

## APPENDIX: MEDICAL NUTRITION

STATE	Mandated Private Insurance Coverage	Insurance Coverage Limitations	Private Insurance Coverage Requirements Grade	Covered Disorders for Private Insurance Mandate	Private Insurance Covered Disorders Grade	State-Funded Coverage	State-Funded Coverage Requirements Grade	Covered Disorders for State Coverage	State-Funded Covered Disorders Grade	Overall Grade	Other State Resources
AL	No	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	F	
AK	Formula only	<u>Health insurers except for fraternal benefit societies must cover formula for PKU only. Coverage limitations are allowed.</u>	D	PKU only.	D	No mandated coverage.	F	No mandated coverage.	F	D	
AZ	Yes	<u>An accountable health plan shall cover at least 75% of the cost of the formula for eosinophilic gastrointestinal disorders. The accountable plan may limit the maximum annual benefit for formulas under this section to twenty thousand dollars.</u> <u>An accountable health plan shall cover at least 50% of the cost of medical foods prescribed to treat inherited metabolic disorders. A plan may limit the maximum annual benefit for medical foods to five thousand dollars that applies to the cost of all prescribed modified low protein foods and metabolic formula.</u>	A	<u>Eosinophilic gastrointestinal disorder.</u> <u>Metabolic disorders that are part of the newborn screening program: involving amino acid, carbohydrate and fat metabolism; have standard methods of diagnosis, treatment and monitoring; &amp; require specially processed or treated medical foods.</u>	C	<u>Medicaid coverage of enteral nutrition administered orally or by tube and medical food supplements.</u>	B	<u>Inherited metabolic diseases.</u>	C	B	

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AR	Yes	A health plan issued, delivered, amended, or modified in this state shall provide the minimum benefits under subsection (c) of this section for medical foods, including without limitation: (A) Low-protein modified food products; (B) Amino-acid-based elemental formulas; (C) Extensively hydrolyzed protein formulas; (D) Formulas with modified vitamin or mineral content; and (E) Modified nutrient content formulas.	A	Nitrogen metabolism disorder, PKU, Maple Syrup Urine Disease, Homocystinuria, Citrullinemia, Argininosuccinic acidemia, Tyrosinemia, VLCAD, LCAD, Trifunctional protein deficiency, Propionic acidemia, Methylmalonic acidemia, Isovaleria acidemia, Ornithine transcarbamylase deficiency, Non-ketotic hyperglycinemia, Glycogen storage diseases, disorders of creatine metabolism, Carnitine palmitoyl transferase deficiency type II, Glutaric aciduria type II, Sulfite oxidase deficiency.	C	A credit of up to two thousand four hundred dollars (\$2,400) per year per child shall be allowed to individuals or to families with a dependent child or children with phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism.	B	PKU, GALT, and other metabolic conditions.	C	B	
CA	Yes	<u>Insurance coverage of formula and special food products.</u>	A	PKU	D	Medi-Cal covers enteral nutritional supplements and replacements if used as a therapy to prevent serious disability or death in patients with conditions that preclude use of regular food.	C	MediCal: Medically diagnosed conditions that preclude the use of regular food.	A	B	<p><u>California Children's Services (CCS) may pay or help for treatment and medical supplies for children under age 21 with a special health problem.</u></p> <p><u>Genetically Handicapped Persons Program (GHPP) covers treatment for metabolic diseases and cystic fibrosis.</u></p>

