



## Prior Authorization Guide: **ENTERAL and PARENTERAL NUTRITION THERAPY**

Applies to members enrolled in the following Care Wisconsin health plan products:  
**Partnership, Family Care, SSI Managed Care, Dual Advantage Plan**

### **Medicare Coverage rationale:**

Medicare covers enteral nutrition when criteria are met. Refer to the National Coverage Determination (NCD) for [Enteral and Parenteral Nutritional Therapy \(180.2\)](#) for Care Wisconsin members enrolled in Dual Advantage or Partnership.

### **Medicaid Coverage rationale:**

The following are basic conditions that must always be met before services provided can be covered by Medicaid (SSI Managed Care, Family Care, and Partnership Program):

- The patient is an active member of Care Wisconsin's SSI Managed Care, Partnership, or Family Care Program;
- Medicaid is the appropriate payer
- A physician has ordered the service
- The services billed are not excluded from payment, and

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## Enteral Nutrition via tube feeding

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### **General nutrition products (HCPCS- B4102, B4150, B4152, B4155, and B4160) via tube feeding:**

Enteral nutrition products may be covered under Medicaid 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.
- Pathology of the gastrointestinal (GI) tract that prevents digestion, absorption, or utilization of nutrients that cannot otherwise be medically managed.

And 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.

### **Specially formulated nutrition products (HCPCS- B4149, B4153, B4154, B4161, and B4162) via tube feeding:**

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.)

- 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.)

And 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 enteral nutrition products.
- A physician, physician assistant, or advanced practice nurse prescriber has prescribed or ordered the enteral nutrition product.

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## Oral Nutrition Supplementation

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### General oral nutrition products:

Oral nutrition products may be covered if the member has been diagnosed with one of the following medical conditions (**HCPCS- B4150, B4152, and B4160**):

- 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.)
- Involuntary weight loss of more than 5% of body weight in one month or 10% loss over 6 months or has a BMI below 18.5, an evaluation by a physician is required to rule out other factors for weight loss.

And all of the following are clinical criteria that must be met for oral 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.

### Specially formulated oral nutrition products:

Specially formulated enteral nutrition products may be covered if a member has been diagnosed with one of the following medical conditions (**HCPCS- B4149, B4153, B4154, B4161, and B4162**):

- 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.)

- 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.)

And all of the following are clinical criteria that must be met for specially formulated enteral nutrition products:

- The member's medical condition is chronic.
- 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 nutrition product.

#### **Food thickeners products (HCPCS- B4100):**

Member's with dysphagia secondary to Parkinson's disease, a stroke, reflux disease, cancer of the neck, head, or esophagus, spinal cord or head injuries, or other swallowing disorders may be at increased risk of aspiration. This is due to reduced muscle tone in the pharynx and esophagus, along with other physical changes that can affect a person's ability to safely swallow thin liquids. Commercial food thickeners (B4100) have no significant nutritional value, are a convenience item and are not medically necessary. Baby food, gravy, other grocery products and other food preparation techniques are preferred alternatives.

#### **Exclusions:**

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

- Boosting protein intake, weight reduction, body building, or performance enhancement.
- Convenience or preference of the provider or member, or when an alternative nutrition source is available.
- Enteral Nutrition products are included in the daily reimbursement rate for both Medicare and Medicaid funded nursing home stays and are not separately billable.
- DHS Administrative Code and Care Wisconsin provider contracts require that Community Based Residential Facilities (CBRF), Residential Care Apartment Complexes (RCAC), and Adult Family Homes (AFH) provide a therapeutic diet as ordered by the resident's physician to meet any special dietary needs of the resident. This may include larger portions and high calorie snacks. Nutritional supplements and meal replacements are the responsibility of the CBRF in these situations. In cases of exceptional nutritional needs, enteral nutrition is separately reimbursable. Exceptional nutritional needs are defined as:
  - Total parenteral nutrition (TPN) - all the nutritional needs of the body are provided by bypassing the digestive system and dripping nutrient solution directly into a vein.
  - Enteral nutrition- all the nutritional needs of the body are provided through a tube placed in the nose, the stomach, or the small intestine (tube feedings that are to supplement oral intake are not considered an exceptional nutritional need.)

#### **Requesting prior authorization:**

- Complete the [DME-DMS Prior Authorization Request Form](#)
- Include physicians order, and documentation demonstrating medical need
- Fax to 608-210-4050

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**Definitions:**

**Enteral nutrition** generally refers to any method of feeding that uses the gastrointestinal (GI) tract to deliver part or all of a person's caloric requirements. It can include a normal oral diet, the use of liquid supplements or delivery of part or all of the daily requirements by use of a tube (tube feeding).

**Parenteral nutrition (PN)** is the feeding of a person intravenously, bypassing the usual process of eating and digestion. The person receives nutritional formulae that contain nutrients such as glucose, salts, amino acids, lipids and added vitamins and dietary minerals.

**References:**

[ForwardHealth Enteral Nutrition Products Policy No. 2012-57](#)

Medicare National Coverage Determination (NCD) for [Enteral and Parenteral Nutritional Therapy \(180.2\)](#).