

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Protocol for Authorizing Enteral Nutrition
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PRODUCTS: Medicaid	REFERENCE NUMBER: LA.UM.10.50

SCOPE

Louisiana Healthcare Connections (Plan) Medical Management and Member Service Departments.

PURPOSE

To provide guidelines in processing the pre-authorization requests for Enteral Nutrition products, supplies and equipment.

DESCRIPTION

Enteral Nutrition (EN) aids in the preservation of the gastrointestinal tract by direct absorption of enteral nutrients into the small intestine. It is easier and safer to administer than parenteral nutrition due to absence of an intravenous access. The short-term methods (<3 months) of enteral tube feedings include nasogastric, nasoduodenal or nasojejunal tubes. Long-term enteral feedings (> 3 months) are best administered by a percutaneous gastrostomy or jejunostomy tube.

Oral Nutrition

Oral nutritional supplements can be used to meet nutritional requirements when there is a functional GI tract and swallowing mechanism.

POLICY

Enteral and oral nutritional products, supplies, and equipment are considered reasonable and medically necessary and may be reimbursed with prior authorization if the member meets the following criteria and/or specific medical conditions:

A. Enteral Nutrition for adults and children:

Documentation of an enteral tube and

- Primary source of nutrition (>/= 70% caloric need) via an enteral tube feeding. OR
- If a member utilizes an enteral tube and oral feedings then utilize the route that is the more prominent source of nutrition (>/= 70% of caloric need).

B. Oral Nutrition for Adults (age >21):

- Must meet at least one indicator from each of the following (section 1 and 2):
 1. Nutrition Supports in adults (age > 21):
 - BMI < 18.5 kg/m or

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- BMI less 20kg/m and unintentional weight loss greater than 5% within the last 3-6 months or
 - Unintentional weight loss greater than 10% within the last 3-6 months or
 - Inadequate oral intake or expected inadequate oral intake over a period of 5-7 days and
2. Documentation of one or more of the listed medical conditions as specified under Acceptable Diagnosis.

C. Oral nutrition in children >1 year old:

- Must meet at least one indicator from each of the following (section 1 and 2):
 1. Nutritional needs cannot be met through diet due to a medical condition shown by growth chart that demonstrates a trend in weight loss, poor weight gain, or poor growth and/or
 - Inadequate oral intake or expected inadequate oral intake over a period of 3-5 days and
 2. Documentation of one or more of the listed medical conditions as specified under Acceptable Diagnosis.

D. Oral nutrition in children <1 year old:

- Must meet at least one indicator from each of the following (section 1 and 2):
 1. Nutrition Support in Children <1 year old:
 - Specialized formula is predominant source of nutritional intake ($\geq 70\%$) and/or
 - Inadequate oral intake or expected inadequate oral intake over a period of 1-3 days
 - Commercial formulas, including soy based products, have been tried and failed or contraindicated
 2. Documentation of one or more of the listed medical conditions as specified under Acceptable Diagnosis

E. Poor Weight Gain/Failure to thrive for pediatric members

- Ages <2 of age with underlying condition and BMI/height/age <5th percentile for their age (must include growth charts)
- With no medical condition in dwarfism or other syndromes associated with low body mass, or
- Has demonstrated inadequate response to regular foods or formulas, or

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- Has tried and failed readily available high calorie foods such as Carnation Instant Breakfast or other age-appropriate choices.

Acceptable Diagnosis:

A. Inability to ingest adequate nutrition orally

- Disorders of sucking and swallowing (e. g. jaw fracture, mechanical disorders, craniofacial disorder, cleft lip, etc.)
- Neurological and neuromuscular disorders (e.g. cerebral palsy, dysphagia, ALS, Parkinson's, etc.)
- Prematurity
 - Excluding standard formulas that do not require prescription for WIC
- Congenital abnormalities of the upper GI tract or airways (e.g. Tracheoesophageal fistula, esophageal atresia, etc.)
- Tumors (e.g. Oral, head or neck cancer, etc.)
- Trauma
- Critical illness (e.g. mechanical ventilation)
- GERD with weight loss
- Drug related (e.g. Chemotherapy)
- CVA with dysphasia, dysphagia or aspiration diagnosis
- Chronic renal failure or end stage renal disease with a recent albumin level.

