

Policy Number: CP-IFP20-002A

Effective Date: January 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 member's plan documents, the member plan documents prevail.*

*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 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 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

- 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 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