Criteria:

1. Daily enteral nutrition therapy is considered reasonable and necessary when the member has one of the following:
   - A metabolic or digestive disorder that prevents the member from obtaining the necessary nutritional value from usual foods in any form and cannot be managed by avoidance of certain food products.
   - Severe pathology of the body that will not allow ingestion or absorption of sufficient nutrients from regular food to maintain weight and strength commensurate with the member's general condition.
   - A medication-induced nutritional deficiency.

2. Milk or food allergies are covered indications for children under five years of age only.

3. Metabolic formulas as an oral supplement are approvable for a member with a diagnosis affecting their ability to adequately metabolize nutrients needed to maintain a healthy nutritional status regardless of percentage of daily caloric intake.

4. Food thickener may be approved through prior authorization for a member with a diagnosis supporting the need for thickened liquids as evidenced by the results of a swallow study.

5. Pump rental may be approved if any of the following are present:
   a. the member has a medical diagnosis that necessitates the use of a pump versus gravity.
   b. the member has a jejunostomy or nasogastric feeding tube.
   c. the member is receiving an oil based enteral formula.
   d. the administration rate is <100 ml/hr.

Examples of conditions that do not justify approval of enteral nutrition therapy are:

- Weight-loss diets
- Wired-shut jaws
- Diabetic diets
- Milk or food allergies for members five years of age and older
- The use of enteral products for convenience reasons when regular food in pureed form would meet the medical need of the member

Oral supplementation of a regular diet is reimbursable:

- When a member is unable to ingest or absorb sufficient nutrients from regular food due to a metabolic, digestive, or psychological disorder or pathology.
- Supplementation is necessary to provide 51 percent or more of the daily caloric intake OR the use of oral nutritional products is determined medically necessary in accordance with evidence-based guidelines for treatment of the member’s condition (prescriber should provide the guidelines). Such conditions may include:
• Acquired immunodeficiency syndrome (AIDS)
• Burns
• Cancer
• Failure to thrive syndrome
• Problems with the kidney, liver, lungs, pancreas, or stomach
• Prolonged infections
• Surgery
• Trauma

If an oral supplement is being requested, the provider must supply the member’s daily caloric need AND the amount of calories that the member consumes daily from regular/pureed foods.

**HCPC Codes:**

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**References Used:**

Provider Manual, pages 33 through 35
IAC 441-78.10(3)c(2) to 78.10(3)c(3)3 and
IAC 441-78.28(1)c(1) to 78.28(1)c(3)

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

**Change History:**

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<th>Changed By</th>
<th>Description of Change</th>
<th>New Version Number</th>
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<tr>
<td>1/18/13</td>
<td>CAC</td>
<td>Replace Criteria #1 with new information. Criteria #2 add “indications” and “only”. Criteria #4 remove effective date. After Criteria #5 add new examples and information on oral supplementation. References - Add IAC information.</td>
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<tr>
<td>2/8/13</td>
<td>Policy Staff</td>
<td>Changed reference to 51 percent of daily caloric intake to be provided by supplement.</td>
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<td>12/12/13</td>
<td>Medical Director</td>
<td>“The provider must supply the member’s daily caloric need OR the amount of calories the member consumes” - change OR to AND.</td>
<td>3</td>
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<tr>
<td>1/16/15</td>
<td>CAC</td>
<td>Added last paragraph in References Used.</td>
<td>4</td>
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C. David Smith, MD