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CO	Yes	Coverage of formula and modular counterparts. No age limit for any condition other than PKU, for which the age limit is 21 years old, or 35 years old for pregnant women.	B	Phenylketonuria; maternal phenylketonuria; maple syrup urine disease; tyrosinemia; homocystinuria; histidinemia; urea cycle disorders; hyperlysinemia; glutaric acidemias; methylmalonic acidemia; propionic acidemia; immunoglobulin E and nonimmunoglobulin E-mediated allergies to multiple food proteins; severe food protein induced enterocolitis syndrome; eosinophilic disorders as evidenced by the results of a biopsy; and impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract.	B	Medicaid Coverage of oral and enteral formula for beneficiaries regardless of age. (pg. 423)  Medicaid Coverage of formula, enterals and nutrition products, and formulas for gastrostomy tubes for children under age 19.	B	When medically necessary and prescribed by a physician.  Metabolic disorders.	A	B	
CT	Yes	Coverage of specialized formula, amino acid modified preparations, and low-protein modified foods on the same basis as outpatient prescription drugs.	A	Diseases for which newborn screening is required and Cystic Fibrosis.	B	State authorizes the Department of Public Health to purchase special infant formula, amino acid modified preparations, and low-protein modified food products.	B	Diseases for which newborn screening is required.	C	B	

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DE	Yes	<u>Insurance coverage of formula and low-protein modified foods.</u>	A	<u>Inherited metabolic diseases caused by an inherited abnormality of biochemistry. Includes any diseases for which the state screens newborns.</u>	C	<u>Specialty Formula Fund provides that certain expenses for specialty formula intended to treat inherited metabolic disorders may be covered through the Health Department on a case-by-case basis.</u>	D	<u>Inherited metabolic diseases caused by an inherited abnormality of biochemistry. Includes any diseases for which the state screens newborns.</u>	C	C	
DC	No	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	F	
FL	Yes	<u>Insurance coverage of enteral formula for the treatment of inherited diseases of amino acid, organic acid, carbohydrate, or fat metabolism, or malabsorption resulting from congenital abnormalities. Also includes coverage of low-protein modified foods for inherited diseases of amino acids and organic acids, up to \$2,500 annually for individuals through age 24.</u>	B	<u>Inherited diseases of amino acid, organic acid, carbohydrate, or fat metabolism. Congenital abnormalities resulting in malabsorption.</u>	B	<u>Department of Health will supply necessary dietary treatment products for diagnosed cases of PKU and other metabolic diseases for as long as medically indicated when the products are not otherwise available.</u>	B	<u>PKU and other metabolic diseases.</u>	C	B	
GA	No	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	F	

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HI	Yes	<u>Insurance coverage of up to 80% of the cost of enterally consumed or administered medical foods and low-protein modified foods.</u>	B	<u>Inborn errors of metabolism caused by an inherited abnormality of the body chemistry of a person that is characterized by deficient metabolism, originating from congenital defects or defects arising shortly after birth, of amino acid, organic acid, carbohydrate, or fat.</u>	C	<u>Medicaid coverage for enterally consumed or administered medical foods and low-protein modified foods.</u>	A	<u>Inborn errors of metabolism caused by an inherited abnormality of the body chemistry of a person that is characterized by deficient metabolism, originating from congenital defects or defects arising shortly after birth, of amino acid, organic acid, carbohydrate, or fat.</u>	C	B	
ID	No	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	B	No mandated coverage.	F	F	<u>Children's Special Health Program provides coverage of medically prescribed low-protein foods and formula for children under the age of 18. \$250 per month cap.</u>
IL	Formula only	<u>Must provide coverage and reimbursement for amino acid-based elemental formulas regardless of delivery method.</u>	C	<u>Eosinophilic disorders and short bowel syndrome.</u>	D	<u>State will provide metabolic treatment formulas for as long as medically indicated when the product is not available through other state agencies.</u>	C	<u>Amino acid metabolism disorders including PKU, organic acid disorders, and fatty acid oxidation disorders.</u>	C	C	

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IN	Formula only	<u>Insurance coverage of formula. Coverage may not be subject to dollar limits, copays, or deductibles that are less favorable than those that apply to prescription drugs.</u>	C	<u>Inherited metabolic diseases cause by inborn errors of amino acid, organic acid, or urea cycle metabolism.</u>	C	<u>State program must provide follow up services including formula for treatment of individuals identified to have a condition through newborn screening.</u>	C	<u>Conditions on the newborn screening panel.</u>	C	C	
IA	No	No mandated coverage.	F	No mandated coverage.	F	<u>Special medical formula program through the University of Iowa. Payment through third-party payment, sliding fee scales and donations. Newborn screening fee fund may be used as a last resort after exhausting all other options.</u>  <u>Medicaid coverage of oral nutritional products when necessary to provide 51 percent or more of daily caloric intake.</u>	C	<u>Inherited diseases of amino acids and organic acids.</u>  <u>Metabolic, digestive, or psychological disorder or pathology, or when otherwise determined medically necessary in accordance with evidence-based guidelines for treatment of the condition.</u>	C	D	

