

Policy Number: CP-IFP20-002A

Effective Date: January 1, 2024

DME: Enteral/Total Parenteral Nutrition (TPN)

The purpose of this policy is to provide clarity and specificity for coverage of Enteral/Total Parenteral Nutrition (TPN) Durable Medical Equipment (DME).

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
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Durable Medical Equipment (DME)

Definitions or summary

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.

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

Not required.

Related policies and documentation

References to other policies or documentation that may be relevant to this policy.

Policy Number	Policy Description
CP-IFP21-006A	Durable Medical Equipment

References and source documents

Links to the UCare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual & Family Plan Member Contract](#)

[Minnesota 62A.26Subd.2](#)

Coverage policy development and revision history

Version	Date	Note (s)
V1	Jan.1,2021	Original Effective Date
	Dec.14,2021	Annual review; no changes
	Nov.30,2022	Annual review; no changes
	Oct. 16,2023	Annual Review: No substantive change Added DME to the Title