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Welcome Sue Baker » August 2, 2018 5:29 PM

Program Name: BadgerCare Plus and
Medicaid

Handbook Area: Enteral Nutrition
Products

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Prior Authorization : General Information

Topic #14817

Covered Enteral Nutrition Products

The following enteral nutrition product categories are covered with PA (prior authorization):

- General purpose enteral nutrition products.
- Specially formulated enteral nutrition products.
- Enteral nutrition products administered using a feeding tube.

Initial PA requests for enteral nutrition products may be approved for up to six months, unless a member is otherwise limited by a medical condition. Renewal PA requests may be approved for up to one year.

General Purpose Enteral Nutrition Product Category

ForwardHealth considers products classified under HCPCS (Healthcare Common Procedure Coding System) procedure codes B4150, B4152, and B4160 to be general purpose enteral nutrition products. ForwardHealth covers general purpose enteral nutrition products when a member is diagnosed with one of the medical conditions listed below, meets all of the clinical criteria listed below, and supporting clinical documentation is submitted and meets ForwardHealth's guidelines.

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 structural defect. (*Note:* For members with a diagnosis of a severe swallowing disorder, documentation must also include speech and swallow evaluations and feeding recommendations.)
- Pathology of the GI (gastrointestinal) 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 that must be met 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, physician assistant, or advanced practice nurse prescriber has prescribed or ordered the enteral nutrition product.

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

Supporting Clinical Documentation

For general purpose enteral nutrition products, all of the following documentation must be indicated either on the PA/ENPA (Prior Authorization/Enteral Nutrition Product Attachment, F-11054 (10/12)) or attached separately to the 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.

A copy of the original prescription or order that is not greater than one year old must be submitted

with each PA request.

Specially Formulated Enteral Nutrition Product Category

ForwardHealth considers products classified under HCPCS procedure codes B4149, B4153, B4154, B4161, and B4162 to be specially formulated enteral nutrition products. ForwardHealth covers specially formulated enteral nutrition products when a member is diagnosed with one of the medical conditions listed below, meets all of the clinical criteria listed below, and supporting clinical documentation is submitted and meets ForwardHealth's guidelines.

Note: Products classified under HCPCS procedure code B4149 are specially formulated enteral nutrition products that may only be administered using a feeding tube.

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.)
- Severe food allergies for infants and children (5 years of age and younger).
- Failure to thrive for infants and children (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 NCHS (National Center for Health Statistics) 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. (*Note:* For members with a diagnosis of failure to thrive, growth charts should be submitted with PA requests.)

- 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 that must be met for specially formulated 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 specially formulated enteral nutrition products.
- A physician, physician assistant, or advanced practice nurse prescriber has prescribed or ordered the enteral nutrition product.

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

Supporting Clinical Documentation

For specially formulated nutrition products, all of the following documentation must be indicated either on the PA/ENPA or attached separately to the 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.

A copy of the original prescription or order that is not greater than one year old must be submitted with each PA request.

Enteral Nutrition Product Administered Using a Feeding Tube Category

ForwardHealth considers products classified under HCPCS procedure codes B4102, B4103, B4149, B4155, B4158, and B4159 to be enteral nutrition products that must be administered using a feeding tube. ForwardHealth covers enteral nutrition products administered using a feeding tube when a member is diagnosed with one of the medical conditions listed below, meets all of the clinical criteria listed below, and supporting clinical documentation is submitted and meets ForwardHealth's guidelines.

Note: General purpose enteral nutrition products and specially formulated enteral nutrition products may be administered using a feeding tube. Products classified under HCPCS procedure code B4149 are specially formulated enteral nutrition products that may only be 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

All of the following are clinical criteria that must be met for enteral nutrition products administered using a feeding tube:

- The member's medical condition is chronic.
- A physician, physician assistant, or advanced practice nurse prescriber has prescribed or ordered 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 documented on the PA request.

Supporting Clinical Documentation

For enteral nutrition products administered using a feeding tube, all of the following documentation must be indicated either on the PA/ENPA or attached separately to the 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 amount of calories provided using a feeding tube and amount of calories provided orally. Include details of oral intake, if applicable.
- If a specially formulated enteral nutrition product is requested, 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.

A copy of the original prescription or order that is not greater than one year old must be submitted with each PA request.

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