

# Contra Costa Health Plan

Utilization Mgmt

## Title: Enteral Nutrition Products and Supplements

Policy #: UM15.017

(Supersedes Authorization Guidelines titled, "Nutritional Products and Supplements" dated 3/5/08)

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### Applies to:

Medi-Cal

Medicare

Commercial

BHC

All

### Regulatory/Accreditation:

DHCS: PL 14.003

CMS:

DMHC:

Other Reg. References:

NCQA:

N/A

### Units:

Administration

Advice Nurses

All Staff

Business Services

Authorization/UM

Health Ed/Cultural Ling.

Marketing

Member Services

Planning, Survey, Reg Affairs

Provider Affairs

QM/QI

*The below guidelines do not apply to Commercial or SelectCare members. Please refer to Medicare guidelines at weblink below:*

[http://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=25361&ver=23&ContrId=139&ContrVer=2&LCDId=11568&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=California+-+Entire+State&KeyWord=enteral&KeyWordLookUp=Title&KeyWordSearchType=And&ncd\\_id=180.2&ncd\\_version=1&basket=ncd%25253A180%25252E2%25253A1%25253AEnteral+and+Parenteral+Nutritional+Therapy&IsPop=y&](http://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=25361&ver=23&ContrId=139&ContrVer=2&LCDId=11568&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=California+-+Entire+State&KeyWord=enteral&KeyWordLookUp=Title&KeyWordSearchType=And&ncd_id=180.2&ncd_version=1&basket=ncd%25253A180%25252E2%25253A1%25253AEnteral+and+Parenteral+Nutritional+Therapy&IsPop=y&)

## POLICY

Enteral nutrition products may be covered when used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that **preclude the full use of regular food** (California Code of Regulations (CCR), Title 22, Section 51313.3).

For Medi-Cal members: The Health Plan does not cover non-therapeutic formulas, food supplements, and nutrition education program that are available through Women, Infants and Children (WIC) program for women who are pregnant, breastfeeding, or postpartum, or the parent/guardian of a child less than 5 years of age. (Title 42 CFR, Section 431.63(c))

Additionally, the Health Plan does not cover nutritional products and supplements for Medi-Cal members who nutritional needs are linked to a California Children's Services (CCS) eligible condition.

## PROCEDURE

Determining the medical necessity of enteral nutrition products for medical conditions requires a thorough history, physical examination, nutrition assessment, laboratory testing, feeding observation when applicable, and evaluation of a member's behavior and home environment.

### Non-Coverage Nutrition Products

The following nutrition products are not covered by Medi-Cal:

1. Regular food, including solid, semi-solid and pureed foods
2. Common household items
3. Regular infant formula as defined in the Federal Food, Drug and Cosmetic Act (FD&C Act)
4. Shakes, cereals, thickened products, puddings, bars, gels and other non-liquid products
5. Thickeners
6. Products for assistance with weight loss
7. Vitamin and/or mineral supplements, except for pregnancy and birth up to 5 years of age (Refer to the Pharmacy Unit policy for details)
8. Enteral nutrition products used orally as a convenient alternative to preparing and/or consuming regular solid or pureed foods

Enteral nutrition products provided to members in an inpatient setting (e.g. acute hospital, skilled nursing facility, etc.), during outpatient or home dialysis are not separately reimbursable.

### Standard Products

To be considered for authorization of standard enteral nutrition products, the member must meet one of the following criteria:

1. A documented medical diagnosis that requires enteral nutrition products administered through a feeding tube
2. For enteral nutrition products administered orally, member must meet one of the following:
  - a. Have a documented chronic medical diagnosis and unable to meet their nutritional needs with dietary adjustment of regular or altered-consistency (soft or pureed) foods. There must be clinical indicators identified and documented that support the member is nutritionally at risk.
  - b. Beneficiaries (21 years of age and older) with a medical condition and adequate nutrition is not possible with dietary adjustment of regular or altered-consistency (soft or pureed) foods. There must be documentation member is nutritionally at risk with one of the following anthropometric measures:
    - i. Involuntary loss of 10 percent or more of usual body weight within six months
    - ii. Involuntary loss of 7.5 percent or more of usual body weight within three months
    - iii. Involuntary loss of 5 percent or more of usual body weight in one month
    - iv. Body mass index less than 18.5 kg/m<sup>2</sup>
  - c. Beneficiaries under 21 years of age with documented clinical signs and symptoms including anthropometric status indicators (stunting, wasting or underweight) of