B. Disorders of digestion and malabsorption

- Cystic fibrosis
- Pancreatic insufficiency
- Short-bowel syndrome
- Inflammatory bowel disease (e.g. Ulcerative Colitis, Crohn's, Celiac Disease, etc.)
- Congenital abnormalities of the GI tract (e.g. Microvillus inclusion, tufting enteropathy, etc.)
- Chronic Enteritis of 3 weeks or more
- Intractable diarrhea in infancy
- Auto-immune enteropathy
- Immunodeficiency (e.g. HIV/AIDS, Severe combined immunodeficiency, etc.)
- Post gastrointestinal surgery
- Graft-versus-host disease
- Solid organ transplantation

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- Intestinal fistulae
- Hepatobiliary disease (e.g. Biliary atresia, Alagille Syndrome, etc).

C. Disorders of gastrointestinal motility

- Chronic pseudo-obstruction (e.g. Inborn errors of metabolism, gastroparesis)

D Acute or chronic pancreatitis

E. Administration of disease treatment

- Ketogenic diet in epilepsy
- Administration of pharmaceutical agents (Not including ADHD medication for those capable of taking oral feeds).
- Bowel washouts in severe chronic constipation.

F. **Behavioral eating disorders** (e.g. Anorexia, bulimia, severe depression).

G. Food allergy

- Food protein-induced enterocolitis and enteropathy
- Allergic eosinophilic gastroenteritis
Requires supported history, physical finding and laboratory testing

Thickening agent: B4100 approved without Prior Authorization

Nutritional Pudding Products

- Appropriate for those who have a documented oropharyngeal motor dysfunction, regardless of age.

Electrolyte Replacement Products (e.g. Pedialyte or Oralyte)

- Appropriate for children who have underlying acute or chronic medical diagnoses or conditions that indicate the need to replace fluid and electrolyte losses.
- Has the presence of mild to moderate dehydration due to the persistent mild to moderate diarrhea or vomiting.
- Electrolyte replacement products are not indicated for clients with the following:
 1. Intractable vomiting
 2. Adynamic ileus

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3. Intestinal obstruction or perforated bowel
4. Anuria, oliguria, or impaired homeostatic mechanism
5. Severe, continuing diarrhea, when intended for use as the sole therapy

Medical Necessity Review Requirements:

Request for prior authorization must include the following documentation:

A. A completed detailed written order must contain all the following components:

- Member's name
- Member's DOB
- Diagnosis code or description supporting the medical necessity
- Primary diagnosis of failure to thrive, failure to gain weight, or lack of growth needs underlying diagnosis submitted with growth charts
- HCPCS code
- Description of item(s) to be provided
- Quantity to dispense (quantity required per day or month)
 - Method of delivery:
 - Oral
 - G-Tube
 - Pump/gravity
- Signature of provider on a Prescription or Request form must be current, on or before the start date. MD office notes must be provided every 180 days. Verbal orders are acceptable; however, the date of the verbal order must be specified if different from the date the authorized prescribing provider signed the written order.

B. Accurate diagnostic information pertaining to the underlying diagnosis or condition that resulted in the requirement for a nutritional product, as well as any other medical diagnoses or conditions including:

- The client's overall health status
- Height and weight
- Growth history and growth charts
- Why the client cannot be maintained on an age-appropriate diet
- Other formulas tried and why they did not meet the client's

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needs.

- C. The goals and timelines on the medical plan of care.
- D. Total caloric intake prescribed by the physician.
- E. Acknowledgement that the client has a feeding tube in place.

