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BENEFIT COVERAGE GUIDELINE – 8.01.502

Home Nutritional Support

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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 the benefit coverage guideline statements below.

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
Oral enteral nutrition	**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):** • Histidinemia • Homocystinuria • Maple syrup urine disease (MSUD) • Phenylketonuria (PKU) • Tyrosinemia **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:** • There is a diagnosis of eosinophilic gastrointestinal associated disorders (i.e., eosinophilic esophagitis, eosinophilic gastroenteritis, or eosinophilic colitis) **AND** • It is ordered by a physician/other licensed healthcare provider prescription **AND** • The physician/other licensed healthcare provider supervises the use of the oral elemental formula. 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.
Specialized oral infant formulas	**Standardized or specialized infant formula for conditions other than those for inborn errors of metabolism or eosinophilic**

Service	Medical Necessity
	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: • 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
Food and nutritional supplements	**Food and nutritional supplements are NOT covered, including but not limited to, any of the following:** • Baby food • Banked breast milk provided to a non-hospitalized infant (for more information see **Washington mandate** below) • Encala mixable powder to increase fat absorption • Fluid and electrolyte replacements • 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, Visbiome, or other probiotic supplements • Weight-loss foods and formulas (products to aid weight loss)
Relizorb immobilized lipase cartridge (B4105) in	**Digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding may be**

Service	Medical Necessity
cystic fibrosis individuals receiving enteral nutrition	**considered medically necessary in individuals ≥ 5 years of age for treatment of pancreatic insufficiency due to cystic fibrosis who have failed pancreatic enzyme replacement therapy (PERT).**

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 (e.g., Relizorb immobilized lipase cartridge) for ANY other indication. (See above.)**

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 individual'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 licensed healthcare provider prescription

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

Coding

Code	Description
HCPCS	
B4100	Food thickener, administered orally, per oz
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (e.g., fiber)
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 (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., 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

Code	Description
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, 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-CH3 glutaric aciduria
E71.120	Methylmalonic academia

Code	Condition
E71.121	Propionic academia
E71.310	Long chain/very long chain acyl CoA dehydrogenase deficiency
E71.311	Medium chain acyl CoA dehydrogenase deficiency
E71.318	Other disorders of fatty-acid oxidation
E72.11	Homocystinuria
E72.3	Glutaric aciduria (type I)
E72.21	Argininemia
E72.22	Arginosuccinic aciduria
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

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

The following codes are specific to digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding:

Code	Description
HCPCS	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
Code	**Condition**
Only Considered Medically Necessary in Individuals with Cystic Fibrosis, All Other Indications are Considered Investigational.	
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations

Code	Description
E84.9	Cystic fibrosis, unspecified

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 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 Metabolism[12]

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

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 an individual 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 January 24, 2025.

Note: This state statue is applicable to Washington 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.

Effective for health benefit plans (other than small group health plans) that are issued or renewed on or after January 1, 2023. Amended RCW 48.43.715 requires a health carrier to provide coverage for medically necessary donor human milk for inpatient use when ordered by a licensed health care provider with prescriptive authority for an infant who is medically or physically unable to receive maternal human milk or participate in chest feeding or whose parent is medically or physically unable to produce maternal human milk in sufficient quantities or participate in chest feeding for infants who meet specific criteria outlined further in the RCW,

which can be found at the following link: **https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Senate%20Passed%20Legislature/5702-S2.PL.pdf?q=20221219101352** . Accessed January 24, 2025.

Note: This RCW is applicable to Washington 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 individual.[2]

Table 2. Classification of Enteral Feed/Formulas[2]

Type of Feed/formula	Description
Disease-specific enteral formula	Designed for specific clinical conditions and metabolic disorders (i.e., chronic renal failure, respiratory disease, diabetes, cancer).
General feeds (polymeric)	For individuals 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
Hydrolyzed/elemental	For individuals with limited GI function. They contain free amino acids, low in fat and low residue. Hyperosmotic, 1 kcal/ml, 40 g protein/L.

Type of Feed/formula	Description
Semi-elemental/partially hydrolyzed/peptide feeds	For individuals with disturbed GI function, who need partially hydrolyzed 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 individuals with abnormal GI function. They are indicated for individuals 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 in adults to hydolyze fats in enteral formula.[7]

The Absorption and Safety with Sustained use of Relizorb Evaluation (ASSURE) 90-day, single arm, open label, multi-center, prospective study evaluated individuals (n=36) with cystic fibrosis and a mean age of 13.8 years receiving overnight enteral nutrition with an in-line digestive cartridge (Relizorb). The results showed that fat absorption improved significantly as evidenced by increased red blood cell and plasma levels of docosahexaenoic acid (DHA)+ eicosapentaenoic acid (EPA). The authors concluded that because improvement in omega-3 plasma levels (a measure of fat absorption) has been shown to aid the pulmonary and inflammatory status in cystic fibrosis individuals, Relizorb may have therapeutic benefits in individuals with cystic fibrosis.[22,23]

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 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.[16-20]

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 US 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.

Ongoing and Unpublished Clinical Trials

Some currently ongoing trials that might influence this policy are listed in **Table 3**.

