

Clinical Guidelines for Enteral Nutrition

Enteral nutrition is defined as nutrition requirements that are provided via the gastrointestinal cavity by mouth (orally) or through a tube or stoma that delivers the nutrients distal to the oral cavity. A member is at nutritional risk if there is actual, or potential for developing, malnutrition as evidenced by clinical indicators, the presence of chronic disease or increased metabolic requirements due to impaired ability to ingest or absorb food adequately.

Clinical Coverage

1. Enteral nutrition is used as a therapeutic regimen to prevent or treat serious disability or death in a member with a medically diagnosed condition that precludes the full use of regular food.
2. The member presents with clinical signs or symptoms of impaired digestion, malabsorption or nutritional risk, as indicated by the following:
 - a. Adults -sustained involuntary or acute weight loss of greater than or equal to 10 percent of usual body weight during the six months prior to date of the request or Body Mass Index (BMI) below 18.5 kg/m².
 - b. Neonates, infants and children -
 - i. Very low birth weight (VLBW <1500g) in the absence of gastrointestinal, pulmonary or cardiac disorders;
 - ii. Lack of weight gain, or weight gain less than two standard deviations below the age-appropriate mean in a one month period for children under age six months, or two month period for children age six to twelve months;
 - iii. No weight gain or abnormally slow weight gain for three months for children older than one year, or documented weight loss that does not reverse promptly with instruction in appropriate diet for age; or
 - iv. Weight for height less than the 10th percentile
 - v. Abnormal laboratory tests pertinent to a specific clinical diagnosis.
3. Documented risk factors for actual or potential malnutrition include but are not limited to:
 - a. anatomic abnormalities of the digestive tract that impact digestion or absorption;
 - b. neurologic disorders that effect swallowing or chewing;
 - c. inborn errors of metabolism that require modified food products;
 - d. intolerance or allergy to standard infant formulas that have improved with a trial of specialized formula;
 - e. losses due to malabsorption or short bowel syndrome, draining abscesses, wounds, renal dialysis;
 - f. clinical increased metabolic or caloric needs
4. Documentation of a history and physical examination with findings that support the need for enteral nutrition having been completed within 60 days of submission of the request.

Noncoverage

1. Alternatives exist that are less costly to Rhode Island Medicaid.
2. Clinical need can be met through the use of regular food.
3. Enteral nutrition products are requested for use with no evidence of clinical risk being documented.
4. Enteral nutrition products are to be used for dieting or weight loss.
5. Compounding of nutritional products.

Submit the following clinical documentation with the prior authorization request form:

1. Approval is subject to general provisions of Rhode Island Medicaid including member eligibility, other insurance coverage and program restrictions.
2. Prior authorization request must be accompanied by supporting clinical documentation, including a recent history and physical examination which supports medical necessity for the requested product
3. A completed Rhode Island Medical Necessity Review form must be submitted including but not limited to, specific data for requested calories and units of product per day, number of monthly refills, and duration of need. Divide the number of calories per day by 100, (e.g., 100 calories equals 1 unit) and multiply that number by the number of days for treatment. This equals total units.
4. Prior Authorization shall be valid for 12 months from date of issuance. All change in treatment must be documented in writing and a new prior authorization is required.
5. For Medicaid enrolled children also enrolled in WIC, Medicaid will be the primary payer for enteral nutrition products when such products are medically necessary and are covered by Medicaid.

[Click here for an approved PDF version of the Enteral Nutrition coverage guidelines.](#)

[Click here for a copy of the Medical necessity review form for Enteral Nutrition.](#)

Approved by:  Associate Medical Director

Date: 12 August, 2020

Reviewed: _____

Revised: _____