



Blue Cross  
Blue Shield  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Blue Cross Blue Shield of Michigan Medical Policy

*These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.*

Enterprise:	Blue Cross Blue Shield of Michigan
Department	Medical Affairs
Effective Date:	5/1/2009
Next Review Date	1 <sup>st</sup> Quarter 2025

### **METABOLIC FOODS**

#### **Background:**

The disease category: 'Inborn Errors of Metabolism' describes a class of inherited metabolic diseases that present in infancy and early childhood. Delayed diagnosis and intervention can seriously affect the brain, heart, gastrointestinal and immunological systems of a child. These conditions are caused by mutations in the genetic material that result in the absence or dysfunction of specific biochemical substances such as enzymes that normally break down specific complex proteins or lipids in the body. When the appropriate enzyme is absent or malfunctioning it may result in abnormal toxic substances building up in the body. This may also result in an inability of the child to produce specific normal substances that are essential for optimal cellular function. When the child is left untreated or inadequately treated, the patient will suffer permanent, irreversible complications that may result in both mental and physical retardation.

There are special medical foods and formulas for the treatment of these conditions and it has been determined that coverage should be provided for children who are the most vulnerable and at risk. Medical foods allow biochemical blocks to be bypassed so that the accumulation of toxic materials can be avoided. Historically, BCBSM has considered special medical foods and formulas to be "dietary supplements" which are excluded from coverage. Inasmuch as these substances are essential to the medical treatment of these conditions, they are not non-essential supplements and their use is medically necessary.

### **Medical Policy Statement:**

The safety and effectiveness of special foods/formulas for members with Inborn Errors of Metabolism/ Metabolic diseases have been established. This may be considered a useful therapeutic option for members aged 18 and under when the following criteria have been met.

### **Inclusions:**

- Medical formula for infants up to 24 months of ages will be covered without a maximum when the formula provides at least 50% of the child's total caloric intake.
- Medical foods and solid, modified food supplements will be covered up to a yearly maximum of \$2,500.00 for patients up to and including age 18 (For NHCR compliant plans, this annual maximum may be waived).
- Candidate's medical documentation must support the diagnosis of a covered condition.
- Special medical foods or formulas must be prescribed and provided under the supervision of a licensed physician or qualified provider.
- Documentation must support that such foods are required to prevent serious disability and other negative clinical outcomes.

### **Exclusions:**

- This benefit does not include special food supplements for diabetes, hypercholesterolemia or the use of normal foods by patients with a metabolic disorder.
- This benefit does not include the use of enteral formulas taken orally by adults.

### **Established Codes**

S9434 - Modified solid food supplements for inborn errors of metabolism

S9435 - Medical foods for inborn errors of metabolism

### **Payable Diagnoses:**



Metabolic DX codes  
MapResults.xlsx

### **Policy Guidelines:**

S9434 and S9435 will be classified as IC (individual consideration) codes.

Subscriber will be required to submit supportive documentation (i.e. Letter of medical necessity or RX). This document should be signed by the managing physician, identifying the actual metabolic diagnosis and attest that the substance is medically necessary to prevent medical or developmental complications.

Subscriber will be required to submit invoices/receipts for the medical foods and formula purchased and reimbursement will be made directly to the subscriber.

In order to accommodate the maximums via the system; procedure code **S9434** will be used for **modified** foods, **exclusively**, while **S9435** will be used for **formulas only**.

Attached are two lists indicating examples of some, **but not all**, of the products that are on the market which might be purchased for members with metabolic diseases. These lists do not represent an exclusive payable listing, but merely an aide to assist in identifying the types of substances likely to be provided.



Metabolic Nutrition  
Program.docx



Metabolic Baking  
Mixes.docx

### **Rationale:**

**Metabolic diseases may cause irreversible, devastating clinical effects including mental and physical retardation. The use of special medical foods in the early childhood period may allow these outcomes to be avoided.**

**Note: Contract and group coverage may vary. Please check individual contract, certificate and rider for specific coverage information.**

### **Scope:**

This policy applies to all Underwritten contracts. Self-funded or ASC contracts will apply pending customer approval.

### BCBSM Policy History

<b>Policy Effective Date</b>	<b>BCBSM Signature Date</b>	<b>Comments</b>
05/01/2009	02/24/2017	Metabolic Foods policy established.
05/01/2009	05/14/2018	Annual Review; No changes
05/01/2009	03/19/2019	Annual Review; No changes
05/01/2009	03/12/2020	Annual Review; No changes
05/01/2009	3/11/2021	Annual Review; updated ICD10 codes
05/01/2009	3/10/2022	Annual Review; No changes
05/01/2009	3/09/2023	Annual Review; No changes
05/01/2009	3/14/2024	Annual Review; No changes