Table 3. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT03530852	A 90 Day, Phase 3, Open Labeled Exploratory Study of RELiZORB to Evaluate Safety, Tolerability, and Nutrient Absorption in Children With Short Bowel Syndrome Who Are Dependent on Parenteral Nutrition	32	Sept 2028

NCT: national clinical trial¶

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 USC. 360ee (b) (3))[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 January 24, 2025.

In 2015, Relizorb received De Novo device classification (DEN150001) from the FDA. The FDA granted 510 (k) Class II clearance for Relizorb in 2016 (K161247) for use in adult individuals to hydrolyze fats in enteral formula. A subsequent 510 (k) (K163057) was granted in 2017 for the expanded use to pediatric individuals ages 5 years and above. A revised version of Relizorb was cleared in 2019 (K191379) as the changes were substantially equivalent to the predicate device. There were no changes to the target population or its intended use. In 2023, Relizorb Enzyme Packed Cartridge (K231156) and Relizorb (K232784) were cleared for the expanded use to pediatric (ages 2 years and above) and adult patients to hydrolyze fats in enteral formula. Product Code PLQ.

References

1. Doley, J. Raman M (Ed). Enteral Nutrition Overview. Nutrients. 2022; 14(11). 2180. PMID: 35683980.
2. Poulia KA. Enteral Nutrition. In: Katsilambros, N, ed. Clinical Nutrition in Practice. EBSCO Publishing via HEAL-WA: Wiley=Blackwell; 2010: Chapter 17, 197-204.
3. Sundaram SS, Hoffenberg EJ, Kramer RE, Sondheimer JM, Furuta GT. Chapter 21. Gastrointestinal Tract. In: Hay WW, Jr, Levin MJ, Deterding RR, Abzug MJ, Sondheimer JM. eds. CURRENT Diagnosis & Treatment: Pediatrics, 21e. New York: McGraw-Hill; 32012.
4. Zio L, Rothenberg ME, Immunology and Allergy Clinics of North America. Volume 27, Issue 3, 443-455, August 2007.
5. Shifflet A, Forouhar F, Wu G. Eosinophilic Digestive Disease: Eosinophilic Esophagitis, Gastroenteritis, and Colitis. J Formos Med Assoc. 2009; 108(11):834-843. PMID 19933026
6. Medscape, LLC. FDA clears Relizorb for use with enteral tube feedings. Medscape, LLC. New York, NY. December 3, 2015. Available at: **https://www.medscape.com/viewarticle/855434**. Accessed January 24, 2025.
7. Alcresta Therapeutics. Relizorb: (Immobilized Lipase) Cartridge. Last updated 2023. Available at URL address: **http://www.relizorb.com** . Accessed January 24, 2025.
8. Hayes, Inc. Search and summary, Relizorb (Alcresta Pharmaceuticals). Lansdale, PA: Hayes, Inc.; August 2017.
9. Center for Medicare and Medicaid Services (CMS). Enteral and parental nutritional therapy NCD 180.2. Effective 07/11/1984. Retired 1/1/2022.
10. Policy reviewed by practicing pediatrician in 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2018, 2019, 2020, 2021, 2022, 2023, 2024., 2025
11. US National Library of Medicine. National Institutes of Health. Inborn errors of metabolism. 2022. Bethesda, MD **https://medlineplus.gov/ency/article/002438.htm** Accessed January 24, 2025.
12. US Department of Health and Human Services Food and Drug Administration- Center for Food Safety and Applied Nutrition (2016). Frequently Asked Questions About Medical Foods; Third Edition. Guidance for Industry. March 2023

https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/ucm054048.htm. Accessed January 24, 2025.

