

Parenteral/Enteral Nutrition

Benefit Coverage

Parenteral and Enteral Nutritional Therapies are covered for home use when medically necessary and appropriately authorized.

Parenteral Nutritional (sometimes referred to as Total Parenteral Nutrition-TPN) is the intravenous (IV) feeding of the patient with a solution rich in nutrients.

Enteral Nutritional is the feeding of the patient through specialized tubes that empty directly into the esophagus, stomach, or intestines. This method is used when a functioning lower gastrointestinal tract is present, allowing for adequate digestion and absorption.

Parenteral/Enteral Nutritional Therapies, associated supplies and solutions are covered as a Home Health Care/Home Infusion Therapy benefit and require an authorized home treatment plan.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Home Health Care

Parenteral/Enteral Nutrition

Examples of Covered Services

- Total Parenteral Nutritional Therapy
- Enteral Nutritional Therapy

Examples of Non-Covered Services

Services not authorized by the Primary Care Physician and Blue Shield HMO.

References

Evidence of Coverage and Disclosure Form

IFP Evidence of Coverage and Health Service Agreement

HMO Benefits Guidelines for:

Home Health Care Services

Blue Shield HMO IPA/Medical Group Procedures Manual