- nutritional risk. Standard and modified growth charts should be used to document nutritional need and patient deficiency.
- d. Severe swallowing or chewing difficulty due to one of the following:
    - i. Cancer in the mouth, throat or esophagus
    - ii. Injury, trauma, surgery or radiation therapy involving the head or neck
    - iii. Chronic neurological disorders
    - iv. Severe craniofacial anomalies
  - e. Transitioning from parenteral or enteral tube feeding to an oral diet

Refer to this weblink for eligible conditions/diagnoses:

[http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteralstandard\\_a04p00.zip](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteralstandard_a04p00.zip)

### **Specialized Products**

For specialized disease-specific enteral nutrition products, the member must have a documented medical diagnosis specific to the product requested and meet one of the standard products medical criteria.

For specialized modular enteral nutrition products, there must be clinical evidence to support that the member is unable to consume regular food and nutritional needs can only be met with enteral nutrition products. In addition, the member must meet one of the following criteria:

1. For carbohydrate modular products administered orally or through a feeding tube, there must be documented clinical evidence to support the member is unable to meet caloric nutritional need with the current use of an enteral nutrition product
2. For lipid (fat) modular products administered orally or through a feeding tube, the member must meet one of the following:
  - a. Have a documented diagnosis of inability to digest or absorb conventional fats
  - b. Have a documented diagnosis of uncontrolled seizure disorder that cannot otherwise be medically managed
3. For protein modular products administered orally or through a feeding tube, there must be documented clinical evidence to support the member is unable to meet protein requirement with current use of a high protein enteral nutrition product.

Refer to this weblink for eligible conditions/diagnoses:

[http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteralspec\\_a04p00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteralspec_a04p00.doc)

### **Elemental and Semi-Elemental Products**

To be considered for authorization of elemental or semi-elemental enteral nutrition products administered orally or through a feeding tube, the member must meet one of the following:

1. Have an intestinal malabsorption diagnosis (ICD-10-CM codes 579.0 – 579.9); lactose intolerance alone is excluded
2. Have a chronic medical diagnosis and present clinical signs and symptoms of inability to absorb nutrients or to tolerate intact protein that cannot otherwise be medically managed. The member must have a history of use with a standard or specialized disease-specific

enteral nutrition product that failed to provide adequate nutrition unless such products are medically contraindicated.

Refer to this weblink for eligible conditions/diagnoses:

[http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteralelement\\_a04p00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteralelement_a04p00.doc)

### **Metabolic Products**

Authorization of metabolic enteral nutrition products administered orally or through a feeding tube is restricted to beneficiaries with a diagnosis of inborn errors of metabolism (genetic, metabolic condition).

Refer to this weblink for eligible conditions/diagnoses:

[http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteralelement\\_a04p00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteralelement_a04p00.doc)

### **Specialty Infant Products**

Premature and low birth weight products:

1. Products 20 or 22 kcal/ounce are limited to beneficiaries born prior to 37 weeks gestation or birth weight less than 3500 grams
2. Products 24 or 30 kcal/ounce are authorized for one month only per request and limited to current weight (at time of dispensing) less than 3500 grams
3. Human milk fortifier products are authorized for one month only per request for beneficiaries with current weight less than 3600 grams and meet one of the following:
  - a. Fully breast fed or receiving only human milk and no other infant nutrition product (formula) used at the same time.
  - b. Breast fed or receiving human milk in combination with infant nutrition product (formula) administered only through a feeding tube

Note: Weight gain is expected to be 33-34 grams/day when calculating 31-days supply limits, to predict weight during an authorization term.

