



Life-Sustaining Enteral Nutrition

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P&P # C.6.05

Policy

The Medical Management Department reviews referral requests for authorization of life sustaining nutritional feedings.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

In order to facilitate the authorization process referral requests must include the following:

1. Medical diagnosis of a qualifying condition:
 - a. Physician evaluation and order(s);
 - b. Expected duration of condition;
 - c. Ongoing evaluation and management;
2. Nutritional assessment;
3. Dietician recommendations for treatment.

B. Criteria for Medical Necessity:

Life sustaining nutritional feeding or supplementation is considered to be medically necessary if **ANY** of the following is met:

1. The prescribed oral nutrition or supplementation is for patients with inborn errors of metabolism or inherited metabolic disease, which include (see definitions):
 - a. Maple Syrup Urine Disease (MSUD); **OR**
 - b. Phenylketonuria (PKU).
2. Ketogenic *formula* for bottle or enterally fed children that meet **ALL** of the following:
 - a. The patient is < 2 years old; **AND**
 - b. The patient has intractable seizures that are not controlled by medications; **AND**
 - c. The ketogenic diet is under direct supervision of a dietician.
3. The prescribed enteral nutrition or supplementation meets **ALL** of the following criteria:
 - a. The enteral nutrition or supplementation must be fed through a feeding tube; **AND**
 - b. The patient would be unable to obtain sufficient nutrients without the enteral nutrition; **AND**
 - c. Dietary adjustment and/or oral supplements alone would not provide sufficient nutrients; **AND**
 - d. The patient has **ONE** of the following conditions, that is expected to be permanent or of indefinite duration:

- i. An anatomical or motility disorder of the gastrointestinal tract that prevents food from reaching the small bowel; **OR**
- ii. Disease of the small bowel that impairs absorption of an oral diet; **OR**
- iii. A central nervous system/neuromuscular condition that significantly impairs the ability to safely ingest oral nutrition.

C. Indications Considered Experimental, Investigational or not Medically Necessary: *(Not an all-inclusive list):*

1. Grocery products or over-the-counter infant formulas (e.g., Similac, Nutramigen, Enfamil);
2. Medical food products that are prescribed without a diagnosis requiring such foods;
3. Pre-packaged blenderized foods (e.g., Nourish, Liquid Hope)
4. Organic medical food products (e.g., Liquid Hope);
5. Medical food products that have no proven therapeutic benefit without an underlying disease, condition or disorder; used as a substitute for acceptable standard dietary interventions; or used exclusively for nutritional supplementation (i.e. Ensure);
6. Foodstuffs which may be commercially promoted as a “nutritional supplement” or “formula” to include **ANY** of the following items for any condition or indication:
 - a. Standardized or specialized infant formula for conditions other than inborn errors in metabolism or inherited metabolic diseases; including, but not limited to: *(Not all inclusive)*
 - i. Food allergies; multiple protein intolerances;
 - ii. Lactose intolerances;
 - iii. Gluten-free formula for gluten-sensitive enteropathy/celiac disease;
 - iv. Milk allergies;
 - v. Sensitivities to intact protein;
 - vi. Protein or fat maldigestion;
 - vii. Intolerances to soy formulas or protein hydrolysates
 - b. Food thickeners;
 - c. Dietary and food supplements;
 - d. Lactose-free products; products to aid in lactose digestion;
 - e. Gluten-free food products;
 - f. Weight-loss foods and formula or products to aid weight loss;
 - g. Normal grocery items;
 - h. Low carbohydrate diets;
 - i. Baby food;
 - j. Grocery items that can be blenderized and used with an enteral feeding system;
 - k. Nutritional supplement puddings;
 - l. High protein powders and mixes;
 - m. Oral vitamins and minerals;
 - n. Ketogenic formula for oral consumption;
 - o. Ketogenic formula for children > 2 years with intractable seizures.

CPT/HCPCS Codes:

B4149-B4162	Enteral formula (administered through an enteral feeding tube)
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
S9434	Modified solid food supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism

References:

American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). Enteral Nutrition Practice Recommendations. J Parenter Enteral Nutr. 2009;33(3):122-167.

CMS Pub 100-03 Part 3; Centers for Medicare and Medicaid Services. Section 180.2 National Coverage Determination for Enteral and Parenteral Nutritional Therapy.

Hayes, Inc. Search & Summary. Hospitalization for Initiation of Ketogenic Diet for Treatment of Refractory Seizures in Children. Publication Date March 14, 2019. Accessed June 14, 2019.

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