



## MVP Health Care Medical Policy

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### Medicare Part B: Enteral Therapy

(enteral, modified solid foods and medical foods)

**Type of Policy:** Drug Therapy

**Prior Approval Date:** 10/01/2024

**Approval Date:** 04/01/2026

**Effective Date:** 06/01/2026

**Related Policies:** Medicare Part B Drug Therapy

Medicare Part B vs. Part D Determination

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### 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. 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 corresponding 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.

**Initial AND continuation** approval duration is for up to 12 months

**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

**Initial AND continuation** approval duration is for up to 12 months

## References

1. Durable Medical Equipment Regional Carrier (DMERC A), HCFA, (2000) Coverage Issues Manual 65-10 Prosthetic Device, Enteral Nutrition.
2. American Society for Parenteral and Enteral Nutrition (1992). Standards for home nutrition support. *Nutrition in Clinical Practice*, 7,65-69. (On-line).
3. National Cancer Institute (Updated May 16, 2024). Nutrition. PDQ<sup>®</sup>-Supportive Care-Health Professional Version.
4. New York State Insurance Law (Last Amended 6/28/2024). Article 32: Group or blanket accident and health insurance policies; standard provisions. Section 3221, Subsection (K).
5. Local Coverage Determination for Enteral Nutrition (L38955). Original Effective Date: 09/05/2021. Revision Effective Date: 01/01/2024.
6. Enteral Nutrition – Policy Article (A58833). Original Effective Date: 09/05/2021. Revision Effective Date: 10/01/2023.
7. NEW YORK STATE MEDICAID PROGRAM DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES PROCEDURE CODES AND COVERAGE GUIDELINES. (n.d.).
8. State, N. (n.d.). Medicaid Advantage Plus Contract MEDICAID ADVANTAGE PLUS (MAP) MODEL CONTRACT MISCELLANEOUS/CONSULTANT SERVICES. Valid 01/01/2022-12/31/2026.
9. Mirtallo, J., Canada, T., Johnson, D., Kumpf, V., Petersen, C., Sacks, G., Seres, D., & Guenter, P. (2004). Safe Practices for Parenteral Nutrition. *Journal of Parenteral and Enteral Nutrition*, 28(6), S39–S70.
10. Boullata, J. I., Carrera, A. L., Harvey, L., Escuro, A. A., Hudson, L., Mays, A., McGinnis, C., Wessel, J. J., Bajpai, S., Beebe, M. L., Kinn, T. J., Klang, M. G., Lord, L., Martin, K., Pompeii-Wolfe, C., Sullivan, J., Wood, A., Malone, A., & Guenter, P. (2016). ASPEN

Safe Practices for Enteral Nutrition Therapy. *Journal of Parenteral and Enteral Nutrition*, 41(1), 15–103.

11. Clinical Guidelines for the Use of Parenteral and Enteral Nutrition in Adult and Pediatric Patients, 2009. (2009). *Journal of Parenteral and Enteral Nutrition*, 33(3), 255–259.
12. Jaffe, A. C. (2011). Failure to Thrive: Current Clinical Concepts. *Pediatrics in Review*, 32(3), 100–108.