

OHCA Guideline

Medical Procedure Class:	Enteral Nutrition
Initial Implementation Date:	04/07/2017
Last Review Date:	
Effective Date:	10/1/2019
Next Review/Revision Date:	June 2022
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>ARFID: Avoidant Restrictive Food Intake Disorder.</p> <p>BMI: Body Mass Index is a measure of body fat based on height and weight that applies to adult men and women.</p> <p>Capped Rental: Monthly payments are made for the use of Durable Medical Equipment (DME) for a limited period of time not to exceed 13 months. Items are considered purchased after 13 months of continuous rental.</p> <p>Certificate of Medical Necessity (CMN): A certification signed by the prescribing provider (MD, DO, APRN, PA, DMD, or DDS) required to help document medical necessity.</p> <p>Dysphagia: Difficulty swallowing.</p> <p>Enteral Formula: Formula classified by the U.S. Food and Drug Administration (FDA) under the heading of medical food.⁴ The FDA defines such foods as “food which is formulated to be consumed or administered in an enteral manner under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.”</p> <p>Enteral Nutrition (EN): Delivery of nutrients directly into the stomach, duodenum, or jejunum.</p> <p>Gastric Tubes: Tubes surgically placed through the abdominal wall into the stomach. Gastrostomy (G-tubes) & Jejunostomy (GJ tubes).</p> <p>Malnutrition: A lack of proper nutrition, caused by not having enough to eat, not eating enough of the right things, or being unable to use the food that one does eat. Used herein as “undernutrition” which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age), and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals).</p> <p>Medical Necessity: Services provided within the scope of the Oklahoma Medicaid Program shall meet medical necessity criteria.⁸ Requests by medical services providers for services in and of itself shall not constitute medical necessity. The Oklahoma Health Care Authority shall serve as the final authority pertaining to all determination of medical necessity. Medical necessity is established through consideration of the following standards:</p> <ol style="list-style-type: none"> 1) Services must be medical in nature and must be consistent with accepted health care practice standards and guidelines for the prevention, diagnosis or treatment of symptoms of illness, disease or disability; 	

- 2) Documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the client's need for the service;
- 3) Treatment of the client's condition, disease or injury must be based on reasonable and predictable health outcomes;
- 4) Services must be necessary to alleviate a medical condition and must be required for reasons other than convenience for the client, family, or medical provider;
- 5) Services must be delivered in the most cost-effective manner and most appropriate setting; and
- 6) Services must be appropriate for the client's age and health status and developed for the client to achieve, maintain or promote functional capacity.

Motility/Dysmotility: Motility is how food and liquids move through the GI tract. If there is a motility issue, referred to as dysmotility, food isn't moving through as it should.

Nasal Tubes: Nasal tubes are non-surgical and temporary. The choice between nasogastric (NG), nasoduodenal (ND) and nasojejunal (NJ) depends on whether or not tube feedings into the stomach may be tolerated.

Oral Nutrition: The oral intake of food through the mouth and esophagus to provide necessary nutrients for health and growth.

PEG Tube: PEG specifically describes a long G-tube placed by endoscopy, and stands for percutaneous endoscopic gastrostomy.

Prescribing Provider: Used herein to refer to a licensed MD, DO, APRN, PA, DMD, or DDS.

Stoma: The stoma is the surgically created tube site for G-tubes, GJ- and J-tubes.

World Health Organization (WHO): WHO has developed growth standards for children based on weight, height, and head circumference.¹² WHO growth standards are recorded on a percentile graph documenting physical growth curves and motor skill milestones. (Example graph attached)

Description

Enteral Nutrition (EN) is delivery of nutrients directly into the stomach, duodenum, or jejunum via a tube.

CPT Codes Covered Requiring Prior Authorization (PA)

B4034-B4036	Supply kits with extension set and Farrell bags included. (limit 31 per month)
B4081-B4083	Nasogastric tubes (limit 1/week)
B4087-B4088	G-tubes, GJ-tubes, & Mickey Buttons; 8/year without a PA with no more than 2 billed per month (limited to an additional 4/year with a PA, totaling 12/year)
B4150-B4162	Adult and Pediatric formulas, units measured per 100 calories
B9002	Enteral Nutrition Infusion Pump (Capped Rental after 13 months of continuous use, limit 1 purchased per 5 years)

Approval Criteria

I. **GENERAL**

Enteral Nutrition (EN) is the delivery of nutrients directly into the stomach, duodenum, or jejunum. EN products serve as a therapeutic agent for health maintenance and are required to treat an identified medical condition. EN must be prescribed by a licensed provider who submits documentation for medical necessity. The recipient should have a functioning gastrointestinal tract but is unable to physically ingest or tolerate oral intake of nutrients to maintain or improve health status. Enteral nutrition is provided through a tube into the stomach or small intestine. Prior authorization is required for enteral products, supplies, and equipment.