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KS	No	No mandated coverage.	F	No mandated coverage.	F	<p><u>State employee benefit plans must provide coverage for formula, regardless of delivery method.</u></p> <p><u>Department of Health will provide medical nutrition products for as long as medically indicated at a rate between 50-100% for individuals below 300% of the FPL or an amount not to exceed 50% of the FPL for individuals above 300% of the FPL. If medical nutrition products must be purchased from external sources, the Department of Health will reimburse medical nutrition products for costs incurred by individuals with income below 300% of the FPL up to \$1,500 per year per child age 18 or younger at a rate of 100%.</u></p>	B	<p><u>FPIES, eosinophilic disorders, short bowel syndrome.</u></p> <p><u>Metabolic conditions being screened through the Newborn Screening Program.</u></p>	B	C	

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KY	Yes	<u>Insurance coverage of therapeutic food, formulas, and supplements up to \$25,000 annually. Coverage of low-protein modified foods up to \$4,000 annually.</u>	B	<u>Metabolic disorders or genetic conditions.</u>	C	<u>Medical nutrition products including formula and low-protein modified foods covered under Medicaid prescription drug benefit.</u>	A	<u>Conditions for which medical nutrition products are medically indicated and administered under the direction of a physician, including but not limited to metabolic disorders, food protein allergies, FPIES, eosinophilic disorders, and short bowel syndrome.</u>	A	B	<u>Metabolic Foods and Formulas Program assists patients who have no insurance, insurance that has been denied, or who have exhausted their insurance benefits with access to metabolic formulas and low-protein modified foods, as funding allows.</u>
LA	Yes	<u>Insurance coverage of formula and low-protein foods that are medically necessary and obtained from a source approved by an HMO or insurer.</u>	A	<u>Glutaric acidemia, isovaleric acidemia, MSUD, MMA, PKU, propionic acidemia, tyrosinemia, urea cycle disorders.</u>	C	<u>Formula for patients with inborn errors of metabolism available through the state's Genetic Diseases program.</u>	C	<u>PKU and other rare inborn errors of metabolism.</u>	C	B	
ME	Yes	<u>Individual health insurance policies must cover amino acid-based elemental infant formula for children under 2 years of age.</u>  <u>Individual and group nonprofit plans must cover formula and up to \$3,000 per year for low-protein modified foods.</u>	B	<u>Allergic colitis or proctitis; allergic or esinophilic gastroenteritis; a history of anaphylaxis; GERD that is nonresponsive to standard therapies; severe vomiting or diarrhea resulting in clinically significant dehydration; cystic fibrosis; or malabsorption of cow milk or soy milk-based infant formula.</u>  <u>Inborn errors of metabolism.</u>	B	<u>Medicaid coverage for formula.</u>	C	<u>Special nutrient needs when the prescription includes a written diagnosis.</u>	A	B	



