

CLINICAL POLICY

DEPARTMENT: Utilization Management	DOCUMENT NAME: Enteral Nutrition, Medical Foods, Food Thickeners, and Formula (Authorization Request Clinical Policy)
PAGE: 1 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 6/2017	REVIEWED DATE: 2/2017
PRODUCT: Medicaid and Marketplace	REFERENCE NUMBER: NH.CP.DME.03

SCOPE:

New Hampshire Healthy Families Medical Management, Utilization Management staff

PURPOSE:

To ensure consistency in the application of medical necessity criteria for members who require enteral nutrition including infant formulas, food thickeners and specialty medical foods that require prior authorization for claims payment.

POLICY:

All requests for prior approval of enteral nutrition services must contain the following *required documentation*, clinical information:

- Current height, weight and body mass index
- Growth charts for Pediatric members only
- Nutritional history should list current diet and estimated calories consumed per day
- If foods are suspected of causing allergy alternatives tried should be stated
- There should be a brief description of the clinical problem and why readily available foods will not be able to meet the member's needs. Standard formulas are classified as a regular food.
- If tube fed whether diet is limited to enteral feedings or if regular foods are used either by tube or mouth

Requests not containing the information referenced above may be referred for physician review and denied if there is missing information/information that cannot be confirmed by the requesting or dispensing provider.

1. PROCEDURE (Pediatric – age 20 and under, see sections A, B, and C):

A. Pediatric-exclusive diagnostic criteria for all enteral nutrition, medical foods, food thickeners, and specialty medical foods (age 20 and under).

CLINICAL POLICY

DEPARTMENT: Utilization Management	DOCUMENT NAME: Enteral Nutrition, Medical Foods, Food Thickeners, and Formula (Authorization Request Clinical Policy)
PAGE: 2 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 6/2017	REVIEWED DATE: 2/2017
PRODUCT: Medicaid and Marketplace	REFERENCE NUMBER: NH.CP.DME.03

1. Verify the request is not currently a formula that can be provided by the state WIC program
2. If for inborn errors of metabolism, e.g. phenylketonuria: APPROVE
3. If for disease conditions associated with a greater caloric need, e.g. Cystic Fibrosis, Cancers under active treatment, AND the request is for a high density beverage: APPROVE
 - a. If for the following disease/conditions as listed below: APPROVE
 - Ulcerative colitis
 - Gastrointestinal cancer
 - Abnormal loss of weight
 - Ischemic bowel disease
 - Nausea/vomiting
 - Dysphagia
 - CVA (Cerebrovascular Accident)
 - Short gut syndrome
 - Jaw fracture
 - IUGR (Intrauterine Growth Restriction)

If diagnostic criteria is not met, the Utilization Management designee will review for clinical criteria, as documented in section B.

B. Pediatric clinical criteria for all enteral nutrition, medical foods, and specialty medical foods (age 20 and under).

1. Requests associated with a diagnosis of end stage renal disease, diabetes, and malabsorption syndromes: SECONDARY REVIEW
2. Underweight or Failure to Thrive MAY be approved if:
 - a. Body Mass Index is <5th percentile for age or weight for height is <5th percentile for age AND (one of the following)
 - i. There is no medical condition such as dwarfism or other syndromes associated with low body mass
 - ii. There has been inadequate response to regular foods or formulas

CLINICAL POLICY

DEPARTMENT: Utilization Management	DOCUMENT NAME: Enteral Nutrition, Medical Foods, Food Thickeners, and Formula (Authorization Request Clinical Policy)
PAGE: 3 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 6/2017	REVIEWED DATE: 2/2017
PRODUCT: Medicaid and Marketplace	REFERENCE NUMBER: NH.CP.DME.03

- iii. For diagnosis of underweight or failure to thrive:
 - a. the alternatives tried should include readily available high calorie foods such as Carnation Instant Breakfast or other age-appropriate choices.
 - b. Estimated caloric needs per day based on age and weight. Estimated caloric gap per day with not met with a standard diet or supplementation.
 - iv. If the infant has a diagnosis of Intrauterine Growth Restriction (IUGR) AND weight percentiles lag head circumference and length percentiles, high calorie requests may be approved.
 - b. Premature babies need to use formula for higher calories until “catch up” growth is complete. Weight gain ideally is ~ 15 grams per day. However, prematurity is not in of itself a reason for approval for standard formulas such as Enfamil, Prosobee, Similac or SMA (standard formulas may change over time) MAY be approved if:
 - i. Babies born <34 weeks gestational age AND with a birthweight below 1800 grams will need supplementation for at least 3 months post conceptual age. Some may need supplemental calories until 9 months of age. If the infant’s weight for length is consistently maintained at the 25th percentile high calorie formulas may be discontinued.
 - ii. Formulas developed specifically for premature infants (not simply high calorie) should be used until the infant reaches 2000 grams.

