

BENEFIT COVERAGE GUIDELINE – 8.01.502


Home Nutritional Support

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|-----------------|---------------|
| Effective Date: | April 1, 2020 |
| Last Revised: | March 3, 2020 |
| Replaces: | 1.02.01 |

| | |
|---------------------------|------|
| RELATED MEDICAL POLICIES: | None |
|---------------------------|------|

Select a hyperlink below to be directed to that section.

[COVERAGE GUIDELINE](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Enteral nutrition is a term that means any method of feeding which uses the digestive tract. The nutrition product can be taken in through the mouth (oral) or may be sent to the stomach or intestines by a tube. In the normal eating process, a person eats and the body breaks down the food in the stomach and bowel and distributes the nutrients throughout the body. Sometimes, however, a person isn't able to eat or swallow because of an illness. In other situations, the body can't break down or absorb the nutrients in a regular diet. This benefit coverage guideline discusses the conditions when oral enteral nutrition is considered medically necessary and the situations when it is not covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guideline

NOTE: Standard enteral nutritional support and supplies used for administration via a feeding tube are not addressed in this benefit coverage guideline.

Note: Most health plan contracts do not cover oral enteral nutritional support for any indication unless it is mandated by state law or specifically included in the plan benefit. Please refer to the contract language for specific benefit determination.

| Service | Medical Necessity |
|--|--|
| <p>Oral enteral nutrition</p> | <p>Oral enteral nutrition or supplements may be considered medically necessary when used for the treatment of inborn errors of metabolism, such as (not an all-inclusive list):</p> <ul style="list-style-type: none"> • Histidinemia • Homocystinuria • Maple syrup urine disease (MSUD) • Phenylketonuria (PKU) • Tyrosinemia <p>For Washington Fully-insured Members only: In addition to the above diagnoses, elemental oral enteral formula may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • There is a diagnosis of eosinophilic gastrointestinal associated disorders (ie, eosinophilic esophagitis, eosinophilic gastroenteritis, or eosinophilic colitis) <p>AND</p> <ul style="list-style-type: none"> • It is ordered by a physician/other provider prescription <p>AND</p> <ul style="list-style-type: none"> • The physician/other provider supervises the use of the oral elemental formula. <p>In addition to those inborn errors of metabolism listed above, there may rarely be other inborn errors of metabolism for which supplements are requested. There are hundreds of types of inborn errors of metabolism; therefore, not all could be listed within the coverage guideline. Not all inborn errors of metabolism require special foods for treatment. These requests must be reviewed and approved by a medical director on a case-by-case basis. Please refer to the Coding section below.</p> |
| <p>Specialized oral infant formulas</p> | <p>Standardized or specialized infant formula for conditions other than those for inborn errors of metabolism or eosinophilic</p> |



| Service | Medical Necessity |
|--|---|
| | <p>gastrointestinal disorders (if state mandated [see above]) are NOT covered regardless of whether these are prescribed by a physician, including but not limited to, any of the following:</p> <ul style="list-style-type: none"> • Cow's milk allergies • Food allergies • Gluten sensitive enteropathy (celiac disease) • Intolerances to soy formulas • Lactose intolerances • Multiple protein intolerances • Prematurity or low birth weight • Protein or fat maldigestion • Sensitivities to intact protein |
| <p>Food and nutritional supplements</p> | <p>Food and nutritional supplements are NOT covered, including but not limited to, any of the following:</p> <ul style="list-style-type: none"> • Baby food • Banked breast milk • Food thickeners • Food supplements for a deficient diet • Food supplements to provide alternative nutrition in the presence of conditions such as hypoglycemia, allergies, obesity, and gastrointestinal disorders • Gluten-free food products • Grocery items blenderized to use with an enteral tube feeding • High protein powders and mixes • Lactose-free products; products to aid in lactose digestion • Low carbohydrate diets • Normal grocery items • Nutritional supplement puddings • Oral formulas used to replace fluids and electrolytes • Oral vitamins and minerals obtained over the counter • VSL# 3 or other probiotic supplements • Weight-loss foods and formulas (products to aid weight loss) |



| Service | Investigational |
|---|--|
| Relizorb™ immobilized lipase cartridge (B4105) | Digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding is considered investigational (eg, Relizorb™ immobilized lipase cartridge). |

Documentation Requirements

The medical records submitted for review should document that medical necessity criteria are met.

