

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

## **Amino Acid-Based Elemental Formulas**

**MP9355** 

Covered Service: Yes

**Prior Authorization** 

Required: No

Additional Information:

Note: This policy does not apply to Individual Family Business (IFB) members whose plans are covered in Missouri, Illinois, or

Wisconsin.

Coverage is dependent on applicable laws and provisions per

state.

For enteral therapy, see Outpatient Enteral Therapy MP9069

**Medicare Policy:** Prior authorization is dependent on the member's Medicare

coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our

Medicare Replacement products.

**BadgerCare Plus** 

Policy:

Dean Health Plan covers this benefit when BadgerCare Plus also covers the benefit. Please refer to Forward Health: https://www.forwardhealth.wi.gov/WIPortal/Default.aspx

## **Dean Health Plan Medical Policy**:

## **Amino Acid-Based Formulas**

- 1.0 Amino acid based formulas (e.g., Neocate, EleCare, Nutramigen AA) does not require prior authorization and is considered medically necessary when ANY of the following criteria are met:
  - 1.1 Member has with **EITHER** of the following diagnoses:
    - 1.1.1 Cystic fibrosis
    - 1.1.2 Amino acid, organic acid, fatty acid, metabolic and malabsorption disorders (e.g., phenylketonuria, hyperlysinemia, maple syrup urine disease); **OR**
  - 1.2 Member has **ANY** of the following diagnoses and is five (5) years of age or younger:
    - 1.2.1 IgE mediated allergies to food proteins
    - 1.2.2 Food protein-induced enterocolitis syndrome
    - 1.2.3 Eosinophilic esophagitis



Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

- 1.2.4 Eosinophilic gastroenteritis
- 1.2.5 Eosinophilic colitis
- 2.0 At any time, the health plan reserves the right to conduct a medical record review for written verification that criteria listed above have been met.

	Committee/Source	Date(s)
Document Created:	Utilization Management Committee/ Medical Affairs/Pediatric Gastroenterology	February 14, 2007
Revised:	Utilization Management Committee/ Medical Affairs Utilization Management Committee/ Medical Affairs Medical Director Committee/Medical Affairs Medical Policy Committee/Quality and Care	January 14, 2009 January 27, 2010 July 21, 2010
	Management Division  Medical Policy Committee/Quality and Care  Management Division	July 19, 2017 May 16, 2018
	Medical Policy Committee/Quality and Care Management Division Medical Policy Committee/Health Services Division	June 20, 2018 March 20, 2019 June 19, 2019 June 17, 2020 June 16, 2021 April 20, 2022 May 17, 2023
	Medical Policy Committee/Health Services Division	March 20, 2024
Reviewed:	UM Committee (UMC)/Director UM/UMC Chair UM Committee (UMC)/Director UM/UMC Chair UM Committee (UMC)/Director UM/UMC Chair Medical Director Committee/Medical Affairs Medical Policy Committee/Quality and Care Management Division	March 14, 2007 March 12, 2008 April 8, 2009 July 21, 2010 July 27, 2011 July 18, 2012 August 15, 2012 July 17, 2013 July 16, 2014 July 15, 2015
	Medical Policy Committee/Quality and Care Management Division	July 19, 2017
	Medical Policy Committee/Quality and Care Management Division	May 16, 2018
	Medical Policy Committee/Quality and Care Management Division Medical Policy Committee/Health Services Division	June 20, 2018 March 20, 2019



Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

	Committee/Source	Date(s)
Reviewed:	Medical Policy Committee/Health Services Division	June 19, 2019
	Medical Policy Committee/Health Services Division	June 17, 2020
	Medical Policy Committee/Health Services Division	June 16, 2021
	Medical Policy Committee/Health Services Division	April 20, 2022
	Medical Policy Committee/Health Services Division	May 17, 2023
	Medical Policy Committee/Health Services Division	March 20, 2024

Published: 04/01/2024 Effective: 04/01/2024