

### Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

### Coverage Determination

<b>Requires Authorization</b>	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.
	<b><u>Coverage for Nutritional Supplements</u></b>
	Covered benefit when the medical necessity guidelines for nutritional supplements are met. 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. Pharmacological and hormonal therapy to delay physical changes of puberty
	<b><u>Coverage for Enteral Nutrition</u></b>
	Covered benefit when the medical necessity guidelines for enteral nutrition are met.

### Description

Failure to thrive is classified as:

1. Height or weight is below the 2<sup>nd</sup> percentile for age when plotted on an appropriate growth chart,  
**OR**
2. Growth has slowed down and height or weight have crossed (decreased) two major percentile lines (90th, 75th, 50th, 25th, 10th, and 5th) on the growth chart within a few months, **OR**
3. Weight is 20% below ideal weight for height.

### Criteria/Coverage Determination 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, based on guidelines from Rhode Island's Executive Office of Health and Human Services.

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

- Member is pregnant and has extreme morning sickness, hyperemesis gravidarum, gestational diabetes, or anatomic/neurologic impairment of the GI tract
- Member is being treated for “failure to thrive” (see above definitions) that increases caloric need while impairing caloric intake/retention.
- 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 acute weight loss of > 10% of usual body weight within a three to six (3 to 6) month period or a BMI < 18.5 kg/m<sup>2</sup>
- Member is a child over the age of five (5) and has no gain or abnormally slow rate of gain for three 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.

#### **Authorization Forms**

Please access Prior Authorization forms by visiting Neighborhood’s website at [www.nhpri.org](http://www.nhpri.org).

1. Go to the section for Providers
2. Click on “Resources & FAQ’s”
3. Click on “Medical Management Request Forms”- forms are listed alphabetically by program.

#### **Prior Authorization Forms**

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

**For More information on Coding please reference the [Authorization Quick Reference Guide](#)**

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### **CMP Cross Reference:**

**Created:** March 2002  
**Annual Review Month:** October  
**Review Dates:** 10/23/12, 11/19/13, 11/18/14, 11/3/15, 8/22/16, 8/29/17, 9/19/18, 12/4/19  
**Revision Dates:** 6/07/06, 8/06/08, 5/07/09, 10/04/10, 11/19/13, 11/18/14, 11/3/15 8/22/16  
**CMC Review Date:** 11/13/12, 11/19/13, 11/18/14, 11/3/15, 9/13/16, 9/12/17, 9/19/18, 12/4/19  
**Chief Medical Officer Approval Dates:** 3/05, 8/06/08 (P&T), 5/19/09 (CMC – Enteral Nutrition added to policy), 11/10/10 (P&T), 9/14/11 (P&T), 12/13/13, 12/29/14, 11/3/15, 10/6/16, 11/7/17, 9/19/18, 12/4/19  
**Effective Date:** 12/13/13, 12/29/14, 11/3/15, 7/1/16, 10/6/16, 11/7/17, 9/19/18, 12/4/19

**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

Executive Office of Health & Human Services. *Certificate of Medical Necessity for Enteral Nutrition*.  
[http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/CMN\\_enteral\\_nutrition.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/CMN_enteral_nutrition.pdf)

Medicare Article for Enteral Nutrition Policy – effective April 2005 Failure to thrive (undernutrition) in children younger than two years: Etiology and evaluation. UpToDate accessed 9/12/17.

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Howard Dubowitz, M.D., M.S., University of Maryland School of Medicine, Baltimore, Maryland, *Am Fam Physician*. 2003 Sep 1; 68(5):879-884.