



Medical Foods for Inborn Errors of Metabolism

I. Policy

Inborn errors of metabolism are genetic disorders that are characterized by deficient metabolism (breakdown) of protein, carbohydrate, or fat. University Health Alliance (UHA) will reimburse for medical foods for inborn errors of metabolism when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

A. Medical foods, formulas, and low protein modified food products are covered (subject to Limitations/Exclusions and Administrative Guidelines) only when they are prescribed by a physician for the therapeutic treatment of specific diagnosed inborn errors of metabolism. Examples of inborn errors of metabolism are:

1. Phenylketonuria (PKU)
2. Tyrosinemia type I and type II
3. Homocystinuria
4. Maple syrup urine disease (MSUD)
5. Propionic acidemia
6. Methylmalonic acidemia

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

The following are not covered:

1. Over-the-counter nutritional products
2. Special medical formulas or nonprescription enteral formulas for conditions other than inborn errors of metabolism, (e.g., malabsorption syndromes, celiac disease, food allergies, or lactose intolerance)
3. Blended baby food or regular store-bought food products for use with an enteral feeding system

4. Prescription foods when store-bought food products meet the nutritional needs of the patient (e.g., ketogenic diet which uses regularly available foods)
5. Treatment of conditions or services that are not supported or established by current medical evaluation and scientific literature
6. Naturopathic dietary supplements or store-bought specialty foods such as gluten free products.

IV. Administrative Guidelines

- A. Prior authorization is not required.
- B. UHA reserves the right to perform retrospective review using the above criteria to validate that services rendered met payment determination.
- C. All documentation supporting the medical necessity should be legible, maintained in the patient's medical record and must be made available to UHA upon request, Documentation must include:
 1. A confirmed diagnosis (by clinical and laboratory tests) for the inborn error of metabolism must be clearly stated and documented in the medical record.
- D. A medical and nutritional treatment plan for the inborn error of metabolism, including information about the type and amount of medical foods required, as well as information about the expected duration of treatment must be clearly stated and documented in the medical record.

V. Policy History

Policy Number: MPP-0020-120201

Current Effective Date: 12/14/2020

Original Document Effective Date: 02/01/2012

Previous Revision Dates: 03/01/2015, 10/16/2018

PAC Approved Date: 02/01/2012