Note: Enteral nutritional therapy will not be approved for temporary impairments or for the convenience feeding via gastrostomy.

REFERENCES:

1. American Academy of Pediatrics Committee on Nutrition. Reimbursement for medical foods for inborn errors of metabolism. *Pediatrics*. 1994; 93(5):860.
2. ASPEN. American Society for Parenteral and Enteral Nutrition Board of Directors. Standards of Practice for Home Nutrition Support. *Journal of Parenteral and Enteral Nutrition, Volume 33, Number 2, March/April/2009* 122-167. Available at <http://pen.sagepub.com> Accessed June 3, 2013.
3. Cabre Gelada E. Enteral nutrition in gastrointestinal disease. *Gastroenterol Hepatol*. 1998; 21(5):245- 256.
4. DeWitt RC, Kudsk KA. Enteral nutrition. *Gastroenterol Clin North Am*. 1998; 27(2):371-386.
5. Forchielli M, Bines J. *Enteral Nutrition* 68, 766-775. Abbot Nutrition Health Institute. Available at http://anhi.org/learning/pdfs/bcdecker/Enteral_Nutrition.pdf. Accessed June 3, 2013.
6. Howard L, Patton L, Dahl RS. Outcome long-term enteral feeding. *Gastrointest Endosc Clin N Am*. 1998; 8(3):705-722.
7. Kirkland, Rebecca MD, MPH and Motil, Kathleen, MD, PhD. Etiology and evaluation of failure to thrive (undernutrition) in children younger than two years. Up-to-date. July 2013. Available at <http://www.uptodate.com/contents/etiology-and-evaluation-of-failure-to-thrive-undernutrition-in-children-younger-than-two-years#H12> . Accessed August 13, 2013.
8. Scrimshaw NS, Murray EB. The acceptability of milk and milk products in populations with a high prevalence of lactose intolerance. *Am J Clin Nutr*. 1988; 48(4 Suppl):1079-1159.
9. Texas Medicaid Healthcare Partnership (TMHP). 2.4.11 Nutritional Products. Texas Medicaid Providers Procedures Manual Vol 1&2. May 2013. Available at http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2013/

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<p><u>Mary2013 TMPPM.pdf</u> Accessed June 3, 2012.</p> <p>10. LA.UM.05 Timeliness of UM Decisions and Notifications Louisiana Medicaid Program Ch18.Durable Medical Equipment Section 18.2 Specific Coverage pg. 47 Louisiana Medicaid Program Dme Provider Manuel Section 18.2 page 43-44/66.</p> <p>13. DOINA KULICK, MD, MS and DARWIN DEEN, MD, MS. Specialized Nutrition Support January 15,2011 pages 173-183. Available at http://www.aafp.org/afp/2011/0115/p173.html</p>
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ATTACHMENTS:

DEFINITIONS:

REVISIONS:	DATE
Policy Created	2/14
Revised for TruCare conversion. Updated work process and reference.	2/14
Typo correction	2/15
Grammar and format corrections Added Header: Enteral Nutrition Added examples instead of criteria points Removed causes of failure to thrive Updated allowables table Removed Authorization Protocols	1/16
Removed reference to LA.UM.10.35	2/16
Formatting changes only	1/17
Removed some unnecessary descriptions. Clarified how criteria is to be applied	2/17

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Formatted changes Added definition of Oral Nutrition Added oral nutrition to policy definition Formatted Each section for ease of reading/determinations utilizing and/or) Placed the different nutrition options first then added the additional diagnosis Deleted the nutritional supply chart, these are auto approved codes Deleted nutritional supplements only for those under age 21 as it is not indicated in fee schedule or Arq.	1 / 18
No Revisions Changed Product Type from All to Medicaid	10 / 18

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer GRC, Centene's P&P management software, is considered equivalent to a physical signature.

Vice President of Medical Management: Signature on file

VP of Medical Affairs: Signature on file