 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	Enteral Nutrition and Dietary Supplements
	PRODUCT LINE:	All
	POLICY NUMBER:	029
	ORIGINAL POLICY EFFECTIVE DATE:	02/28/2012
	LAST REVISED DATE:	06/15/2023
	LAST REVIEWED DATE:	06/11/2024

**SCOPE:** To ensure Group Health Cooperative of Eau Claire (the Cooperative) handles requests for authorization in a manner consistent with member’s policy specifications as well as evidence-based medicine.

**POLICY:** The Cooperative covers medically necessary enteral nutrition formula administered through a gastric or jejunostomy tube and/or consumed orally according the member’s benefit.

**PROCEDURE: Prior Authorization Required: YES**

**Coverage Criteria:**

- Commercial:** **Not a covered benefit.**
- **Enteral nutrition and food are not covered.**
  - **Tube feeding pumps and supplies including IV pole are not covered.**

**Medicare Advantage:**

Follow coverage criteria in the LCD Enteral Nutrition - Policy Article A58833

**Medicaid:**


All prior authorization requests for enteral nutrition must include a prescription from a certified health provider that includes:

- Member name
- Prescription or order date
- Enteral nutrition formula(s) prescribed or ordered
- Calories or milliliters per day (as described in the HCPCS code) prescribed or ordered
- Route of administration
- Length of treatment
- Prescriber’s name, signature, and professional credentials

**Enteral nutrition administered via gastric or jejunostomy tube**

Prior authorization requests for enteral nutrition formula will be approved when the member’s total nutrition is administered via a gastric or jejunostomy tube and the member meets the criteria below:

1. Member must be diagnosed with one of the medical conditions
  - a. A severe swallowing disorder due to oral-pharyngeal tissue injury, trauma, excoriation (i.e., lesions, mucositis), or structural defect. (Note: For members with a diagnosis of a severe swallowing disorder, documentation must also include speech and swallow evaluations and feeding recommendations.), OR
  - b. Pathology of the gastrointestinal (GI) tract that prevents digestion, absorption, or utilization of nutrients that cannot otherwise be medically managed, AND

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- c. Adequate nutrition is not possible with dietary adjustment, AND
- d. a diet of regular or altered consistency table foods (soft or pureed foods) and beverages is not nutritionally sufficient and nutritional requirements can be met only using enteral nutrition products


**Enteral nutrition administered orally**

Enteral nutrition formula is considered medically necessary and may be covered when the following criteria are met:

1. a member is diagnosed with one of the following medical conditions that prevents adequate nutrition or requires specialized enteral nutrition formula when medically indicated to thrive and develop normally:
  - a. Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia), OR
  - b. More than 50 percent of the member’s caloric need is required to be met orally by specialized nutrition due to a medical condition (for example severe seizures, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis), OR
  - c. Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestinal tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease), OR
  - d. Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding, OR
  - e. Nutritional deficiency (for example, failure to thrive or malnutrition), OR
  - f. Chronic disease (for example, advanced AIDS or end-stage renal disease with or without renal dialysis), OR
  - g. Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck), OR
  - h. Swallowing and/or feeding difficulties (for example, dysphagia, oral motor/oral sensory dysfunction/disorder, OR
  - il Open wounds (for example, diabetic wounds, surgical wounds, pressure ulcers burns)

**AND**

2. There is documentation that sufficient caloric and protein intake are not obtainable through any regular, liquefied, or pureed foods, **AND**
3. The member has had an assessment by a registered dietitian within the last 12 months that includes:
  - a. A clinical history indicating that oral intake is inadequate

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- b. A description of the impairment that prevents adequate nutrition by conventional means
  - c. The expected duration of the need for enteral nutrition formula
  - d. Lab values to support nutritional deficiency, when applicable
  - e. The percentage of the member’s average daily nutrition taken by mouth and/or gastric or jejunostomy tube
  - f. The member’s recommended daily caloric intake
  - g. Weight trends over the past six months (for example, weight-for length, progression along a growth chart, or body mass index, as appropriate), **AND**
4. The nutrition formula will be used under the supervision of a certified health provider in conjunction with a registered dietitian, **AND**
5. If the member obtains less than 50 percent of their daily nutrition orally from a nutritionally complete enteral nutrition formula, there is a detailed plan written by a qualified health care provider to decrease dependence on the supplement

**Food Thickeners**

HCPCS code B4100 Food thickener, administered orally, per ounce is a covered benefit with PA when all criteria for orally administered enteral nutrition formula are met.


**Transitioning from Tube Feeding to Oral Diet**

Members transitioning from a tube-administered diet to an oral-administered diet will be reviewed on a case-by-case basis.

**NONCOVERED NUTRITIONAL PRODUCTS:**

The following products are not covered for Badgercare/SSI Medicaid members:

- Enteral nutrition products that may be purchased in a grocery store, drug store, or other retail outlet with FoodShare or with WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) vouchers, except when clinical documentation regarding the medical condition, clinical criteria, and supporting documentation meet the guidelines, as defined above, of one of the following enteral nutrition product categories:
  - ✓ General purpose enteral nutrition products.
  - ✓ Specially formulated enteral nutrition products.
  - ✓ Enteral nutrition products administered using a feeding tube.
- Products that are used to boost protein intake, weight reduction, body building or performance enhancement.
- Nursing home residents, as the enteral nutrition product is included in the daily rate
- Convenience or preference of the provider or member, or when an alternative nutrition source is available.
- Food additives (HCPCS B4104)
- **The oral use of enteral nutrition products** used for the follow reasons:

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- Swallowing disorders that may lead to aspiration.
- Swallowing or feeding disorders that are behavioral, neurological, or psychological in nature (e.g., anorexia nervosa, bulimia, dementia, cognitive disorders, oral aversion, and food preferences).
- Reduced appetite or anorexia.
- Non-compliance with a specialized diet (e.g., allergies, gluten free, lactose free, diabetes, renal).
- Mastication problems due to dentition problems (e.g., lack of teeth).

References:

LCD Enteral Nutrition - Policy Article A58833  
 ForwardHealth Topic #14817 Enteral Nutrition Formula  
 Commercial Certificate of Coverage

APPROVED: *Michele Bauer MD* DATE: 06/11/2024

**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
02/25/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Revised formatting with no major content changes.
04/22/2016	Betsy Kelly, RN	Reviewed with no updates.
03/20/2020	Michele Bauer, MD	Updated Medicaid criteria
03/25/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
01/05/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
01/13/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
06/15/2023	Michele Bauer, MD, CMO	Updated Medicaid criteria.
06/11/2024	Michele Bauer, MD, CMO	Reviewed. Updated Medicare coverage criteria