

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program

To: End-Stage Renal Disease Service Providers, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Pharmacies, HMOs and Other Managed Care Programs

Enteral Nutrition Product Criteria for Coverage and Other Policy Information

This *ForwardHealth Update* clarifies the prior authorization (PA) policy and clinical criteria for coverage of enteral nutrition products. Policies and clinical criteria described in this *Update* apply to PA requests and PA amendments received by ForwardHealth on and after January 15, 2012.

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The BadgerCare Plus Standard Plan and Medicaid cover enteral nutrition products with PA, as stated in DHS 107.10(2)(c), Wis. Admin. Code. Wisconsin Chronic Disease Program (WCDP) covers enteral nutrition products with PA for members enrolled in the Chronic Renal Disease program.

Enteral nutrition products are not covered by the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, or SeniorCare.

Providers may refer to the Attachment of this *Update* for a list of allowable procedure codes for enteral nutrition products.

Noncovered Enteral Nutrition Products

ForwardHealth does not cover enteral nutrition products for any of the following:

- Boosting protein intake, weight reduction, body building, or performance enhancement.
- Nursing home residents when the enteral nutrition product is included in the daily rate.
- Convenience or preference of the provider or member, or when an alternative nutrition source is available.
- Food thickeners (products under procedure code B4100) and additives (products under procedure code B4104).

ForwardHealth does not cover the *oral use* of enteral nutrition products for any of the following:

- Swallowing disorders that may lead to aspiration.
- Swallowing or feeding disorders that are behavioral, neurological, or psychological in nature (e.g., anorexia nervosa, bulimia, dementia, cognitive disorders, oral aversion, and food preferences).
- Reduced appetite or anorexia.
- Non-compliance with a specialized diet (e.g., allergies, gluten free, lactose free, diabetes, renal).
- Mastication problems due to dentition problems (e.g., lack of teeth).

ForwardHealth does not cover enteral nutrition products that may be purchased in a grocery store, drug store, or other retail outlet with FoodShare or with Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) vouchers. Individuals who receive FoodShare or WIC

assistance may be able to use these to purchase enteral nutrition products.

Covered Enteral Nutrition Products

General Purpose Enteral Nutrition Products

For general purpose enteral nutrition products with procedure codes B4150, B4152, and B4160, members must meet both of the following:

- Be diagnosed with one of the medical conditions below.
- Meet all of the clinical criteria listed below.

Supporting clinical documentation must be submitted with each PA request for general purpose enteral nutrition products.

Medical Conditions

General purpose enteral nutrition products may be covered if the member has been diagnosed with one of the following medical conditions:

- A severe swallowing disorder due to oral-pharyngeal tissue injury, trauma, excoriation (i.e., lesions, mucositis), or defect.
- Pathology of the gastrointestinal (GI) tract that prevents digestion, absorption, or utilization of nutrients that cannot otherwise be medically managed.
- Transition from tube feeding (enteral or parenteral) to an oral diet. *Note:* Members transitioning from tube feeding to an oral diet may receive approval one time for up to six months to assist with the transition.

Clinical Criteria

All of the following are clinical criteria for approval of PA requests for general purpose enteral nutrition products:

- The member's medical condition is chronic.
- Adequate nutrition is not possible with dietary adjustment.
- A diet of regular- or altered-consistency table foods (soft or pureed foods) and beverages is not nutritionally sufficient and nutritional requirements can be met only using enteral nutrition products.

- A physician or advanced practice nurse prescriber has prescribed the enteral nutrition product.

A complete description of the clinical circumstance that justifies the requested use of the enteral nutrition product must be indicated on the PA request.

Documentation Requirements

For general purpose enteral nutrition products, all of the following documentation must be submitted with each PA request:

- Documentation of a consultation with the appropriate medical specialist(s) describing the medical condition and treatment recommendations, specifically dietary or feeding recommendations and total daily caloric requirements.
- A description of why a diet of regular- or altered-consistency table foods and beverages is not nutritionally sufficient and why nutritional requirements can be met only using enteral nutrition products.

Specially Formulated Enteral Nutrition Products

For specially formulated enteral nutrition products with procedure codes B4153, B4154, B4161, and B4162, members must meet both of the following:

- Be diagnosed with one of the medical conditions below.
- Meet all of the clinical criteria listed below.

Supporting clinical documentation must be submitted with each PA request for specially formulated enteral nutrition products.

Medical Conditions

Specially formulated enteral nutrition products may be covered if a member has been diagnosed with one of the following medical conditions:

- A metabolic disorder that cannot otherwise be medically managed.
- Pathology of the GI tract that prevents digestion, absorption, or utilization of nutrients that cannot otherwise be medically managed.

- Renal failure requiring the use of renal enteral nutrition products specially formulated for renal failure. In this instance, only products included under procedure code B4154 should be requested. (*Note:* For members with a diagnosis of renal failure, documentation must also include a description about why a renal diet of regular- or altered-consistency table foods and beverages is not sufficient for the member, a recent significant weight loss [7.5 percent] in the previous 90 days, and a secondary acute diagnosis [e.g., infection, surgery] that requires greater nutritional needs. Members with renal failure may receive approval one time for up to 90 days to assist with recovery from the acute condition.)
- For infants and children with severe food allergies (5 years of age and younger).
- For infants and children with a diagnosis of failure to thrive (24 months of age and younger). A failure to thrive diagnosis indicates that a child's weight for his or her age falls below the third percentile of the standard National Center for Health Statistics (NCHS) growth chart. Some infants, such as those who have had intrauterine growth retardation or premature infants, may grow at less than the third percentile; however, as long as the child is growing along a curve with a normal interval growth rate, failure to thrive will not be considered as a medical condition that meets criteria. In addition, modified growth charts for specific populations (e.g., premature infants, individuals of specific ethnicities, infants with genetic syndromes, individuals with cerebral palsy) should be used to document appropriate growth.

