

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Oral Enteral Nutrition
<b>PAGE:</b> 1 of 3	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 11/15/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 10/17/17	<b>REVIEWED/REVISED:</b>
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.41

### SCOPE:

Coordinated Care Medical Management.

### PURPOSE:

The intent of the criteria is to ensure that providers follow medical policy and to outline benefit coverage established by the Health Care Authority for oral enteral nutrition and associated products.

### POLICY:

*Oral formula for members age 20 and younger is covered when the following criteria are met:*

- There has been a registered dietician consult, which includes a nutrition care plan that monitors the client's nutrition status and includes plans for transitioning the client to food or food products, if possible, AND
- The prescribing provider has attested that the member has or is at risk of growth or nutrient deficits due to a condition that prevents the member from meeting nutritional needs using food counter nutrition products, standard infant formula, or standard toddler formula. If "failure to thrive" or "feeding difficulties" is diagnosed, the underlying medical or behavioral cause must be identified and addressed.

*For oral enteral nutrition for members age 21 and older:*

- The Plan will grant an exception to the rule when members have an inherited metabolic disorder such as phenylketonuria  
Providers must submit an authorization request for oral enteral nutrition for members age 21 and older to determine if the service will be granted an exception to the rule.

*Thickeners for children age 1-20 are covered when the following criteria are met:*

- The presence of dysphagia as documented by a speech therapist or an occupational therapist that specializes in dysphagia, AND
- A dysphagia diet plan and assessment for the client from a registered dietician, AND
- Documented medical necessity.

*For children under 1 year thickeners are covered when the following criteria are met:*

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- The presence of dysphagia as documented by a speech therapist or an occupational therapist that specializes in dysphagia, AND
- A dysphagia diet plan and assessment for the client from a registered dietician, AND
- Documented medical necessity.
- Documentation of other strategies that were used for the dysphagia and why they were unsuccessful, AND
- Confirmation that the parents or guardians have been advised of the warning and agree that the benefit outweighs the risk.
  - **Note:** *Xanthum GumThickeners are not recommended for children under one year of age. The FDA and American Academy of Pediatrics recommend that gum thickeners not be given to infants.*

### **Coding Implications**

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<b>REFERENCES:</b> HCA Provider Guide
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<b>ATTACHMENTS:</b>
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<b>DEFINITIONS:</b>
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### REVISION LOG

REVISION	DATE

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### APPROVAL

*The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to an actual signature on paper.*

VP/Director Medical Management: On file.