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MD	Yes	<p><u>Insurance coverage of medical foods and low-protein modified foods.</u></p> <p><u>Insurance coverage of amino acid-based elemental formula, regardless of delivery method.</u></p>	A	<p><u>Inherited metabolic diseases caused by inherited abnormalities of body chemistry, diseases for which the state screens newborn babies.</u></p> <p><u>Immunoglobulin E and nonimmunoglobulin E mediated allergies to multiple food proteins, food protein-induced enterocolitis syndrome, eosinophilic disorders, and impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract.</u></p>	B	<p><u>Medicaid coverage of enteral nutrition administered through a tube.</u></p> <p><u>Children's Medical Services program provides coverage of formula to correct metabolic and physiologic errors.</u></p>	C	<p><u>When ordered by a physician participating in the Medicaid program.</u></p> <p><u>Metabolic and physiologic errors.</u></p>	A	B	
MA	Yes	<p><u>Insurance coverage of enteral formula and low-protein modified foods. Coverage for low-protein modified foods not to exceed \$5,000 annually.</u></p> <p><u>Insurance coverage of formula for infants, children, or pregnant women.</u></p>	B	<p><u>Chron's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids.</u></p> <p><u>Phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia.</u></p>	B	<p><u>Coverage of enteral formulas and low-protein modified foods for state employees (active or retired). Coverage of low-protein modified foods not to exceed \$5,000 annually.</u></p> <p><u>Covered DME under Medicaid program includes enteral and parenteral nutrition. Definition of enteral includes oral delivery.</u></p>	B	<p><u>Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids.</u></p> <p><u>Subject to current medical director guidelines.</u></p>	B	B	
MI	No	No mandated coverage.	F	No mandated coverage.	F	<p><u>Children's Special Health Care Services provide special formula to eligible clients with specified metabolic and allergic disorders.</u></p>	D	<p><u>Metabolic and allergic disorders.</u></p>	B	D	

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MN	Yes	<u>Insurance coverage of special dietary treatment.</u>	A	<u>PKU only.</u>	D	<u>Medicaid coverage of nutritional products.</u>	A	<u>Phenylketonuria, hyperlysinemia, maple syrup urine disease, a combined allergy to human milk, cow's milk, and soy formula, or any other childhood or adult diseases, conditions, or disorders identified by the commissioner as requiring a similarly necessary nutritional product.</u>	B	B	<u>Minnesota Health Care Programs cover enteral nutrition products for eligible MHCP recipients who meet medical necessity criteria.</u>
MS	No	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	F	
MO	Yes	<u>Insurance coverage of formula and low-protein modified foods for patients under six years of age. May implement cost-sharing of no more than 50% of the cost, and may implement a cap. Cap cannot be lower than \$5,000 annually.</u>	B	<u>PKU and any other inherited disease of amino or organic acids.</u>	C	<u>Health department will provide coverage for the full cost of amino acid-based elemental formulas for children under 19 years of age.</u>  <u>State assistance for formula for children ages 5 and under, for children ages 6-18 on a sliding scale based on family income.</u>	D	<u>Immunoglobulin E and nonimmunoglobulin E mediated allergies to multiple food proteins, food protein-induced enterocolitis syndrome, eosinophilic disorders, and impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract.</u>  <u>Inherited diseases of amino and organic acids.</u>	B	C	

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MT	Yes	<u>Group and individual medical expense disability insurance must cover treatment of inborn errors of metabolism, including clinical services, medical supplies, prescription drugs, nutritional management and medical foods. Durational limits, caps, deductibles, coinsurance and copayments may apply if terms same as other illnesses.</u>	A	<u>Inborn errors of metabolism that involve amino acid, carbohydrate, and fat metabolism for which medical standards of diagnosis, monitoring and treatment exist.</u>	C	No mandated coverage.	F	No mandated coverage.	F	C	<u>Healthy Montana Kids program provides coverage of formula and medical foods for children under 18 or parents of dependent children with kids under 18.</u>
NE	No	No mandated coverage.	F	No mandated coverage.	F	<u>Department of Health provides amino-based elemental formula. Allowed to implement cost-sharing up to 50% of the actual cost. Maximum benefit of \$12,000. Available on a first-come first-serve basis, not considered an entitlement.</u>  <u>Department of Health provides food supplements. No fee may be charged for formula and up to \$2,000 worth of food supplements must be available without fees each year.</u>	B	<u>Immunoglobulin E and non-Immunoglobulin E mediated allergies to multiple food proteins, food-protein-induced enterocolitis syndrome, eosinophilic disorders, and impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract, when the ordering physician has issued a written order stating that the amino acid-based elemental formula is medically necessary for the treatment of a disease or disorder.</u>  <u>Conditions on the newborn screening panel.</u>	B	C	