Clinical Criteria

Clinical criteria for approval of PA requests for specially formulated enteral nutrition products are all of the following:

- The member's medical condition is chronic.
- Adequate nutrition is not possible with dietary adjustment.
- A diet of regular- or altered-consistency table foods (soft or pureed foods) and beverages is not nutritionally sufficient and nutritional requirements can be met only using specially formulated enteral nutrition products.

- A physician or advanced practice nurse prescriber has prescribed the enteral nutrition product.

A complete description of the clinical circumstance that justifies the requested use of the enteral nutrition product must be indicated on the PA request.

Documentation Requirements

For specially formulated nutrition products, all of the following documentation must be submitted with each PA request:

- Documentation of a consultation with the appropriate medical specialist(s) describing the medical condition and treatment recommendations, specifically dietary or feeding recommendations and total daily caloric requirements.
- A description of why a diet of regular- or altered-consistency table foods and beverages is not nutritionally sufficient and why nutritional requirements can be met only by using enteral nutrition products.
- A description of why general purpose enteral nutrition products do not meet the member's nutritional needs, are not tolerated, or are not clinically appropriate for the member.

Enteral Nutrition Products Administered Using a Feeding Tube

For enteral nutrition products administered using a feeding tube, members must meet both of the following:

- Be diagnosed with one of the medical conditions below.
- Meet all of the clinical criteria listed below.

Supporting clinical documentation must be submitted with each PA request for enteral nutrition products administered using a feeding tube.

Medical Conditions

Enteral nutrition products administered using a feeding tube may be covered if a member has been diagnosed with one of the following medical conditions:

- Nutrition cannot be taken orally in an adequate quantity due to a medical condition that interferes with

swallowing or is associated with non-function or disease of the GI tract.

- The member requires tube feedings to maintain weight and strength commensurate with overall health status.

Clinical Criteria

Clinical criteria for approval of PA requests for enteral nutrition products administered using a feeding tube are all of the following:

- The member's medical condition is chronic.
- A physician or advanced practice nurse prescriber has prescribed the enteral nutrition product for the member.

A complete description of the clinical circumstance that justifies the requested use of the enteral nutrition product must be indicated on the PA request.

Documentation Requirements

For enteral nutrition products administered using a feeding tube, all of the following documentation must be submitted with each PA request:

- Documentation of a consultation with the appropriate medical specialist(s) describing the medical condition and treatment recommendations, specifically dietary or feeding recommendations and total daily caloric requirements.
- The percent of total daily calories provided using a feeding tube and details of oral intake, if applicable.

Prior Authorization Requests

Initial PA requests for enteral nutrition products may be approved for up to 183 days. Renewal PA requests may be approved for up to one year.

Prior authorization requests may be backdated 14 calendar days from the date received by ForwardHealth.

Submitting Prior Authorization Requests

The following must be submitted for PA requests for enteral nutrition products:

- A Prior Authorization Request Form (PA/RF), F-11018 (10/08).

- A Prior Authorization/Enteral Nutrition Product Attachment (PA/ENPA), F-11054 (10/08).
- Supporting clinical documentation.

Prior authorization requests may be submitted on the ForwardHealth Portal at www.forwardhealth.wi.gov/, by fax to (608) 221-8616, or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

Amendments

The following should be submitted with PA amendment requests for enteral nutrition products:

- A Prior Authorization Amendment Request form, F-11042 (10/08).
- A copy of the prescriber's orders or the new prescription.
- Supporting clinical documentation for the new order or new prescription.

Prior authorization requests cannot be amended for the following:

- When a new enteral nutrition product with a different Healthcare Common Procedure Coding System (HCPCS) procedure code than the procedure code indicated on the initial PA request is prescribed. (A new PA request must be submitted.)
- When greater than 60 calendar days has elapsed from the grant date of the initial PA request. (A new PA request must be submitted.)
- When requesting backdating for more than 30 days from the date the amendment was received by ForwardHealth.

Prior authorization amendment requests may be submitted on the Portal, by fax to (608) 221-8616, or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

Providers may refer to the Enteral Nutrition Product service area of the Online Handbook on the Portal for more information about PA amendments.

For More Information

Providers may refer to the Noridian Administrative Services Pricing, Data Analysis, and Coding Web site at www.dmepdac.com/dmecsapp/do/search to search for HCPCS procedure codes.

Providers may also refer to the Enteral Nutrition Products service area of the Online Handbook on the Portal for more information about enteral nutrition product policies.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization (MCO). Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Members enrolled only in the WCDP are not enrolled in MCOs.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

This *Update* was issued on 12/28/2011 and information contained in this *Update* was incorporated into the Online Handbook on 1/10/2012.

ATTACHMENT

Enteral Nutrition Product Procedure Codes

The table below lists Healthcare Common Procedure Coding System (HCPCS) procedure codes for enteral nutrition products that are reimbursable with an approved prior authorization.

Providers may refer to the Noridian Administrative Services Pricing, Data Analysis, and Coding Web site at www.dmepdac.com/dmecsapp/do/search to search for specific HCPCS procedure codes.

Note: All enteral nutrition products on the following tables can be used with a feeding tube.

General Purpose Enteral Nutrition Products	
Procedure Code	Description
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

Specially Formulated Enteral Nutrition Products*	
Procedure Code	Description
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chains), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

* Specially formulated enteral nutrition products require documentation about why general purpose enteral nutrition products do not meet the member's nutritional needs, are not tolerated, or are not clinically appropriate for the member.

Enteral Nutrition Products Administered Using a Feeding Tube Only	
Procedure Code	Description
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit