">Added ID 2022 EOC	
	7/1/2023		<ul style="list-style-type: none">Added NV 2024 EOC Language	
Prior Authorization	For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: a. Covered and No PA Required b. Not Covered You cannot use the MHI PA Matrix to make coverage determinations. PA Lookup Tool			
Approval	Departments	Product	CIM	Clinical Management
	Date	3/10/2021	4/28/2021	4/21/2021
	Revised (for 1/1/2022)	11/16/2021	3/31/2022	11/29/2021
	Revised (for 1/1/2023)	11/18/2022	4/12/2023	12/13/2022
	Revised (for 1/1/2024)	11/30/2023		12/8/2023