

Pediatric Care Network Precertification Guidelines

Subject: Enteral nutrition (tube feeding) and oral nutritional formulas

Applies to: Missouri membership

Purpose: To clarify the management of nutritional formulas

Effective date: February 1, 2012

Revision(s): December 19, 2013; July 15, 2014; November 17, 2014; December 10, 2014, February 8, 2016; March 28, 2017

Policy:

Statement of coverage decision: Coverage of enteral and oral supplement nutritional formulas is provided when criteria is met. Nutritional products are provided after coverage by the WIC program is determined to be insufficient to meet needs. This may be either additional amount when the member is eligible for WIC or the entire product when the member is no longer covered under the WIC program. This policy does not address metabolic formulas, which are covered as directed by state regulations.

Criteria for coverage: To qualify for enteral/supplemental formula or special foods, one of the following (items 1-4) must be met:

1. **For sole source of nutritional support, all items must be met:**

- There is medical documentation of the inability to tolerate standard oral nutrition that would be appropriate for his/her age group.
- A permanent tube feeding mechanism is in place OR there is medical documentation of complete dependence on the nutritional formula by oral route.
- An annual nutritional consultation is recommended to make necessary formula adjustments.
- Nutritional formula must be commercially available, and be considered a complete nutrition source. A valid HCPC code is required.
- WIC coverage unavailable or inadequate to meet needs for growth.
 - If the child is 5 years or younger, there must be a statement from WIC on the amount and type of formula or supplements provided per month.
 - WIC is considered unavailable if child over the age of 5. Misuse or lost vouchers or abuse of the WIC service that causes an interruption in WIC coverage would not be considered a valid reason to provide supplement.
 - Nutritional need is the amount of formula to establish or maintain an appropriate weight for age and gender.

2. **For oral supplementation required for inadequate weight gain:**

- **First determine if failure to thrive is present by one of the following being met:**
 - Weight below the 3rd percentile for gestation corrected age and sex on more than one occasion, typically over 3 months or more.
 - Special growth charts for selected genetic syndromes should be used when indicated and available (eg, for children with Down syndrome, Turner syndrome).
 - Growth charts are located at the Centers for Disease Control web site, in the section for National Center for Health Statistics (NCHS): <http://www.cdc.gov/nchs/>

Pediatric Care Network Precertification Guidelines

- Weight less than 80 percent of ideal weight for age, using the standard growth charts of the NCHS.
- Depressed weight for length or height (ie, weight %ile < length %ile, weight for length (or height) <10th percentile) or a Z score equal to or less than -2.0.
- A rate of weight gain that causes the weight curve to decrease by two or more major percentile lines on the age, gender and condition specific growth chart (major lines are 97th, 90th , 75th, 50th, 25th, 10th, and 3rd) eg, from 75th to 25th percentile.
- A rate of daily weight gain less than that expected for age. The expected weight gain for infants and toddlers is:
 - 26 to 31 g/day for those 0 to 3 months
 - 17 to 18 g/day for those 3 to 6 months
 - 12 to 13 g/day for those 6 to 9 months
 - 9 to 13 g/day for those 9 to 12 months
 - 7 to 9 g/day for those 1 to 3 years

- **Then, if failure to thrive is present, all of the following must be met:**

- Documentation of inadequate weight gain (failure to thrive) despite medical oversight for at least 3 months.
 - For an infant or toddler who has not gained weight well in the past but who is on supplement currently and gaining weight, the past history can be used to meet this criteria. This would be seen most often in premature infants or those who have had significant surgeries or medical issues early in life.
 - For an older child, it may be unintended weight loss when the weight is disproportionately low compared to the height.
- For children 3 and older, an annual nutritional consultation is recommended to develop weight gain strategies and diet modifications to meet caloric needs without formula supplementation.
- Compliance with or intolerance of attempts to increase caloric intake.
- Nutritional formula must be commercially available, and be considered a complete nutrition source. A valid HCPC code is required.
- Normal daily nutrition is not considered supplemental.
- Diagnosis of a medical condition that is compatible with failure to thrive, severe GERD, esophageal/stomach cancer, pulmonary insufficiency, non-healing/chronic wounds, dysphagia, advanced AIDS with gastrointestinal co-morbidity, severe trauma or burns, traumatic brain injury, chronic heart disease, developmental feeding delay, oral motor feeding problems, feeding aversion or eating disorders (i.e. anorexia nervosa or bulimia). Children under the age of 3 may not yet have an established diagnosis. An otherwise well child who is described as a picky eater would not have a medical condition for formula supplement.
- WIC coverage unavailable due to child's age or inadequate to meet needs for growth.

3. **For oral supplementation required for food allergies, all of the following must be met:**

- Member should have a documented food allergy identified through appropriate testing by an allergist, or in some cases, the PCP. If there is a clinical history suggestive of milk/soy allergy that may require substitution with the use of a nutritional formula, and appropriate allergy testing has not been done, request should be reviewed by the medical director, and if needed, coordination of a referral to an allergy specialist by case management.
- Nutritional consult confirms that standard food or milk cannot meet nutritional needs. Soy milk would be considered a standard food.

Pediatric Care Network Precertification Guidelines

- WIC coverage has been determined.
- Dietary modification must be supported by peer reviewed medical literature.
- The supplement is a commercially prepared oral nutrition formula with a valid HCPC code and is the most cost effective means of providing adequate nutrition for the diagnosed allergy.

4. For oral supplementation and/or special foods for PKU or other metabolic condition, all of the following must be met:

- Member must have a documented metabolic condition.
- WIC coverage unavailable.
- The supplement or food is commercially prepared, has a valid HCPC code, and is the most cost effective means of providing adequate nutrition for the metabolic condition.

