

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 30.4
TITLE: NUTRITION THERAPIES

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(51)

RELATED AUTHORITY: 32 CFR 199.4(a)(1), (d)(3)(v), and 32 CFR 199.5(c)

I. EFFECTIVE DATE

April 19, 1983

II. DESCRIPTION

A. Nutritional therapy provides **medically necessary** nutrient intake for individuals with conditions for the digestive system that prevent them from absorbing sufficient nutrients to meet their bodily needs. Causes include, but are not limited to, inborn errors of metabolism, such as, phenylketonuria, medical conditions of malabsorption, such as, short bowel syndrome and acute ulcerative colitis, and other pathologies of the alimentary or gastrointestinal tract, such as, allergic eosinophilic gastroenteritis and **neurological or physiological conditions**. Patients with renal disease, including those on dialysis, are prone to develop deficiency of protein and impairment of storage vitamins. Inadequacy of energy and protein can result in conditions such as hypoalbuminemia and hyperlipidemia. Methods of delivery include oral, enteral, parenteral, and entry through the peritoneal cavity.

B. Parental and enteral nutrition therapies are a means of providing nutrition for patients who have pathology of the alimentary or gastrointestinal tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the patients general condition. These therapies may be provided on either an inpatient or outpatient basis.

III. POLICY

A. Benefits may be extended to the following:

1. **Enteral** nutritional therapy,
2. **Parenteral nutritional therapy**,
3. **Oral nutritional therapy**,

4. **Medically necessary** vitamins and minerals added to the nutritional solution,

5. Special amino acid modified nutrient preparations for beneficiaries with inborn errors of metabolism are covered on the same basis as insulin for diabetic patients when a prescription is not required,

6. Preparations that are classified by the U.S. Food and Drug Administration as "Exempt Infant Formulas not generally available at the retail level,"

7. Intraperitoneal nutrition (INP) therapy when determined to be medically necessary treatment for **individuals** suffering from malnutrition as a result of end stage renal disease.

8. Ketogenic diet if it is part of medically necessary admission for epilepsy (services and supplies will not be excluded as they are reimbursed under DRG **payment methodology**.)

B. Medically necessary nutritional products, which are provided under, paragraph III. A. above and which are on the "Enteral Nutrition Product Classification List" are eligible for CHAMPVA cost sharing. The list is maintained by the Statistical Analysis Durable Medical Equipment Regulation Carrier (SADMERC) and is currently available online at: <http://www2.palmettogba.com/classifications/enteral%20nutrition.pfd>.

C. Medical supplies and equipment required to provide the therapy are covered.

D. **Nutritional** therapy may be provided in the inpatient or outpatient setting.

E. Parenteral therapy or TPN may be cost shared as a medical supply on an inpatient or outpatient basis when determined to be medically necessary treatment for patients with severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the patient's general condition.

F. Enteral therapy may be cost shared as a medical supply on an inpatient or outpatient basis when determined to be medically necessary treatment for the patients who have an anatomical inability to swallow, or when medical documentation indicates the existence of pathology which prevents the patient from maintaining weight and strength commensurate with the patient's general condition in spite of oral feedings.

IV. POLICY CONSIDERATIONS

A. A medical review will be performed on allowed enteral and parenteral claims every three months to determine continued medical necessity.

B. Medical conditions which frequently result in the use of parenteral or enteral nutrition:

1. Medical indications for parenteral nutrition:
 - a. short bowel syndrome,
 - b. intestinal obstruction,
 - c. inflammatory bowel syndrome,
 - d. motility disorder (pseudo obstruction),
 - e. radiation enteritis,
 - f. mesenteric infarction,
 - g. massive bowel resection,
 - h. major trauma or burn, and
 - i. hyperemesis gravidarum.
2. Medical indications for enteral therapy:
 - a. acute ulcerative colitis,
 - b. gastrointestinal cancer,
 - c. chronic infection,
 - d. granulomatous colitis,
 - e. intestinal atresia (infants),
 - f. ischemic bowel disease,
 - g. malabsorption syndrome,
 - h. acute or chronic pancreatitis,
 - i. fistula,
 - j. irradiated bowel,
 - k. partial obstruction,
 - l. short-gut syndrome,

- m. head and neck cancer and reconstructive surgery,
- n. jaw fracture,
- o. obstruction of gastric outlet due to ulcer diathesis,
- p. renal failure,
- q. stroke, and
- r. central nervous system disorders.

3. Conditions not appearing on this list may be covered if the attending physician submits adequate documentation of the medical necessity for the service and medical review determines that the services are appropriate for the condition.

4. Vitamin or mineral preparations administered by injection or added to the nutrient solutions are covered.

5. In the case of the patient receiving parenteral nutrition therapy at home, the reimbursement for the nutrient solutions is limited to the reasonable charge for the nutrient solutions mixed by the patients themselves (or by a family member). If the attending physician documents that the patient is incapable of mixing or administering the nutrient solutions and that there is no family member available to assist the patient, payment may be made for premixed solutions. Inconvenience and lack of time are not considered sufficient justification for cost sharing of premixed solutions.

6. Payment may be made for otherwise covered medical supplies and durable medical equipment required in the administration of the nutrient solutions, e.g., portable infusion pumps, IV stands, administration sets including syringes, needles, tubing, filters, sterile gauze squares, sponges or swabs, padded and regular hemostats, acetone and providone iodine wipes, ointment and similar items. However, if the claim involves a pump, it must be supported by medical documentation establishing medical necessity, i.e., gravity feeding is not satisfactory due to aspiration, dumping syndrome, etc. Reimbursement for the pump will be based on reasonable charge for the simplest model that meets the medical needs of the patient as established by the medical documentation.

7. Payment will be made for no more than one month's supply of enteral or parenteral nutrients at any one time.

V. EXCLUSIONS

|| **A. Food and food substitutes.** ||

B. Oral vitamins or mineral preparations, except as provided by [Chapter 2 Section 22.1, Pharmacy](#). [38 CFR 17.272 (a)(51)]

C. Nutritional supplementation administered solely to boost protein or caloric intake or as the mainstay of a daily nutritional plan in the absence of **a medical condition for which the accepted treatment consists of or included administration of nutritional supplements**. This includes those nutritional supplements given as a medicine between meals to increase daily protein and caloric intake (i.e., Precision LR, etc.).

D. The above exclusions apply also to prenatal care.

E. For children less than one-year of age who require enteral nutritional therapy, usual and customary infant formulas are excluded.

F. Nutritional preparations (other than those identified under Policy above), classified by the U.S. Food and Drug Administration as "exempt infant formulas generally available at the retail level" regardless of the beneficiary's medical condition.

G. **Except as provided in paragraph III.A.8. above, services and supplies related to a** ketogenic diet including nutritional counseling, calculation of a ketogenic formula, and food substitutes for the meal plan when billed on an outpatient basis.

END OF POLICY