

NUTRITIONAL THERAPY

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I. DESCRIPTION

Nutritional therapy provides nutrient intake for individuals with conditions of 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. 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.

II. POLICY

A. Benefits may be extended to the following:

1. Nutritional therapy.
2. Vitamins and minerals added to the nutritional solution.
3. 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.
4. Preparations that are classified by the U.S. Food and Drug Administration as "Exempt Infant Formulas not generally available at the retail level."
5. Intraperitoneal nutrition (IPN) therapy when determined to be medically necessary treatment for patients suffering from energy and protein malnutrition as a result of end stage renal disease.
6. Ketogenic diet if it is part of a medically necessary admission for epilepsy. (Services and supplies will not be excluded as they are reimbursed under the DRG.)

B. Medical supplies and equipment required to provide the therapy, are covered. Therapy may be provided in the inpatient or outpatient setting.

III. EXCLUSIONS

A. Oral vitamins or mineral preparations, except as provided by [Chapter 7, Section 7.1](#).

B. Nutritional supplements administered solely to boost protein or caloric intake or in the absence of other qualifying medical condition.

C. 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.

D. Ketogenic diet including nutritional counseling, calculation of a ketogenic formula, and food substitutes for the meal plan when billed on an outpatient basis.

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