II. INDICATIONS

Requests for authorization for enteral nutrition products must include documentation for all of the following:

A. Diagnosis / Certificate of Medical Necessity:

Enteral nutrition requires documentation of a permanent non-function, a temporary nutrition deficit (e.g. burn recovery, esophageal radiation), and/or a disease of the structures that normally permit food to reach and be absorbed in the small bowel. Submit documentation that supports a medical diagnosis of an impairment preventing the member from obtaining nutritional requirements from conventional means. Submit a signed CMN from the prescribing provider as per above. Psychological or behavioral conditions (e.g. anorexia nervosa, ARFID), allergies, loss of appetite, food preferences, poor dentition, or non-compliance with a specialized diet are not covered diagnoses.

B. Height / Weight Ratio Data

For all age patients, submit current height, weight, BMI, and a weight history documenting oral intake without enteral nutrition is inadequate. Submit documentation on an adult for a BMI $<18.5 \text{ kg/m}^2$ or a greater than 10% unintentional weight loss in the last 6 months.^{1, 5} Submit documentation for childhood malnutrition including the WHO weight-for-height growth standard for ages 0-19 years ranking at or below the 3rd percentile.^{5, 12, 13} Enteral nutrition is not appropriate for treating malnutrition secondary to nonorganic causes (e.g. anorexia nervosa, ARFID).

C. Route:

Enteral nutrition is provided via a tube into the stomach or small intestine. Submit documentation showing the recipient has an available tube site for the administration of feedings. Oral feedings are not covered.⁴

D. Caloric Intake:

Enteral nutrition for chronic or long term use must be the primary source of nutrition, providing $>70\%$ of daily caloric intake.^{3, 7} Submit documentation of the percentage of the member's average daily nutrition taken orally, via tube, and the prescribed daily caloric intake of the requested formula. Request formula in Units/day; 100 calories = 1 unit.

E. Product information and Prescription:

Request for prior authorization must include the necessary product information, daily caloric intake prescribed, number of units per month, and method of administration for each formula.

Submit a prescription for the enteral supplies signed by the prescribing provider. PA may be approved for up to 12 months with documentation supporting ongoing medical necessity for nutritional products requested. Documentation of a temporary condition may be approved for up to 6 months. Authorization is valid from the prescribing provider signature date and may be used for continuation requests for same formula and same calories per day.

Only the prescribing provider may change the current EN authorization. Should any change in formula, frequency, duration, or quantity be required, the prescribing provider shall submit a request for PA amendment.

As the Medicaid Agency, the Oklahoma Health Care Authority (OHCA) is the payer of last resort.⁸ Individuals aged 0-5 years should access the WIC program first. Submit documentation from the local Health Department stating the nutrition supplement is not available through WIC.

III. SUPPLIES

A. A maximum of one month's supply of enteral formula, equipment, and/or supplies are allowed for one month's prospective billing. Feeding supply kits are all inclusive, items will not be prior authorized separately. Extension sets are not approved when requested separately.

B. Nasogastric tubes and stomach tubes are limited to 1 per week. Gastrostomy/Jejunostomy tubes and Mickey Buttons are limited to 8/year without a PA with no more than 2 billed per month and limited to an additional 4/year with a PA (totaling 12/year).

C. Pumps are rented as a Capped Rental for up to 13 months of continuous use and then converted into a purchase. Purchase of a pump is limited to one in a 5 year period. Submit documentation showing gravity feeding is not satisfactory and showing the medical necessity for using a pump.

Note: Additional information may be requested.

Discontinuation Criteria

PA approval for up to 12 months. PA approval for a temporary condition may be approved for up to 6 months. Authorization is valid from the prescribing provider signature date and may be used for continuation requests for same formula and same calories per day. Only the prescribing provider may change the current EN authorization. Should any change in formula, frequency, duration, or quantity be required, the prescribing provider shall submit a request for PA amendment.

Additional Information

1. Requests should meet medical necessity criteria as outlined in OHCA policy.⁸
2. Extension sets and Farrell bags are included within the supply kits.
3. Refer to home health benefits or private duty nursing for reimbursement of nursing services.
4. EN is included in the per diem rate for individuals in long term care facilities.

References

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