

Policy Number: CP-IFP20-002A

Effective Date: 1/1/2021

ENTERAL/TOTAL PARENTRAL NUTRITION (TPN)

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare member’s plan documents, the member plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCARE PRODUCT	APPLIES TO
Individual and Family Plans (IFP), IFP with M Health Fairview	√
UCare Medicare Plans, UCare Medicare with M Health Fairview and North Memorial, UCare Advocate (I-SNP), EssentiaCare	
Minnesota Senior Health Options (MSHO)	
UCare Prepaid Medical Assistance (PMAP), MNCare	
Connect	
Connect +Medicare	
MSC +	

DEFINITIONS

Enteral nutrition refers to any method of feeding that uses the gastrointestinal (GI) tract to deliver part or all of a member's caloric requirements.

Parenteral Nutrition is a method of feeding that bypasses the gastrointestinal tract. The nutrient solution is given into a vein to provide nutrients the body needs. The method is used when a member cannot or should not receive feedings or fluids by mouth.

Benefit Category: Durable Medical Equipment (DME)**Coverage Policy****Covered Nutrition Services**

- Enteral feedings prescribed by a doctor, physician's assistant or nurse practitioner, when they are the sole source of nutrition used to treat a life-threatening condition, and are required to sustain life
- Special dietary treatment for Phenylketonuria (PKU) and oral amino acid-based elemental formulas
- Total parenteral nutrition and intravenous (TPN/IV) therapy, equipment, supplies and drugs related to IV therapy and IV-line care kits

Related Equipment

- UCare has right to determine if an item will be approved for rental versus purchase
- Durable medical equipment and supplies must be obtained from or repaired by approved vendors

Services Not Covered

- Enteral nutrition for members with a functioning GI tract
- Enteral nutrition products given orally and related supplies
- Food thickeners, baby food and grocery items that can be blended and used with enteral products
- Nutritional supplements (e.g. over the counter vitamins)
- Over the counter electrolyte supplements (e.g. Pedialyte®, Ensure®)
- Rental equipment while equipment is being repaired by a non-contracted provider (i.e. pump repair)

Prior Authorization

Prior authorization is not required.

References and Source Documents

Minnesota 62A.26Subd.2 <https://www.revisor.mn.gov/statutes/cite/62A.26>

2021 Individual & Family Plan Member Contract <https://home.ucare.org/en-us/health-plans/ifp/>