5. For oral supplementation for chronic life-long conditions:

- One of the following conditions must be present:
 - Cystic Fibrosis
 - Chronic Renal Insufficiency
 - Crohn's Disease
 - Short Bowel Syndrome
 - Malabsorption Disorders
 - Developmental Conditions (i.e. autism)
 - Neurological Conditions (i.e. cerebral palsy)
- Formula will be approved until 80% of ideal body weight (IBW) is reached and maintained for at least 6 months. During this time, nutritional therapy should be in place, and the amount of formula volume should be expected to decrease over time while the weight is maintained. Some patients may require ongoing supplementation to maintain 80% IBW.

Missouri

Types of Administration	Coverage for Adults	Coverage for Children	Prior Authorization Required
Tube Feeding	yes	yes	yes
Oral Supplement	No	yes	yes
Oral as Sole Source of Nutrition	yes	yes	yes

Authorization period:

- **Initial:** 3 months for both types of support. When authorized, verify amount after WIC amount, and that requested amount matches the medical record daily intake.
- **Extended:** Supplemental nutrition should be reviewed every 3 months for continued need when there is no life-long chronic disease condition. Supplemental nutrition for a life-long chronic disease should be authorized every 6 months. Complete nutrition should be authorized every 6 months, unless medical plan indicates a transition to other nutritional options.

Discontinuation of authorization: Adequate nutrition can be sustained by traditional diet for age.

Pediatric Care Network Precertification Guidelines

Reasons for non-coverage:

- Medical necessity not demonstrated for nutritional supplement.
- Elemental formula supplement for children who do not meet food allergy criteria noted above. This would include Attention Deficient Disorder, Autism Spectrum Disorder, and asthma, for example.
- Member or family unhappy with WIC choice of formula or food supplements.
- Misuse or lost vouchers, or abuse of the WIC service that causes an interruption in WIC coverage
- Adult oral supplements
- Requested supplement does not have a HCPC code.

Definitions:

- **Enteral nutrition:** tube feeding using the gastrointestinal tract, via a nasogastric, gastric or jejunal tube.
- **Oral Supplement:** additional intake to increase the caloric consumption for someone who has an inadequate intake of age-appropriate food to meet his/her metabolic needs but is able to take oral nutrition.
- **Sole source nutrition:** total dependence on a nutritional formula feeding to provide all nutrition. Infants are by nature dependent on formula (or breast milk) as sole nutrition for the first several months of life. This term is designed for children and adults who would otherwise normally meet their nutritional needs with a standard diet for age but cannot for whatever reason.
- **WIC: Women, Infants and Children nutritional program.** Coverage is available for low-income families; all Medicaid recipients automatically qualify. Food or formula support is provided to pregnant women and children up through the age of 5. WIC provides a large number of specialty formulas. Vouchers are done for commonly available formulas; direct shipment is done for others. The web site for each state WIC agency contains a comprehensive list of formulas and food supplements and other resources. It is the expected source of formula for infants, and nutritional support for young children. WIC is required to provide the appropriate formula for a covered child's needs. Preference for a particular brand is not required. Each state has a contracted vendor for infant formulas and adheres to that list.

Medical background: Children are vulnerable to long-term consequences of malnutrition. The WIC program has been instrumental in providing appropriate nutrition, but cannot meet the needs of all population groups. Therefore, Medicaid provides coverage for both sole source and supplemental nutrition to members with documented needs when WIC is unable to provide the nutritional support.

Children with weight gain issues and failure to thrive can be successfully managed with nutritional counseling and modification of mealtime habits and types of food provided. Nutritional consultation can play a key role in helping caregivers provide nutritious meals using standard food options. Use of liquid food supplements can sometimes be perceived as an easier way for caregivers to provide good nutrition. Nutritionists can assist families in understanding food choices, and also recommend the amount of supplementation needed for growth and development.

There are common trials of diet modification for behavioral disorders. Most are unsubstantiated in the peer reviewed medical literature despite anecdotal reports of success. Specifically casein-free and/or gluten free diets for children with Autism Spectrum Disorder are noted in the lay literature to be potentially successful. These restrictive diets can be managed with appropriate balance of standard food, but are difficult to maintain. There is no evidence of benefit in the peer-reviewed literature, however. Thus, although parents may choose to use these dietary modifications, we would not provide coverage for elemental formulas for children with these diagnoses.

The food and formula guide for Missouri for 2011 can be found at: <http://www.health.mo.gov/living/families/wic/wicupdates/pdf/ffrg3212011.pdf>.

Pediatric Care Network Precertification Guidelines

References:

"Gastrointestinal Disorders in Individuals with Autism Spectrum Disorders," *Pediatrics, Supplement 1*, January 2010, Vol. 125, Supplement 1.

Missouri Department of Social Services (2013). *Durable medical equipment: Enteral nutrition, formula and supplies*. Retrieved from http://dss.mo.gov/mhd/providers/pdf/bulletin_36-06_2013oct08.pdf

Pediatric Nutrition Handbook, Fifth Edition, 2004

UpToDate® information on failure to thrive, accessed March 2017..

UpToDate® review on Autism Spectrum Disorders, complementary and alternative therapies, accessed March 2017.

WIC web site for Missouri: <http://health.mo.gov/living/families/wic/>

Policy drafted by: PCN Clinical Services Committee

Policy approved by: Doug Blowey, MD, PCN Medical Director

Update approved by:

Clinical Quality Committee – March 23, 2012; May 27, 2014; May 29, 2015

Medical Management Committee – January 20, 2014; August 18, 2014; November 17, 2014;

December 15, 2014; February 15, 2016, May 1, 2017

Disclaimer: Any coverage determination requires medical necessity, coverage by the member's benefit plan, and eligibility. The sole purpose of this document is to address medical necessity.