

Corporate Medical Policy

Enteral Nutrition

Description of Procedure or Service

Enteral nutrition (EN) is defined as nutrition provided through the gastrointestinal tract via a tube, catheter, or stoma that delivers nutrients distal to the oral cavity. Enteral formulas, including adult and pediatric formulas, are classified by the U.S. Food and Drug Administration (FDA) under the heading of medical foods. Currently, the FDA defines medical foods as “a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.”

Background

Nutritional support provided via the gastrointestinal tract can be taken by mouth or provided enterally. Oral nutrition refers to nutrition taken through the mouth. Enteral nutrition is commonly defined as the provision of nutritional requirements through a tube in the stomach or small intestine. Individuals may require enteral nutritional therapy to provide sufficient nutrients to maintain weight and strength commensurate with their overall health status if their nutritional needs cannot be met through dietary adjustments and/or oral supplements.

Policy Statement

GEHA does not provide coverage for most enteral nutrition. Enteral products and supplements are a covered benefit only when they are delivered via tube feeding and the criteria below are met. Oral enteral products are not a covered benefit. They are considered non-covered and are ineligible as benefits.

When enteral nutrition is covered

Enteral nutrition via tube feeding is considered medically necessary when all of the following criteria are met:

1. Enteral nutrition comprises the sole source of nutrition for the patient.
2. While these products are not considered prescription items by the FDA, the product must be ordered and used under the supervision of a physician.
3. Nutrients cannot be ingested orally due to a medical condition which either:

- a. Interferes with swallowing due to an underlying neurologic condition or aspiration risk; or
 - b. is associated with obstruction of the proximal GI tract by tumor or anatomical anomaly.
4. Medical records document a medical basis for the inability to maintain appropriate body weight and nutritional status prior to initiating or after discontinuing use of an enteral supplement as well as ongoing evidence of response to the enteral nutrition.

When Enteral Nutrition is not covered

1. Enteral nutrition via tube is considered not medically necessary when used in individuals with normal swallowing and normal proximal GI tract function, except as stated above.
2. Enteral nutrition via tube is considered not medically necessary when used in individuals able to take the majority of their diet via the oral route except as indicated above.

Benefit Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit brochure for availability of benefits.

Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy. GEHA will cover one month supply of enteral nutrition and apply medical necessity criteria for continued benefit coverage.

Policy Guidelines

If a patient requires enteral nutrition, the standard supplies (e.g., tubing, syringes) are a covered benefit.

Enteral formula is needed for individuals with inherited metabolic digestive disorders such as:

1. Tyrosinemia
 2. Homocystinuria
 3. Maple syrup urine disease
 4. Propionic acidemia
- Methylmalonic acidemia
5. PKU

These diseases are characterized by inborn errors of amino acid metabolism and have distinctive nutritional requirements. Special formulas are used for the dietary management of these diseases.

Scientific references

- JPEN J Parenter Enteral Nutr 2009; 33; 122 originally published online Jan 26, 2009.. <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/MedicalFoods/default.htm>..
- American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). Enteral Nutrition Practice Recommendations. JPEN J Parenter Enteral Nutr. 2009; 33(3):122-167.
- Mueller C, Compher C, Ellen DM; ASPEN Board of Directors. A.S.P.E.N. clinical guidelines: Nutrition screening, assessment, and intervention in adults. JPEN J Parenter Enteral Nutr. 2011 Jan;35(1):16-24
- Baker ML, Halliday V, Robinson P, et al. Nutrient intake and contribution of home enteral nutrition to meeting nutritional requirements Eur J Clin Nutr. 2017; 71(9):1121-1128.
- American Geriatrics Society (AGS). Choosing Wisely: Ten things clinicians and patients should question. Updated April 23, 2015. Accessed on August 17, 2018.

Policy implementation and updates

02/2017	Original policy issued
02/2017	Policy updated with external specialty review
11/2018	Policy reformatted and updated