

# Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- |  |   |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                         |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                        |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group               |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments               |

## Medical Utilization Management Policy

### SUBJECT: ENTERAL NUTRITION PRODUCTS

#### INCLUDED PRODUCT(S):

##### Medicaid

BadgerCare Plus

Care4Kids Program

##### Individual and Family

Commercial

Marketplace

#### PURPOSE OR DESCRIPTION:

This policy defines criteria for medically necessary use of enteral nutrition.

#### POLICY:

Enteral nutrition administered through a feeding tube is medically necessary.

Oral enteral nutrition formula, including food thickeners and liquid thickeners, is considered medically necessary when ALL of the following criteria are met:

- 1 Member has a documented medical condition that prevents adequate nutrition or requires enteral nutrition and/or food thickener when medically indicated to thrive and develop normally.
- 2 One of the following must be true:
  - a. Adequate calorie and protein intake are not obtainable through any regular, liquefied or pureed foods
  - b. A swallowing impairment prevents oral administration of regular thin liquids or foods
- 3 Member has had an assessment by a registered dietician within the last 12 months, documenting:

Effective: 5/19

Revised: 10/23

Last reviewed: 10/23

Q:/ CCHP Leadership/ Medical Utilization Management Policy/Approved UM Med Policies/Enteral Nutrition Products Medical UM Policy

Developed by: CCHP Medical Directors

- a. Inadequate oral intake
  - b. An impairment that prevents adequate nutrition by conventional means
  - c. Member's recommended daily caloric intake
  - d. Weight trends over the past six months (for example, BMI, growth chart progression, or weight-for-length)
- 4 Prescribed enteral nutrition will be used under the supervision of a certified health provider, in conjunction with a registered dietician.
- 5 Diagnosis by a qualified health care provider of ONE of the following:
- a. Feeding or swallowing difficulties (for example, dysphagia, oral motor/oral sensory disorder/dysfunction)
  - b. Open wounds (for example, diabetic wounds, surgical wounds, burns, or pressure ulcers)
  - c. Inborn errors of metabolism (for example, histidinemia, homocystinuria, hyperlysinemia, maple syrup urine disease, methylmalonic academia, phenylketonuria, or tyrosinemia)
  - d. More than 50 percent of the member's caloric need is required to be met orally by specially formulated nutrition due to a medical condition (for example, eosinophilic esophagitis, eosinophilic gastritis, food protein-induced enterocolitis, ketogenic diet, severe allergy, or severe seizures/epilepsy)
  - e. Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestinal tract (for example, cystic fibrosis, fistula, inflammatory bowel disease, ischemic bowel disease, or short-gut syndrome)
  - f. Central nervous system disease that impairs neuromuscular mechanisms of ingestion
  - g. Nutritional deficiency (for example, failure to thrive or malnutrition)
  - h. Chronic disease (for example, advanced AIDS or ESRD with or without renal dialysis)
  - i. Active cancer treatment or cancer that impairs normal feeding (for example, gastrointestinal cancer or head/neck cancer)
- 6 Prescription from certified health provider that includes ALL of the following:
- a. Member name
  - b. Prescriber's name, signature, and professional credentials
  - c. Prescription or order date
  - d. Enteral nutrition formula(s) or thickener(s) prescribed or ordered
  - e. Calories, ounces or milliliters per day prescribed or ordered
- 7 In order to assure the need for enteral nutrition is current, CCHP will require:
- a. Documentation of a recent face to face clinical evaluation with the prescribing physician or APP
    - i. A dietician or nutritionist's evaluation will suffice if working under the direction of the prescribing practitioner.
    - ii. The evaluation must have occurred recently enough to consider it applicable throughout the time period the enteral nutrition product is expected to be needed according to the authorization request.
  - b. Documentation showing that the enteral nutrition product has been prescribed (or renewed) by the supervising practitioner within 3 months of the start of the time period the enteral nutrition product is expected to be needed according to the authorization request.

## **REFERENCES**

Effective: 5/19

Revised: 10/23

Last reviewed: 10/23

Q:/ CCHP Leadership/ Medical Utilization Management Policy/Approved UM Med Policies/Enteral Nutrition Products Medical UM Policy

Developed by: CCHP Medical Directors

1. ForwardHealth on-line handbook. Currently accessible at:  
<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=121&s=3&c=55&nt=>
2. ForwardHealth Topic Topic #14817
3. ForwardHealth Update: New Coverage Policy for Enteral Nutrition Formula and Products. June 2023. NO. 2023-23
4. Wisconsin State Legislature Administrative Code, Department of Health Services (DHS) section 107.10 (2) (c)

Effective: 5/19

Revised: 10/23

Last reviewed: 10/23

Q:/ CCHP Leadership/ Medical Utilization Management Policy/Approved UM Med Policies/Enteral Nutrition Products Medical UM Policy

Developed by: CCHP Medical Directors