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NV	Yes	<u>Insurance coverage of enteral formula and special food products. Annual cap of \$2,500 applies to food products only.</u>	B	<u>Inherited metabolic diseases characterized by deficient metabolism or malabsorption caused by an inherited abnormality of body chemistry as a result of a congenital or neonatal defect of amino or organic acid, fat, or carbohydrate.</u>	C	<u>Medicaid coverage of enteral nutrition products.</u>  <u>Children with Special Health Needs program covers supplemental nutrition products for certain children.</u>	B	<u>Wasting syndrome, GI cancer, pancreatic disease, dysphagia, failure to thrive, fistulas of the GI tract, GI tube, inborn errors of metabolism, IBD, malabsorption, malnutrition, necrotizing enterocolitis, noninfectious gastroenteritis and colitis, pancreatitis, pancreatic insufficiency, enteropathy, short bowel syndrome, vascular disease of the small bowel, or other medical conditions with appropriate medical justification.</u>  <u>Inborn errors of metabolism and other conditions.</u>	A	B	
NH	Yes	<u>Insurance coverage of enteral formula and low-protein modified foods. Cap of \$1,800 annually for foods.</u>	B	<u>Formula: impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, or motility of the GI tract. Inherited diseases of amino acids and organic acids. Low-protein modified foods: inherited diseases of amino acids and organic acids.</u>	B	No mandated coverage.	F	No mandated coverage.	F	C	<u>Medicaid clinical policy provides for coverage of medical nutrition, but is subject to change.</u>

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NJ	Yes	<u>Insurance coverage of therapeutic treatment including purchase of medical foods and low-protein modified food products.</u>	A	<u>Inherited metabolic diseases.</u>	C	<u>Medicaid coverage of enteral nutrition products administered orally or via tube when not available from WIC.</u>  <u>State Health Benefits program must cover expenses for therapeutic treatment including medical foods and low-protein modified food products.</u>	A	<u>When medically necessary.</u>  <u>Inherited metabolic diseases.</u>	A	A	
NM	Yes	<u>Insurance coverage of nutritional management and special medical foods.</u>	A	<u>Genetic inborn errors of metabolism.</u>	C	No mandated coverage.	F	No mandated coverage.	F	C	
NY	Yes	<u>Insurance coverage of formula and low-protein modified food products. Cap of \$2,500 for foods.</u>	B	<u>When a physician or other licensed health care provider has written an order stating that the formula is medically necessary and has been proven effective as a disease-specific treatment regimen.</u>	A	<u>Medicaid coverage of enteral nutritional formula.</u>	A	<u>Fed via NG-, G- or J-tube, inborn errors of metabolism, children up to age 21 where caloric and dietary nutrients cannot be absorbed or metabolized, adults who are oral fed and meet certain low BMI and calorie requirements.</u>	B	A	

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NC	No	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	F	
ND	No	<u>Repealed.</u>	F	No mandated coverage.	F	<u>Health department provides medical foods and low-protein modified foods at no cost to males under age 26 and females under age 45.</u>	B	<u>PKU, MSUD</u>	D	D	
OH	No	No mandated coverage.	F	No mandated coverage.	F	<u>Medicaid coverage of enteral nutrition administered orally or by tube.</u>	C	<u>Unable to swallow food or is unable to meet caloric and nutritional requirements from ordinary foods to maintain life-sustaining functions as determined by a medical provider.</u>	A	C	
OK	No	No mandated coverage.	F	No mandated coverage.	F	<u>Medicaid coverage of PKU formula and amino acid bars for children and adults, certain other nutritional formulas for children.</u>	B	<u>PKU and other certain rare metabolic conditions.</u>	C	D	