For oral enteral nutrition:

- Provide clinical documentation that the patient’s condition is associated with an inborn error of metabolism that interferes with how the body uses food. These are conditions such as:
 - Histidinemia (elevated blood levels of the amino acid histidine)
 - Homocystinuria (the body is not able to process certain amino acids)
 - Maple syrup urine disease or MSUD (the body is not able to process certain amino acids and is characterized by sweet odor of the urine)
 - Phenylketonuria or PKU (an increase in the blood levels of the amino acid phenylalanine)
 - Tyrosinemia (problems in breaking down the amino acid tyrosine)
- **Washington Fully-insured members only:** For oral elemental enteral formula, in addition to any of the above conditions ALL of the following must be clinically documented:
 - Diagnosis of eosinophilic gastrointestinal associated disorders such as eosinophilic esophagitis, eosinophilic gastroenteritis, or eosinophilic colitis (EGID occurs when the body creates too many white blood cells known as eosinophils)

AND

- It is ordered by a physician/other provider prescription

AND

- The product is used under the supervision of a healthcare provider

Coding

| Code | Description |
|--------------|---|
| HCPCS | |
| B4100 | Food thickener, administered orally, per oz |



| Code | Description |
|-------|--|
| B4102 | Enteral formula, for adults, used to replace fluids and electrolytes (eg, clear liquids), 500 ml = 1 unit |
| B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (eg, clear liquids), 500 ml = 1 unit |
| B4104 | Additive for enteral formula (eg, fiber) |
| B4105 | In-line cartridge containing digestive enzyme(s) for enteral feeding, each |
| B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4155 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (eg, glucose polymers), proteins/amino acids (eg, glutamine, arginine), fat (eg, medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4159 | Enteral formula, for pediatrics, nutritionally complete soy-based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4160 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, |



| Code | Description |
|-------|---|
| | vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4161 | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4162 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| S9433 | Medical food nutritionally complete, administered orally, providing 100% of nutritional intake |
| S9434 | Modified solid food supplements for inborn errors of metabolism |
| S9435 | Medical foods for inborn errors of metabolism |

| Code | Condition |
|---|--|
| Covered Inborn Errors of Metabolism Diagnosis Codes (not an exhaustive list) | |
| D81.810 | Biotinidase deficiency |
| D81.818 | Multiple carboxylase deficiency |
| E70.0 | Classical phenylketonuria (PKU) |
| E70.21 | Tyrosinemia |
| E70.41 | Histidinemia |
| E71.0 | Maple syrup urine disease (MSUS) |
| E71.19 | Beta-ketothiolase deficiency |
| E71.41 | Carnitine deficiency |
| E71.110 | Isovaleric academia |
| E71.118 | 3-OH 3-CH ₃ glutaric aciduria |
| E71.120 | Methylmalonic academia |
| E71.121 | Propionic academia |
| E71.310 | Long chain/very long chain acyl CoA dehydrogenase deficiency |
| E71.311 | Medium chain acyl CoA dehydrogenase deficiency |



| Code | Condition |
|---|---|
| E71.318 | Other disorders of fatty-acid oxidation |
| E72.11 | Homocystinuria |
| E72.3 | Glutaric aciduria (type I) |
| E72.21 | Argininemia |
| E72.23 | Citrullinemia |
| E74.21 | Galactosemia |
| Covered Eosinophilic Gastrointestinal Disorders Diagnosis Codes | |
| K20.0 | Eosinophilic esophagitis |
| K52.81 | Eosinophilic gastritis or gastroenteritis |
| K52.82 | Eosinophilic colitis |

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Related Information

Benefit Application

Regular food products, nutritional supplements and vitamins that do not require a prescription unless required by law are considered **contractual exclusions** and are not covered by most Plans. Please see the individual contract language for specific benefit determination.

Physician supervision is defined as periodic assessment of nutritional status by a provider with prescriptive authority. A physician must specifically order nutrients and the manner of administration for enteral nutrition, medical food, and for oral enteral nutrition for the treatment of inborn errors of metabolism. However, a physician order for the nutritional support does not, in itself, qualify the service or supply for coverage.

Nutritional support for complications of non-covered services such as bariatric surgery may be excluded by the member contract.



