

## ENTERAL NUTRITIONAL FORMULA – PRIOR AUTHORIZATION

### Benefit Coverage Criteria is limited to:

- Beneficiaries who are fed via nasogastric, gastrostomy or jejunostomy tube.
- Beneficiaries with inborn metabolic disorders.
- Children up to 21 years of age, who require liquid oral nutritional therapy when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized.

### Documentation Requirements

- The therapy must be an integral component of a documented medical treatment plan and ordered in writing by an authorized practitioner. It is the responsibility of the practitioner to maintain documentation in the beneficiary's record regarding the medical necessity for enteral nutritional formula.
- The physician or other appropriate health care practitioner has documented the beneficiary's nutritional depletion.
- Medical necessity for enteral nutritional formula must be substantiated by documented physical findings and/or laboratory data (e.g., changes in skin or bones, significant loss of lean body mass, abnormal serum/urine albumin, protein, iron or calcium levels, or physiological disorders resulting from surgery, etc.)
- Documentation for beneficiaries who qualify for enteral formula benefit must include an established diagnostic condition and the pathological process causing malnutrition and one or more of the following items:
  - (a) Clinical findings related to the malnutrition such as a recent involuntary weight loss or a child with no weight or height increase for six months.
  - (b) Laboratory evidence of low serum proteins (i.e., serum albumin less than 3 gms/dl; anemia or leukopenia less than 1200/cmm);
  - (c) Failure to increase body weight with usual solid or oral liquid food intake.