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OR	Yes	<u>Insurance coverage of oral and enteral medical foods.</u> <u>Insurance coverage of elemental formula.</u>	A	<u>Inborn errors of metabolism that involve amino acid, carbohydrate, and fat metabolism.</u> <u>Severe intestinal malabsorption.</u>	B	<u>Medicaid coverage of enteral nutrition administered orally or by tube.</u>	C	Nutritional deficiency, sufficient caloric/protein intake is not obtainable through regular, liquified, or pureed foods. Prolonged history of malnutrition. Recent unplanned weight loss plus increased metabolic need or malabsorption difficulty, ongoing cancer treatment, AIDS, or pulmonary insufficiency. Weight loss criteria may be waived if body weight is currently being maintained by supplements due to a patient's medical condition.	A	B	
PA	Formula Only	<u>Coverage of oral or enteral formula.</u>	C	<u>PKU, branch-chained ketonuria, GALT and HCY. Food protein allergies, food protein-induced enterocolitis, eosinophilic disorders, FPIES, and short-bowel.</u>	D	No mandated coverage.	F	No mandated coverage.	F	D	
RI	Yes	<u>Insurance coverage of formula and low-protein modified foods.</u>	A	<u>Crohn's disease, ulcerative colitis, gastroesophageal reflux, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids.</u> <u>Coverage of foods for inherited diseases of amino acids and organic acids only.</u>	B	<u>Health department provides payment for enteral nutrition products on a case by case basis.</u>	C	<u>When considered medically necessary. Specifically calls out Crohn's disease, ulcerative colitis, gastroesophageal reflux, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids.</u>	A	B	

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SC	No	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	No mandated coverage.	F	F	
SD	Formula Only	<u>Insurance coverage of formula only.</u>	C	<u>PKU only.</u>	D	<u>State covers enteral formula orally or through a tube for children under age 21. Individuals age 21 and older must obtain prior approval from the department. The cost of nutritional products may not exceed 135 percent of the cost of institutional care.</u>	D	Not specified.	F	D	
TN	Formula Only	<u>Insurance coverage of special dietary formulas.</u>	C	<u>PKU only.</u>	D	<u>Medicaid coverage of food supplements and substitutes for members under age 21. Coverage of formula only for members 21 and older.</u>	B	<u>As medically necessary for children age 21 and younger. PKU only for age 21 and over.</u>	B*	C	
TX	Formula Only	<u>Insurance coverage of formula.</u>	C	<u>PKU or other heritable disease.</u>	C	<u>Children with Special Health Care Needs Services program provides medical foods coverage for children under age 21 with a family income below 200% FPL.</u>	B	<u>Inborn metabolic disorders.</u>	C	C	



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UT	Yes	<u>Insurance coverage of medical foods and low-protein modified foods.</u>	A	<u>Inborn errors of urea cycle or amino acid metabolism.</u>	C	No mandated coverage.	F	No mandated coverage.	F	C	<u>Medicaid provider guide indicates coverage of medical nutrition, but it is not mandated by state statutes or regulations.</u>
VT	Yes	<u>Insurance coverage of medical foods and low-protein modified foods. Must cover at least \$2,500 of low-protein modified foods annually.</u>	A	<u>Inherited metabolic diseases.</u>	C	No mandated coverage.	F	No mandated coverage.	F	C	
VA	Yes	<u>Each insurer proposing to issue individual or group accident and sickness insurance policies must include coverage for medically necessary formula and enteral nutrition products on the same terms and subject to the same conditions imposed on other medicines covered under policy, contract or plan.</u>	A	<u>Inherited metabolic disorder; enzymatic disorder caused by single gene defect involvesd in the metabolism of amino, organic or fatty acids.</u>	C	<u>Children and adults under age 21 are eligible to receive metabolic formula at no cost. Adults over age 21 with a family income below 300% FPL are eligible to recieve metabolic formula at no cost. Adults over age 21 who demonstrate that they do no have health insurance can receive formula at no cost.</u>	D	<u>Inherited metabolic diseases.</u>	C	C	

