



Clinical Medical Policy Nutritional Supplements and 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.

Benefit Coverage for Enteral Nutrition:

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

Description for 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.

Description for Enteral Nutrition:

Enteral formula and supplies are prescribed by a physician for use by means of a 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.

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.



Clinical Medical Policy Nutritional Supplements and Enteral Nutrition

Criteria for Nutritional Supplements:

Note: The following criteria are developed and approved by Neighborhood's Pharmacy and Therapeutics Committee.

Consideration to supplement WIC or to provide products when ineligible for WIC is based on one of the following criteria:

- Member is > 5 years old and the nutritional formula is their sole source of nutrition, or
- Member has diagnosis of HIV or AIDS or
- Member is under 7 years old and has a diagnosis of "failure to thrive" (**growth charts must be submitted**) or
- Member is age 7 or above who has a recent unplanned weight loss of at least 10%, and
 1. Increased metabolic need resulting from severe trauma, or
 2. Malabsorption difficulties (e.g., short-gut syndrome, fistula, cystic fibrosis, renal dialysis), or
 3. Ongoing cancer treatment or pulmonary insufficiency, or
 4. Nutritional deficiency shown by recent low serum protein levels, or
 5. Licensed nutritionist/dietician assessment shows sufficient caloric/protein intake is not obtainable through regular, liquefied or pureed foods.
 6. Anorexia Nervosa (has lost 15% IBW)

Criteria for Enteral Nutrition:

All of the following criteria must be met in the presence of a short term acute condition or long term chronic condition.

- Enteral Nutrition therapy is the sole source of nutrition
- Adequate nutrition is not possible by dietary adjustment and/or oral supplements.
- Tube feedings are required to maintain weight and strength commensurate with the patient's overall health status.

Covered Procedures:

Enteral and nutritional supplements are available through Neighborhood contracted DME or 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-002.02
CMP Cross Reference:



Clinical Medical Policy Nutritional Supplements and Enteral Nutrition

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

Created:

Annual Review Month:

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Approval Dates: 3/05, 8/6/08 (P&T), 5/19/09 (CMC – Enteral Nutrition added to policy)

BCBSRI – Excerpt from Enteral Nutrition policy

Description:

Enteral nutrition therapy (commonly called **tube feeding**) is a form of nutrition administered into the gastrointestinal tract through a small catheter that may be temporary or permanent. The liquid nutritional formula may be administered by gravity, syringe, or infusion pump. The American Gastroenterological Association states that **tube feeding** should be considered reasonable and necessary for patients who cannot or will not eat who have a functional digestive tract, and for whom a safe method of access is possible. Mechanical obstruction is the only absolute contraindication to enteral feeding.¹

The use of enteral therapy may be on a short-term basis for acute conditions, or long-term for chronic conditions. Enteral therapy may be delivered via a nasogastric, nasoenteric, jejunostomy, or gastrostomy tube. The nutrient mixture is referred to as a diet that provides essential nutrients in a readily assimilated form requiring little or no active digestion and minimal residue. The standard formula selected for most patients is the isotonic polymeric formula, which meets the nutritional needs of most people.

Enteral nutrition is covered for a patient with a functioning gastrointestinal tract who cannot maintain weight and strength commensurate with his/her general condition due to an anatomical or motility disorder that prevents food from reaching the digestive tract. Examples of anatomical conditions include obstructions due to head and neck cancer, tumors, reconstructive surgery, or stricture of the esophagus or stomach. Examples of motility disorders include dysphagia following a stroke and neuromuscular diseases that interfere with the normal ability to chew and swallow.

Enteral nutrition is covered for patients with partial impairments such as Crohn's disease resulting with absorption problems, or a patient who can only swallow small amounts of food due to dysphagia where the gastrointestinal tract function is adequate and the enteral nutrition is the sole source. **Sole source** is defined as "the primary source of sufficient caloric/nutrient intake to achieve or maintain appropriate body weight."

Adult: A total caloric intake of 20-35 calories per kilogram per day is considered sufficient to achieve or maintain appropriate body weight in most adults.

Pediatric: A sufficient caloric intake is essential in pediatric patients to ensure proper growth and maintenance of body metabolism.

Estimated energy needs of pediatric patients:

- infants 0-1 years of age require 90-120 calories per kilogram per day,
- 1-7 years, 75-90 calories per kilogram per day,
- 7-12 years, 60-75 calories per kilogram per day,
- 12-18 years, 30-60 calories per kilogram per day,
- older than 18 years should follow the adult recommendations of 20-35 calories per kilogram per day.

Medical Criteria:

Enteral nutrition therapy as the sole source of nutrition delivered through a feeding tube is covered for all product lines.

Policy:

Enteral nutrition therapy as the sole source of nutrition delivered through a feeding tube is covered for all product lines.

Enteral formula must be prescribed by a physician for use by means of a nasogastric (NG), nasoenteric (NE), gastrostomy (G), or jejunostomy (J) tube.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rite Care contract for applicable "Medical Equipment, Medical Supplies and Prosthetic Devices" coverage/benefits.

The following are not covered:

- Enteral products that are administered orally and related supplies
- Enteral products used as supplements to the patient's daily diet
- Baby food and other grocery items/products that can be blenderized and used with the enteral system