Table 1. Examples of formulas used for the diagnoses of Gastrointestinal Eosinophilia and Inborn Errors of Metabolism¹²

Note: These formulas may also be used for other conditions that are **NOT** covered according to this benefit coverage guideline. See [Specialized oral infant formula](#) above.

| Formulas that may be used for the diagnoses of Gastrointestinal Eosinophilia | |
|--|-------------------|
| Alfamino | Pregestimil |
| EleCare | PurAmino |
| E028 Splash | Similac Alimentum |
| Neocate | Tolerex |
| Neocate Syneo | Vital |
| Nutramigen | Vivonex |
| Nutramigen LGG | |
| Formulas that may be used for the diagnoses of Inborn Errors of Metabolism | |
| BCAD 1 | MMA/PA Anamix |
| Cyclinex-1 | MSUD Anamix |
| GA | OA 1 |
| GA1 Anamix | Periflex |
| Glutarex 1 | Phenex-1 |
| HCU Anamix | Phenyl Free 1 |
| HCY1 | Propimex-1 |
| Hominex | Tyr Anamix |
| IVA Anamix | T YROS 1 |
| I-Valex-1 | Tyrex-1 |
| Ketonex-1 | SOD Anamix |
| LMD | WND 1 |

Oregon

Oregon state statute 743A.070 mandates benefit coverage for a nonprescription elemental enteral formula for home use, if the formula is medically necessary for the treatment of severe intestinal malabsorption and a physician has issued a written order for the formula and the



formula comprises the sole source, or an essential source, of nutrition. More information can be found at the following link: <http://www.oregonlaws.org/ors/743A.070> Accessed March 2020.

Note: This state statute is applicable to fully-insured members. Self-funded groups may or may not elect to provide similar provisions to their contract. Please check the member contract for benefits and administer accordingly.

Washington

Effective for health benefit plans that are issued or renewed after December 31, 2015, Washington state statute (HB 2153) requires plans to cover medically necessary elemental formula, regardless of delivery method, when a provider diagnoses a patient with eosinophilic gastrointestinal associated disorders and subsequently orders and supervises the use of the elemental formula. More information can be found at the following link:

<http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bill%20Reports/House/2153%20HBA%20HCW%2014.pdf> Accessed March 2020.

Note: This state statute is applicable to fully-insured members. Self-funded groups may or may not elect to provide similar provisions to their contract. Please check the member contract for benefits and administer accordingly.

Evidence Review

Description

Enteral nutrition is nutritional support given via the gastrointestinal tract. This includes oral feeding, sip feeding, and feeding using a tube. The tube may enter the body through the nose (nasogastric), through an opening made in the skin of the abdomen into the stomach (gastrostomy), or through an opening made in the skin of the abdomen into the small intestine (jejunostomy).¹

Background

Most enteral formulas used for nutritional support (feeds) are ready-to-use fluids, in microbial-free containers that provide macronutrients, micronutrients, fluids and, in some cases, soluble or



insoluble fiber. They are usually nutritionally complete within a specific volume, providing the necessary nutrients to support the dietary needs of the patient.²

Table 2. Classification of enteral feed/formulas²

| Type of Feed/formula | Description |
|--|---|
| Disease-specific enteral formula | Designed for specific clinical conditions and metabolic disorders (ie, chronic renal failure, respiratory disease, diabetes, cancer). |
| General feeds (polymeric) | For patients with normal digestion and absorption. They contain whole proteins. Usual osmolarity: 300-500 mOsm/kg, 1-1.2 kcal/ml, 30-40 g protein/l |
| Hydrolysed/elemental | For patients with limited GI function. They contain free amino acids, low in fat and low residue. Hyperosmotic, 1 kcal/ml, 40 g protein/L. |
| Semi-elemental/partially hydrolyzed/peptide feeds | For patients with disturbed GI function, who need partially hydrolysed nutrients for better digestion and absorption. Osmolarity: depends on the level of hydrolysis, 1-1.2 kcal/ml, 30-45 g protein/l. |

Inborn Errors of Metabolism

Inborn errors of metabolism are rare genetic disorders in which the body is unable to appropriately convert food into energy. Defects in specific proteins (enzymes) that help break down (metabolize) parts of food are thought to be the cause of these disorders. When food products are not broken down, they can build up leading to a wide array of symptoms. Inborn errors of metabolism can cause developmental delays, neurological disorders and other medical problems if not managed. Some of these disorders are identified with newborn screening tests.¹⁰

Treatment for most metabolic disorders includes exclusion of specific nutritional elements present in common diets. Special formulas are required for infants and children with these disorders to prevent or restrict physical and/or neurological injury that results from faulty metabolism. Life-long dietary restrictions may be required.