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STATE	Mandated Private Insurance Coverage	Insurance Coverage Limitations	Private Insurance Coverage Requirements Grade	Covered Disorders for Private Insurance Mandate	Private Insurance Covered Disorders Grade	State-Funded Coverage	State-Funded Coverage Requirements Grade	Covered Disorders for State Coverage	State-Funded Covered Disorders Grade	Overall Grade	Other State Resources
WA	Formula only	<u>Insurance coverage of formula only.</u>	C	<u>PKU only.</u>	D	<u>State programs cover enteral and oral nutritional products for individuals under age 21. Exception to age limitation for individuals with metabolic disorders.</u>	D	<u>Under 21: when medically necessary and prescribed by a physician. Over 21: metabolic disorders.</u>	B*	C	
WV	Formula only	<u>Mandates formula coverage through age 20 for the treatment of severe protein-allergic conditions or impaired absorption of nutrients caused by disorders affecting the gastrointestinal tract.</u>	C	<u>Immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins, severe food protein-induced enterocolitis syndrome, eosinophilic disorders, impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract.</u>	D	<u>Reimbursement for enteral formula available through the Children with Special Health Care Needs Program for children under age 21 who are 100% dependent on tube feeding.</u>	D	<u>100% dependent on tube feeding.</u>	D	D	
WI	No	No mandated coverage.	F	No mandated coverage.	F	<u>Medicaid coverage of medically necessary, specially formulated nutritional supplements and replacement products, including enteral and parenteral products.</u>	A	<u>Severe health conditions such as pathologies of the gastrointestinal tract or metabolic disorders, as described in the MA provider handbooks and bulletins.</u>	B	C	
WY	Yes	<u>All individual and group health insurance policies providing coverage on an expense incurred basis, individual shall provide coverage for medical nutrition therapy.</u>	A	<u>Inherited enzymatic disorders caused by single gene defects involved in the metabolism of amino, organic and fatty acids.</u>	C	<u>Medicaid coverage of formula and foods for individuals under age 21.</u>	B	<u>Inborn errors of metabolism that prohibit consumption of a normal diet.</u>	C	B	

\* Tennessee and Washington's state coverage provides medical nutrition as medically necessary to children under age 21 but has restrictions for individuals age 21 and over. As a result, they received a B rather than an A or C/D.

## RUBRIC- MEDICAL NUTRITION

GRADE	Coverage Requirements for Private Insurance	Covered Disorders for Private Insurance	Coverage Requirements for State-Run Programs	Covered Disorder Requirements for State-Run Programs
A	Required coverage for food and formula with no limits.	Statute covers all conditions for which medical nutrition is deemed medically necessary.	Required coverage of food and formula with no limitations.	Statute or program covers all conditions for which medical nutrition is deemed medically necessary.
B	Required coverage of food and formula with limitations or on a case-by-case basis.	Statute covers all inborn errors of metabolism and other select conditions.	Required coverage of food and formula with limitations or on a case-by-case basis.	Statute or program covers all inborn errors of metabolism and other select conditions
C	Required coverage of formula ONLY with no limitations.	Statute covers all inborn errors of metabolism.	Required coverage of formula ONLY with no limitations.	Statute or program covers all inborn errors of metabolism.
D	Required coverage of formula ONLY with limitations or on a case-by-case basis.	Statute has a provision but covers only specific conditions.	Required coverage of formula ONLY with limitations or on a case-by-case basis.	Statute or program has a provision but covers only specific conditions.
F	No provision.	No provision or provision; does not specify conditions under which medical nutrition is covered.	No provision.	No provision or provision does not specify conditions under which medical nutrition is covered.

### Medical Nutrition Sources:

- 1) NORD Review of State Statutes and Administrative Code
- 2) American Partnership for Eosinophilic Disorders (Apfed), "State Insurance Mandates for Elemental Formula" <https://apfed.org/advocacy/state-insurance-mandates-for-elemental-formula/>
- 3) Boston University School of Social Work Center for Innovation in Social Work and Health, "State Statutes & Regulations on Dietary Treatment of Disorders Identified Through Newborn Screening" November, 2016. [https://ciswh.org/wp-content/uploads/2016/11/State-Statues-and-Leg-re-Dietary-Treatment\\_Updated-7.24.17.pdf](https://ciswh.org/wp-content/uploads/2016/11/State-Statues-and-Leg-re-Dietary-Treatment_Updated-7.24.17.pdf)