13. U. S. Food and Drug Administration (FDA). Exempt Infant Formulas Marketed in the United States by Manufacturer and Category. Guidance Documents & Regulatory Information by Topic (Food and Dietary Supplements) Infant Formula Guidance Documents & Regulatory Information. 11/2019. **https://www.fda.gov/food/infant-formula-guidance-documents-regulatory-information/exempt-infant-formulas-marketed-united-states-manufacturer-and-category.** Accessed January 24, 2025.
14. US Food and Drug Administration. De Novo classification: Relizorb (DEN150001). November 20, 2015. Silver Spring, MD. Available at URL: **https://www.accessdata.fda.gov/cdrh_docs/reviews/DEN150001.pdf** . Accessed January 24, 2025.
15. US Food and Drug Administration. 510(k) Summary. K161247. Relizorb. June 30, 2016. Silver Spring, MD. Available at URL: **https://www.accessdata.fda.gov/cdrh_docs/pdf16/K161247.pdf**. Accessed January 24, 2025.
16. US Food and Drug Administration. 510(k) Summary. K163057. Relizorb. July 12, 2017. Silver Spring, MD. Available at URL: **https://www.accessdata.fda.gov/cdrh_docs/pdf16/K163057.pdf**. Accessed January 24, 2025.
17. US Food and Drug Administration. 510(k) Summary. K191379. Relizorb. December 4, 2019. Silver Spring, MD. Available at URL: **https://www.accessdata.fda.gov/cdrh_docs/pdf19/K191379.pdf**. Accessed January 24, 2025.
18. Markowitz JE, Spergel JM, Ruchelli E, et al. Elemental diet is an effective treatment for eosinophilic esophagitis in children and adolescents. Am J Gastroenterol 2003 98 (4): 777-82. PMID: 12738455.
19. Dellon ES, Gonsalves N, Hirano I, et al. ACG clinical guideline: Evidenced based approach to the diagnosis and management of esophageal eosinophilia and eosinophilic esophagitis (EoE) Am J Gastroenterol 2013; 108 (5):679-692. PMID: 23567357.
20. Papadopoulou A, Koletzko S, Heuschkel R, et al. Management guidelines of eosinophilic esophagitis in childhood. J Pediatr Gastroenterol Nutr 2014; 58(1):107-118. PMID: 24378521.
21. Lucendo AJ, Molina-Infante J, Arias A, et al. Guidelines on eosinophilic esophagitis: evidence-based statements and recommendations for diagnosis and management in children and adults. United European Gastroenterol J 2017: 5(3):335-358. PMID 28507746.
22. Aceves SS. Dietary management of eosinophilic esophagitis. In: UpToDate. TePas E (Ed). UpToDate Waltham, MA. last updated August 31, 2022. Accessed December 12, 2022.
23. McClave SA, Taylor BE, Martindale RG, et al. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). JPEN J Parenter Enteral Nutr 2016; 40(2): 159-211. PMID: 26773077.
24. Schwarzenberg SJ, Hempstead SE, McDonald CM, et al. Enteral tube feeding for individuals with cystic fibrosis: Cystic Fibrosis Foundation evidence-informed guidelines. J Cyst Fibros. 2016;15(6):724-735. PMID: 27599607.
25. Alkaade S, Vareedayah AA. A primer on exocrine pancreatic insufficiency, fat malabsorption, and fatty acid abnormalities. Am J Manag Care. 2017;23(12 Suppl):S203-S209. PMID: 28727474.
26. Freedman S, Orenstein D, Black P, et al. Increased fat absorption from enteral formula through an in-line digestive cartridge in patients with cystic fibrosis. J Pediatr Gastroenterol Nutr 2017; 65(1): 97-101. PMID: 28471913.
27. Stevens, J, Wyatt C, Brown P, et al. Absorption and safety with sustained use of Relizorb evaluation (Assure) study in patients with cystic fibrosis receiving enteral feeding. J Pediatr Gastroenterol Nutr 2018; 67 (4): 527-532. PMID: 30074573.
28. Hayes, Inc. Evolving Evidence Review. Relizorb (Alcresta Therapeutics Inc.) for enteral feeding in patients with cystic-fibrosis-related pancreatic insufficiency. Lansdale, PA: Hayes, Inc., September 10. 2021. Annual Review October 24, 2024. Accessed January 28, 2025.
29. Sathe MN, Patel D, Stone A, First E. Evaluation of the effectiveness of in-line immobilized lipase cartridge in enterally fed patients with cystic fibrosis. J Pediatr Gastroenterol Nutr. 2021;72(1):18-23. PMID: 33165085.

30. US Food and Drug Administration. 510(k) Summary. K231156. Enzyme Packed Cartridge-Relizorb. August 30, 2023. Silver Spring, MD. Available at URL: **https://www.accessdata.fda.gov/cdrh_docs/pdf23/K231156.pdf** Accessed January 24, 2025.

31. US Food and Drug Administration. 510(k) Summary. K232784. Relizorb. December 21, 20239. Silver Spring, MD. Available at URL: Accessed **https://www.accessdata.fda.gov/cdrh_docs/pdf23/K232784.pdf**. Accessed January 24, 2025.

History

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

Date	Comments
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.
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".

Date	Comments
	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.
02/01/21	Annual Review, approved January 12, 2021.Benefit coverage guideline reviewed. References added. Modified guideline statement to state that Relizorb may be considered medically necessary for individuals with cystic fibrosis on enteral feedings via a feeding tube but is investigational for any other indication. Added coding section for HCPC B4105 with related diagnosis rage E84.0-E84.9.
03/01/21	Coding update, Added diagnosis code E72.22.
11/01/21	Interim review, approved October 5, 2021. Added Encala to list of food and nutritional supplements that are not covered.
03/01/22	Annual Review, approved February 7, 2022. Benefit coverage guideline reviewed. References added. Guideline statements unchanged.
02/01/23	Annual Review, approved January 9, 2023. Benefit coverage guideline reviewed. References added and updated. Guideline statements unchanged except for clarifying edits to policy statement on Relizorb for those with cystic fibrosis and banked breast milk. Changed the wording from "patient" to "individual" throughout the policy for standardization.
03/01/24	Annual Review, approved February 26, 2024. Benefit coverage guideline reviewed. References added. Added fluid and electrolyte replacements to list of non-covered food and nutritional supplements, otherwise guideline statements are unchanged.
03/01/25	Annual Review, approved February 24, 2025. Benefit coverage guideline reviewed. References added and updated. Guideline statements unchanged.

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.