

Policy Number: CP-IFP20-002A

Original Effective Date: January 1, 2021
Last Review Date: October 1, 2025

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 plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

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 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 and amino acid-based elemental formulas for conditions that include but are not limited to the following when medically necessary:
 - phenylketonuria (PKU)
 - cystic fibrosis
 - amino acid, organic acid, fatty acid metabolic and malabsorption disorders, IgE mediated allergies to food proteins
 - food protein-induced enterocolitis syndrome
 - eosinophilic esophagitis
 - eosinophilic gastroenteritis
 - eosinophilic colitis, and
 - mast cell activation syndrome.
- 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 include but not limited to:

- 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 Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy*[Individual & Family Plan Member Contract](#)[Minnesota 62Q.531](#)**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
	Aug. 8, 2024	Revised with new mandate changes and new disclaimer
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1, 2025	Annual Review: aligned language with 2026 contract updated non covered heading "Services not covered include but not limited" to match 2026 contract