Extensively hydrolyzed powder or liquid products (except Nutramigen with Enflora LGG Powder):

1. Member must have a current diagnosis of cow's milk protein allergy or intolerance to breast milk or infant formula
2. For liquid form, member must meet one of the following:
  - a. Born less than 34-weeks gestational
  - b. Birth weight less than 1800 grams
  - c. Currently diagnosed with immune function disorder
  - d. Documented intolerance to covered extensively hydrolyzed powdered product

Nutramigen with Enflora LGG Powder (extensively hydrolyzed product with probiotic) is limited to beneficiaries that meet all of the following:

1. Current diagnosis of cow's milk protein allergy or intolerance to breast milk or infant formula
2. No immune function disorders
3. Current body weight greater than 3500 grams
4. Documented intolerance to other comparable covered extensively hydrolyzed products without prebiotic in powder or liquid (when qualified) form

Amino Acid-Based (100 percent) products are limited to beneficiaries that meet one of the following:

1. Documented intolerance to breast milk or infant formula
2. Extensively hydrolyzed (semi-elemental) products are contraindicated
3. Documented in hospital use prior to discharge

Fat Malabsorption Products are limited to fat malabsorption diagnosis not effectively addressed by breast milk, regular infant formula, and extensively hydrolyzed protein.

Renal Products are limited to beneficiaries that meet one of the following:

1. Renal function impairment
2. Hypercalcemia
3. Hypocalcemia due to hyperphosphatemia

Enfaport Product (Chylorthorax or LCHAD product) are limited to beneficiaries that meet one of the following:

1. Chylorthorax
2. Long-chain-3-hydroxyacyl-CoA-dehydrogenase deficiency (LCHAD deficiency)
3. Cystic Fibrosis
4. Diagnosed mitochondrial disorder

Refer to this weblink for eligible conditions/diagnoses:

[http://files.medical.ca.gov/pubsdoco/publications/mastersmtp/part2/enteralspecinfant\\_a04p00.doc](http://files.medical.ca.gov/pubsdoco/publications/mastersmtp/part2/enteralspecinfant_a04p00.doc)

### **Documentation Requirements**

All of the clinical and product information listed below, as documented in the member's medical record, must be supplied clearly on the prior authorization (PA) request, or as an attachment to the request signed and dated by the licensed provider. The provider's name, address and telephone number must also be clearly supplied on the request.

Note: The documentation must be dated within three months at the time of PA submission except when noted.

1. Medical diagnosis related to the product requested
2. Age, height (length), weight, body mass index (BMI)
3. Biochemical, clinical and/or dietary indicators related to the request for product
4. Daily caloric requirements
5. Estimated duration of need for the enteral nutrition product and/or nutrition care plan
6. Route of administration
7. Name of product being prescribed
8. Product package size (ml or gm)
9. Product caloric density (kcal/ml or kcal/gm)

Note: Some products require additional documentation. Please refer to the appropriate category above.

### **Turnaround Time for Processing Therapeutic Enteral Formula Requests:**

1. Authorization procedures and review for approval of therapeutic enteral formulas shall be supervised by qualified healthcare professionals, and denials shall be reviewed by a qualified physician;
2. Decisions and appeals regarding therapeutic enteral formula shall be performed in a timely manner based on the sensitivity of medical conditions and rendered as:
  - a) *Emergency requests: in no event shall prior authorization be required when there is a bona fide emergency requiring immediate treatment (Welfare and Institutions Code Section 14103.6);*
  - b) *Expedited/Urgent requests: within three (3) working days for services that a provider or a plan determines that following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function;*
  - c) *Non-emergency requests: within five (5) working days when proposed treatment meets objective medical criteria, and is not contraindicated; and*
  - d) *Regimen already in place: within five (5) working days for review of a currently provided regimen as consistent with urgency of the member's medical condition (Health and Safety Code Section 1367.01);*
3. **Any decision on therapeutic enteral formula that is delayed beyond these time periods is considered an approval and must be immediately processed as such.**

Refer to UM policy UM15.015a for communication timelines.