Malabsorption Syndromes

Elemental and semi-elemental feeds facilitate digestion and absorption in patients with abnormal GI function. They are indicated for patients with inflammatory bowel disease, pancreatic insufficiency, malabsorption, short bowel syndrome, radiation enteritis, early enteral feeding or intolerance to the normal nutritional molecules found in food.²



Malabsorption of ingested food has many causes. For example, surgical shortening of the small bowel, mucosal damage, impaired motility of the digestive tract and other problems can all cause malabsorption of ingested food.³

Relizorb

Adults receiving enteral tube feedings who cannot break down and absorb fats may opt to use an immobilized lipase delivery system called Relizorb™. Relizorb mimics the normal action of pancreatic lipase and is proposed to improve fat absorption and increase the amount of absorbable calories from enteral formula.⁶ The system is a single-use, point-of-care digestive enzyme cartridge that connects in-line with existing enteral pump feed sets, and pump extension sets. The device received FDA approval in 2015. Not all enteral tube feed formulas are compatible with Relizorb. Large scale studies in human subjects are still lacking. At this time, Relizorb lacks sufficient evidence in the peer reviewed literature to support its use.⁷

Eosinophilic Gastrointestinal Disorders

Gastrointestinal eosinophilia is a broad term for an abnormal accumulation of eosinophils in the gastrointestinal tract. It is a very rare condition and may be related to many different diseases.⁴⁻⁵ Any part of the gastrointestinal tract may be affected. The stomach is most commonly affected, followed by the small intestine and colon. Likewise, the esophagus may be also be affected. Serial endoscopies with histologic assessment after food reintroduction has helped identify common food triggers. An elemental formula eliminates all potential food allergens and may be the treatment of choice for those who fail other treatment methods.¹³⁻¹⁷

VSL#3

VSL#3 is a medical food probiotic used in the treatment of irritable bowel syndrome, ulcerative colitis (UC), or an ileal pouch. It has been available over-the-counter but its use may currently be discontinued in the U.S. due to recent litigation over product labeling. It consists of 8 strains of live, freeze-dried lactic acid bacteria.

A double-strength (DS) prescription dose contains at least 900 billion lyophilized bacteria. The over-the-counter dose is 450 billion lyophilized bacteria.



Regulatory Status

Enteral formulas are considered food supplements by the Food and Drug Administration (FDA) and are therefore not under the same regulatory control as medications. As a result, enteral formula labels may make “structure and function” claims without prior FDA review or approval. Furthermore, there is a lack of prospective, randomized, controlled clinical trials supporting the intended usefulness of the majority of the specialized formulas currently on the market.

FDA defines an exempt formula as: “An exempt infant formula is an infant formula intended for commercial or charitable distribution that is represented and labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems.” The FDA notes that procedures and processes must be followed prior to any company manufacturing and marketing a new exempt infant formula. There are also terms and conditions that must be met for exempt infant formulas.

Medical Food: defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b))³ as:

A food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Available at:

<https://www.fda.gov/food/guidance-documents-regulatory-information-topic-food-and-dietary-supplements/medical-foods-guidance-documents-regulatory-information>. Accessed March 2020.

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History

| Date | Comments |
|----------|---|
| 08/04/98 | Add to Therapy Section - New Policy |
| 03/02/99 | Replace Policy - Policy and Policy Guidelines sections changed. |