CLINICAL POLICY

DEPARTMENT: Utilization Management	DOCUMENT NAME: Enteral Nutrition, Medical Foods, Food Thickeners, and Formula (Authorization Request Clinical Policy)
PAGE: 4 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 6/2017	REVIEWED DATE: 2/2017
PRODUCT: Medicaid and Marketplace	REFERENCE NUMBER: NH.CP.DME.03

C. Pediatric clinical criteria for all food thickeners (age 20 and under).

All requests for food thickeners must be accompanied by a diagnosis of gastro esophageal reflux, dysphagia or esophagitis and can be approved if accompanying one or more of the following:

- a. History of Aspiration Pneumonia AND an abnormal swallowing study
- b. Weight loss due to significant vomiting AND failure of thickened feedings or positioning to correct reflux
- c. Formulas are generally not considered treatment for reflux unless allergy has been proven
- d. Formulas with rice solids added are not superior to standard formula with rice cereal
- e. If the diagnosis is Food protein-induced enterocolitis, food protein-induced enteropathy, allergic eosinophilic gastroenteritis or food allergy the diagnosis must be supported by relevant history, physical findings and laboratory testing. See appendix below. REFER FOR SECONDARY REVIEW

For any services that do not meet the above criteria, these requests will be REFER FOR SECONDARY REVIEW by the Medical Director for consideration and final determination.

2. PROCEDURE (Adult – age 21 and older, see sections D, E, and F):

D. Adult-exclusive diagnostic criteria for all enteral nutrition, medical foods, food thickeners, and specialty medical foods (age 21 and older).

CLINICAL POLICY

DEPARTMENT: Utilization Management	DOCUMENT NAME: Enteral Nutrition, Medical Foods, Food Thickeners, and Formula (Authorization Request Clinical Policy)
PAGE: 5 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 6/2017	REVIEWED DATE: 2/2017
PRODUCT: Medicaid and Marketplace	REFERENCE NUMBER: NH.CP.DME.03

1. If for disease conditions associated with a greater caloric need, e.g. Cystic Fibrosis, Cancers under active treatment, AND the request is for a high density beverage - APPROVE
2. If for the following disease/conditions as listed below: APPROVE
 - Ulcerative colitis
 - Gastrointestinal cancer
 - Abnormal loss of weight
 - Ischemic bowel disease
 - Nausea/vomiting
 - Alzheimer's disease
 - Dysphagia
 - CVA (Cerebrovascular Accident)
 - Short gut syndrome
 - Jaw fracture

If diagnostic criteria is not met, the Utilization Management designee will review for clinical criteria, as documented in section B.

E. Adult clinical criteria for all enteral nutrition, medical foods, and specialty medical foods (age 21 and older).

BMI < 18.5 kg/m²

OR

BMI less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months

OR

Unintentional weight loss greater than 10% within the last 3-6 months

OR

Diagnosis of chronic renal failure or end stage renal disease and recent albumin level (Within 3 months) < 3.5/dl

OR

Inadequate oral intake or expected inadequate oral intake over a period of 7 to 14 days

CLINICAL POLICY

DEPARTMENT: Utilization Management	DOCUMENT NAME: Enteral Nutrition, Medical Foods, Food Thickeners, and Formula (Authorization Request Clinical Policy)
PAGE: 6 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 6/2017	REVIEWED DATE: 2/2017
PRODUCT: Medicaid and Marketplace	REFERENCE NUMBER: NH.CP.DME.03

OR

Disorders that interfere with nutrient absorption and assimilation, including, but not limited to, phenylketonuria (PKU), homocystinuria, and methylmalonic acidemia.

