

Benefit Coverage

Covered Benefit for lines of business including:
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
Excluded from Coverage:
Extended Family Planning (EFP)

Coverage Determination

Requires Authorization	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.
	<p><u>Coverage for Nutritional Supplements</u></p> <p>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</p>
	<p><u>Coverage for Enteral Nutrition</u></p> <p>Covered benefit when the medical necessity guidelines for enteral nutrition are met.</p>

Description

Failure to thrive is classified as:

1. Height or weight is below the 2nd 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/m²
- 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.

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](#)

CMP Cross Reference:

Created: March 2002
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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
Effective Date: 12/13/13, 12/29/14, 11/3/15, 7/1/16, 10/6/16, 11/7/17, 9/19/18

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

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.