| Date | Comments |
|----------|--|
| 05/08/01 | Replace Policy - Revised and updated. |
| 05/14/02 | Policy Deleted - Services will not be reviewed. |
| 04/15/03 | Policy Re-instated - Policy reviewed and updated. No change to the policy statement. |
| 08/12/03 | Replace Policy - Policy language clean-up only; no change to policy statement. |
| 01/01/04 | Replace Policy - CPT code updates only. |
| 05/11/04 | Replace Policy - Scheduled review, no changes to policy statement. |
| 09/01/04 | Replace Policy - Policy renumbered from PR.8.01.102. No changes to dates. |
| 05/10/05 | Replace Policy - Scheduled review; no changes to policy statement. |
| 04/11/06 | Replace Policy - Scheduled review; no changes to policy statement. |
| 06/02/06 | Disclaimer and Scope update - No other changes. |
| 04/10/07 | Replace Policy - Policy updated with literature review; reference added and codes updated. No change in policy statement. |
| 07/08/08 | Replace Policy - Policy updated with literature search; no change to the policy statement. |
| 06/09/09 | Replace Policy - Policy updated with literature search; no change to the policy statement. |
| 08/11/09 | Replace Policy - Allergic disorders addressed in the Policy Guidelines and Benefit Application as an OTC food source. |
| 05/11/10 | Replace Policy - Policy statement revised to restrict oral nutrition only for treatment of errors of inborn metabolism. TPN and EN policy statements reworded but intent is unchanged. Guidelines, Benefit Application and References updated. Title updated. |
| 06/13/11 | Replace Policy - Policy updated and reviewed by practicing pediatrician. No change to policy statement. |
| 05/22/12 | Replace policy. Policy updated and reviewed by practicing pediatrician. Minor edits for clarification. Policy statement unchanged. |
| 05/28/13 | Replace policy. Policy updated and reviewed by practicing pediatrician. No change to policy statement. |
| 12/18/13 | Update Related Policies. Modify title to 7.01.516. |
| 05/02/14 | Annual Review. Added two policy statements for WA and OR mandates. Removed policy statements, description, rationale and codes on TPN. References 1-5 added. Clarification added in Benefit application section. Policy title changed to "Home Enteral Nutrition". |
| 02/25/15 | Coding update. ICD-9 diagnosis and procedure codes removed; these were inadvertently reflected on the policy. |



| Date | Comments |
|----------|--|
| 04/14/15 | Annual Review. Clarification added in Policy Guidelines. Added table with IEM diagnosis, ICD-9 and ICD-10 codes. |
| 05/27/15 | Coding update. HCPCS codes S9434 and S9435 added. |
| 11/20/15 | Update Related Policies. Remove 7.01.516. |
| 02/09/16 | Annual Review. Policy reviewed. Policy statements unchanged. |
| 01/01/17 | Interim Review, approved December 13, 2016. Policy statement added that digestive enzymes added to enteral formula via a cartridge device (Relizorb) are investigational. Policy updated with literature search through September 2016. References added. |
| 04/14/17 | Coding update; added HCPCS code S9433. |
| 07/01/17 | Annual Review, approved June 22, 2017. Policy moved into new format. Minor clarification updates to policy. No change to policy statements. |
| 06/01/18 | Annual Review, approved May 3, 2018. Policy reviewed. Policy statements unchanged. Added HCPCS codes B4100, B4102, B4103, B4104, B4149, and B4155. |
| 09/07/18 | Coding update, added HCPCS code Q9994. |
| 01/01/19 | Coding update, added new HCPCS code B4105 (new code effective 1/1/19). |
| 02/01/19 | Coding update, removed HCPCS code B9000. |
| 03/19/19 | Coding update, added table to outline covered diagnosis codes. |
| 04/01/19 | Annual Review, approved March 19, 2019. Minor edits for clarity. OR state statue policy statement deleted as it only applies to fully-insured plans in OR which no longer applies to this line of business at this time. |
| 07/01/19 | Coding update, removed HCPCS codes B9002, B9004, B9006, B9998, B9999, S9340, S9341, S9342, and S9343. |
| 09/01/19 | Interim Review, approved August 22, 2019. Policy changed to Benefit Coverage Guideline. Title changed from "Home Enteral Nutrition" to "Home Nutritional Support". Guideline no longer addresses enteral nutrition via a feeding tube. References 10-18 added. Removed CPT code 44015. |
| 01/01/20 | Coding update, removed HCPCS code Q9994 as it terminated 1/1/19. |
| 04/01/20 | Annual Review, approved March 3, 2020. Benefit Coverage Guideline Reviewed. No references added. Guideline statements unchanged. |

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply.



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Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለማመጣት በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታወቅ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-ato wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កំណត់ថ្លៃជាតំបន់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអន្តរជាតិរបស់អ្នក ឬប្រាក់ដុល្លារចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਜਦ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیر بران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).