Medical Policy:
Enteral, Parenteral and Home Infusion Services

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**PURPOSE:**
To establish criteria for coverage of enteral, parenteral and home infusion services.

**POLICY:**

*Home,* for purposes of coverage, is considered a place of temporary or permanent residence used as a person's home. This does not include a hospital, nursing facility or intermediate care facility, but does include assisted living facilities, residential care facilities and adult foster care homes.

Home **enteral nutrition** is considered medically appropriate to maintain body mass and prevent nutritional depletion that occurs with some illnesses or pathological conditions. Home enteral therapy may be administered orally or by enteral tube feeding, i.e., nasogastric, jejunostomy or gastrostomy delivery systems.

**Oral Nutrition:**
Oregon’s Health CO-OP covers the treatment of inborn errors of metabolism that involve amino acids, carbohydrates and fat metabolism and for which medical standard methods of treatment exist. This includes the need for **medical foods** used in the treatment of such disorders. Coverage also includes nonprescription elemental enteral formula for home use if:

1) The formula is medically necessary for the treatment of severe intestinal malabsorption;
2) A licensed prescribing practitioner provides a written order for the formula; and
3) The formula comprises the sole essential source of nutrition.

Oral nutritional supplements that are in addition to consumption of food items or meals are not covered.

Home **parenteral nutrition** is considered medically appropriate for treatment of gastrointestinal dysfunction such as severe short bowel syndrome, chronic radiation enteritis, severe Crohn’s disease or other conditions in which adequate nutrition by the
oral and enteral routes is not possible, inadequate or contraindicated. Initiation of home parenteral nutrition services must include client or support person education on catheter care, infusion technique, solution preparation, sterilization technique and equipment operation.

**Home infusion services** are covered for the administration of antibiotics, analgesics, chemotherapy, hydration fluids or other medications in a client's home that cannot be self-administered.

To **qualify** for services:

1) Services must be ordered by a licensed prescribing practitioner and contain the following information:
   a) Diagnosis code and medical reason for the services; and
   b) Type of services needed including number of units and length of time needed.

2) An annual assessment and new prescription are required once a year for ongoing services.

3) Services must be deemed medically necessary.

4) Services must be provided by a Medicare-certified or state-certified home health agency or infusion provider.

Oregon’s Health CO-OP requires **one initial registered nurse service visit** to assess the home environment and the appropriateness of home services and to establish the treatment plan. This nursing service visit (evaluation) does not require an authorization. The nursing visit(s) must also include training and/or education of member or support person on the specific service that is being provided and operation of any equipment involved in the treatment.