

Medica Coverage Policy



Policy Name:	Amino Acid-Based Elemental Formula
Current Policy Effective Date:	7/1/2010

Product Application

The policy applies to all fully insured Medica Health Plans, Medica Insurance Company, and Medica Health Plans of Wisconsin products, unless a specific limitation or exception exists. For self-insured plans, consult individual plan sponsor benefit documents. If there is a discrepancy between a coverage policy and a self-insured benefit plan, the provisions of the benefit plan will govern. With respect to Medicare and Medicaid members, this policy will apply unless Medicare or Medicaid policies require different coverage.

Important Information - Please Read Before Using This Policy

Medica updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to Medica members. Medica also reserves the right to amend these policies without notice to contracted health care providers unless the amendment materially alters the policy. If the amendment materially alters the policy, Medica will disclose the change to contracted health care providers not less than 45 days prior to implementation of the policy. Medica's Coverage Policies contain general information only and do not guarantee coverage. Receipt of benefits is subject to all terms and conditions of the member's coverage document. Members should consult their Certificates of Coverage or Plan Documents/Summary Plan Descriptions, to review the provisions relating to a specific coverage determination. If there is a conflict between a Coverage Policy and the applicable coverage document, the coverage document will govern. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Medica's Provider Service Center toll free at 1-800-458-5512.

Medica's Coverage Policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Amino acid-based elemental oral formulas are COVERED for the following diagnoses:

1. cystic fibrosis;
2. amino acid, organic acid, and fatty acid metabolic and malabsorption disorders;
3. IgE mediated allergies to food proteins;
4. food protein-induced enterocolitis syndrome;
5. eosinophilic esophagitis;
6. eosinophilic gastroenteritis; and
7. eosinophilic colitis.

Coverage for the diagnoses in 3-7 above is limited to members five years of age and younger.

Amino acid-based elemental formulas are NOT COVERED for all other diagnoses and for patients diagnosed with conditions 3-7 above who are six years of age and older.

Note: Enteral feedings are addressed specifically in Medica's Utilization Management Policy, "Outpatient Enteral Nutrition Therapy."

Description

Amino acid-based elemental formulas are made from individual (single) non-allergenic amino acids unlike regular dairy (milk or soy based) formulas and foods that contain many complete proteins. Amino acid-based elemental formulas are made of proteins broken down to their "elemental level" so that they can be easily absorbed and digested. In many cases, amino acid-based elemental formulas are the only thing an infant or child can properly digest and tolerate due to various allergies or gastrointestinal conditions.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).

Decision Date: 4/21/2010

Re-Review Date(s): 04/21/2010

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