1. Requests associated with a diagnosis of end stage renal disease, diabetes, and malabsorption syndromes: SECONDARY REVIEW
2. Underweight or Failure to Thrive MAY be approved if:
 - A. Body Mass Index is <5th percentile for age or weight for height is <5th percentile for age AND (one of the following)
 - I. There is no medical condition such as dwarfism or other syndromes associated with low body mass
 - II. There has been inadequate response to regular foods or formulas
 - III. For diagnosis of underweight or failure to thrive:
 - i. the alternatives tried should include readily available high calorie foods such as Carnation Instant Breakfast or other age-appropriate choices (see Pediatric Nutrition Handbook, most recent edition, for excellent information on the nutritional content of many foods).
 - ii. Estimated caloric needs per day based on age and weight. Estimated caloric gap per day with not met with a standard diet

F. Adult clinical criteria for all food thickeners (age 21 and older).

All requests for food thickeners must be accompanied by a diagnosis of gastro esophageal reflux, dysphagia or esophagitis and can be approved if accompanying one or more of the following:

1. History of Aspiration Pneumonia AND an abnormal

CLINICAL POLICY

DEPARTMENT: Utilization Management	DOCUMENT NAME: Enteral Nutrition, Medical Foods, Food Thickeners, and Formula (Authorization Request Clinical Policy)
PAGE: 7 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 6/2017	REVIEWED DATE: 2/2017
PRODUCT: Medicaid and Marketplace	REFERENCE NUMBER: NH.CP.DME.03

swallowing study

2. Weight loss due to significant vomiting AND failure of thickened feedings or positioning to correct reflux
 3. Formulas are generally not considered treatment for reflux unless allergy has been proven
- I. If the diagnosis is Food protein-induced enterocolitis, food protein-induced enteropathy, allergic eosinophilic gastroenteritis or food allergy the diagnosis must be supported by relevant history, physical findings and laboratory testing. See appendix below.
REFER FOR SECONDARY REVIEW.

Approvals for Pediatric and Adult specialty medical food may be entered by the reviewing nurse if criteria are met for up to 3 months from the date of the request, for pediatric members, and up to 6 months for adult members. Medical director approvals should also be for no more than 3 months, for pediatric members, and up to 6 months for adult members. If enteral nutrition requests are approved this includes equipment and supplies.

Renewal requests must include current height and weight and interval feeding history. Interval feeding history is defined as response to use of the previously approved enteral nutrition.

- Has the member maintained weight gain on the approved enteral nutrition?
- If the member had symptoms of colitis or esophagitis have they resolved while taking the enteral nutrition.

APPENDIX

Diagnostic Criteria for Food protein-induced enterocolitis

Protracted vomiting (generally 1-3 hours after feeding and diarrhea (often bloody to BOTH milk-based or soy-based formula

CLINICAL POLICY

DEPARTMENT: Utilization Management	DOCUMENT NAME: Enteral Nutrition, Medical Foods, Food Thickeners, and Formula (Authorization Request Clinical Policy)
PAGE: 8 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 6/2017	REVIEWED DATE: 2/2017
PRODUCT: Medicaid and Marketplace	REFERENCE NUMBER: NH.CP.DME.03

Food protein-induced proctocolitis

Blood streaked stools to breast milk, milk AND soy formulas

Food protein-induced enteropathy

Protracted diarrhea, often fatty, to cow's milk, soy and other foods. Celiac disease may be a cause- which should be proven

Allergic eosinophilic esophagitis

Chronic GERD, food refusal, abdominal pain, dysphagia. Most is due to cow's milk intolerance. Often associated with asthma and atopic dermatitis.

Requirement: allergy testing and an elimination diet trial

Allergic Eosinophilic gastroenteritis

Generally due to cow's milk allergy. Weight loss and FTT are hallmarks.

Requirements: history and allergy testing and a trial of an elimination diet

Anaphylaxis, urticarial and angioedema on food challenge is strongly suggestive of allergy to a food which should be confirmed by allergy testing.

REFERENCES:

ATTACHMENTS:

REVISION LOG:	DATE
----------------------	-------------

New Policy Created	2/17
--------------------	------

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

CLINICAL POLICY

DEPARTMENT: Utilization Management	DOCUMENT NAME: Enteral Nutrition, Medical Foods, Food Thickeners, and Formula (Authorization Request Clinical Policy)
PAGE: 9 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 6/2017	REVIEWED DATE: 2/2017
PRODUCT: Medicaid and Marketplace	REFERENCE NUMBER: NH.CP.DME.03

Manager, Utilization Management: ____ Approval on File ____
Director, Utilization Management: ____ Approval on File ____
Chief Medical Director: ____ Approval on File ____