

Clinical Medical Policy Nutritional Supplements & Enteral Nutrition

Benefit Coverage for Nutritional Supplements:

Covered benefit when the medical necessity guidelines for nutritional supplements are met. For members who qualify for WIC, covered benefit only when services covered under the WIC program have been fully utilized and medical necessity guidelines are met.

Benefit Coverage for Enteral Nutrition:

Covered benefit when the medical necessity guidelines for enteral nutrition are met.

Descriptions:

Failure to thrive is classified as:

1. Height or weight is below 3-5 percentile for age, or
2. Growth has slowed down and height or weight have crossed (decreased) two major percentile lines on the growth chart within a few months, or
3. Weight is 20% below ideal weight for height.

Nutritional Supplements -

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children, which serves to safeguard the health of low-income women, infants, & children up to age 5 who are at nutritional risk, by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year.

For those who qualify, WIC covers a 23-day supply of nutritional supplements/products for:

- infants and children under the age of five (5)
- pregnant woman
- breastfeeding mothers.

Members who request nutritional supplements/products from Neighborhood and have not exhausted the supplements / products available through the WIC program are advised to call 1-800-WIC-7434.

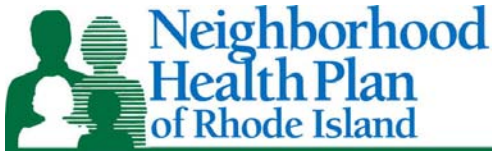
Enteral Nutrition -

Enteral formula and supplies are prescribed by a physician for use by means of a tube, catheter or stoma, and includes nasogastric (NG), Nasoenteric (NE), gastrostomy (G), or jejunostomy (J) tube.

Coverage Determination:

Nutritional Supplements

NHPRI's coverage of nutritional supplements requires prior authorization and review of medical necessity documentation to determine if criteria met. Documentation also to include products and amounts being obtained from WIC, or lack of eligibility for WIC.



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WIC uses a preferred list of Nutritional supplements that should clinically meet the member's medical needs. WIC's preferred products should be utilized, if clinically appropriate, before Neighborhood reviews a prior authorization for a supplement not covered by WIC.

Enteral Nutrition

Neighborhood's coverage of enteral nutrition requires prior authorization and review of medical necessity documentation to determine if criteria met.

Criteria for Nutritional Supplements or Enteral Nutrition:

Note: The criteria contained in this policy are developed and approved by Neighborhood's Pharmacy and Therapeutics (P&T) Committee.

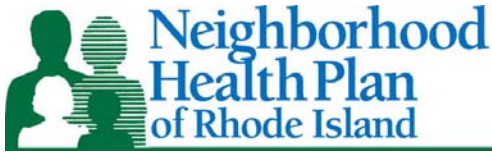
Benefit coverage of nutritional supplements or enteral nutrition is authorized when there is a demonstrated inability to ingest or absorb food adequately, which is not related to loss of appetite or cognitive impairment.

One of the following criteria must be met for consideration to authorize supplements or enteral nutrition.

- Member is being treated for "failure to thrive" that increases caloric need while impairing caloric intake/retention.
- Member qualifies for supplements beyond the amount supplied by WIC

NOTE: Current growth charts must be submitted, along with documentation of what product and quantity is being provided by WIC)

- Nutritional supplements are the sole source of nutrition
- Nutrition via a tube, catheter or stoma is required
- Member has anatomic structures of the GI tract that impair digestion and absorption
- Member has neurological disorder that impairs swallowing or chewing
- Member has diagnosis of inborn errors of metabolism
- Member has sustained nutrient loss or increased metabolic need due to chronic disorder or acute condition (e.g. excessive burns, abscess, infection, anti-tumor therapy, Anorexia Nervosa, HIV/AIDS, short bowel syndrome, CF, renal dialysis)
- Member is adult and has involuntary or acute weight loss of > 10% of usual body weight within a 3 to 6 month period or a BMI < 18.5 kg/m²



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- Member is a child over the age of 5 and has no gain or abnormally slow rate of gain for 3 months or has an age appropriate weight for height ratio less than the tenth (10th) percentile despite instruction in appropriate diet

Covered Procedures:

Enteral and nutritional supplements are available through the DMEnSion network or contracted Home Infusion vendors, or network pharmacies.

Exclusions:

Routine infant formula is excluded because infant formula is classified as **food and not as a "supplement"**. **Food(s)** is excluded from coverage.

CMP Number: PTG-002.03

CMP Cross Reference:

References:

On-line WIC Resource: www.wicprogram.org

Medicare Article for Enteral Nutrition Policy – effective April 2005

https://coverage.cms.fu.com/lcd/view_article_popup_front.asp?article_number=25229&article_version=7&contractor_id=137

SCOTT D. KRUGMAN, M.D., Franklin Square Hospital Center, Baltimore, Maryland
HOWARD DUBOWITZ, M.D., M.S., University of Maryland School of Medicine, Baltimore, Maryland, *Am Fam Physician*. 2003 Sep 1;68(5):879-884.

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