SCOPE:
Managed Health Services (MHS) Medical Management, Utilization Management staff

PURPOSE:
To ensure consistency in the application of medical necessity criteria for members who require enteral services including infant formulas that require prior authorization for claims payment.

POLICY:
All requests for prior approval of enteral services must contain the following information:

- Current height, weight and body mass index
- Growth charts
- Nutritional history should list current diet and estimated calories consumed per day
- If foods are suspected of causing allergy alternatives tried should be stated
- There should be a brief description of the clinical problem and why readily available foods will not be able to meet the member’s needs. Standard formulas are classified as a regular food.
- If tube fed whether diet is limited to enteral feedings or if regular foods are used either by tube or mouth

Requests not containing the information may be referred for physician review and denied as “information insufficient”.

1. PROCEDURE:
   A. Diagnosis review
      1. If for inborn errors of metabolism, e.g. phenylketonuria: APPROVE
      2. If for disease conditions associated with a greater caloric need, e.g. Cystic Fibrosis, Cancers under active treatment, AND the request is for a high density beverage, e.g., Pediasure: APPROVE
      3. Requests associated with a diagnosis of end stage renal disease, diabetes, and malabsorption syndromes: SECONDARY REVIEW
4. Underweight or Failure to Thrive MAY be approved if:
   a. Body Mass Index is <5th percentile for age or weight for height is <5th percentile for age AND
      i. There is no medical condition such as dwarfism or other syndromes associated with low body mass
      ii. There has been inadequate response to regular foods or formulas
      iii. For diagnosis of underweight or failure to thrive the alternatives tried should include readily available high calorie foods such as Carnation Instant Breakfast or other age-appropriate choices (see Pediatric Nutrition Handbook, most recent edition, for excellent information on the nutritional content of many foods).
   Estimated caloric needs per day based on age and weight (refer to nutrition review worksheet from OMPP). Estimated caloric gap per day with not met with a standard diet (refer to nutrition review worksheet from OMPP).
   iv. IF the infant has a diagnosis of Intrauterine Growth Retardation (IUGR) AND weight percentiles lag head circumference and length percentiles, THEN high calorie may be approved

5. Premature babies need to use formula for higher calories until “catch up” growth is complete. Weight gain ideally is ~ 15 grams per day. However, prematurity is not in of itself a reason for approval for standard formulas such as Enfamil, Prosobee, Similac or SMA (standard formulas may change over time).
   a. Babies born <34 weeks gestational age AND with a birthweight below 1800 grams will need supplementation for at least 3 months post conceptual age. Some may need supplemental calories until 9 months of age. If the infant’s
weight for length is consistently maintained at the 25th percentile high calorie formulas may be discontinued.

b. Formulas developed specifically for premature infants (not simply high calorie) should be used until the infant reaches 2000 grams.

6. Food Thickeners must be accompanied by a diagnosis of gastro esophageal reflux, dysphagia or esophagitis and one or more of the following
   a. History of Aspiration Pneumonia AND an abnormal swallowing study
   b. Weight loss due to significant vomiting AND failure of thickened feedings or positioning to correct reflux
   c. Formulas are generally not considered treatment for reflux unless allergy has been proven
   d. Formulas with rice solids added are not superior to standard formula with rice cereal

7. IF the diagnosis is Food protein-induced enterocolitis, food protein-induced enteropathy, allergic eosinophilic gastroenteritis or food allergy the diagnosis must be supported by relevant history, physical findings and laboratory testing. See appendix below. REFER FOR SECONDARY REVIEW.

2. PROCEDURE:
   B. Diagnosis Review:
   Ulcerative colitis
   Gastrointestinal cancer
   Abnormal loss of weight
   Ischemic bowel disease
   Nausea/vomiting
   Alzheimer’s disease
   Dysphasia
   CVA
   Short gut syndrome
   Jaw fracture
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<th>DOCUMENT NAME: Enteral and Formula Authorization Request</th>
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<td>REPLACES DOCUMENT:</td>
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IUGR  
**Adult criteria**  
BMI < 18.5 kg/m²  
OR  
BMI less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months  
OR  
Unintentional weight loss greater than 10% within the last 3-6 months  
OR  
Diagnosis of chronic renal failure or end stage renal disease and recent albumin level (Within 3 months) < 3.5/dl  
OR  
Inadequate oral intake or expected inadequate oral intake over a period of 7 to 14 days  
OR  
Disorders that interfere with nutrient absorption and assimilation, including, but not limited to, phenylketonuria (PKU), homocystinuria, and methylmalonic acidemia.

Approvals may be entered by the reviewing nurse if criteria are met for up to 3 months from the date of the request, for pediatric members, and up to 6 months for adult members. Medical director approvals should also be for no more than 3 months, for pediatric members, and up to 6 months for adult members. If enteral requests are approved this includes equipment and supplies.

Renewal requests must include current height and weight and interval feeding history. Interval feeding history is defined as response to use of the previously approved enteral.

- Has the member maintained weight gain on the approved enteral?  
- If the member had symptoms of colitis or esophagitis have they resolved while taking the enteral.

**APPENDIX**  
Diagnostic Criteria for Food protein-induced enterocolitis
Protracted vomiting (generally 1-3 hours after feeding and diarrhea (often bloody to BOTH milk-based or soy-based formula

Food protein-induced proctocolitis

Blood streaked stools to breast milk, milk AND soy formulas

Food protein-induced enteropathy

Protracted diarrhea, often fatty, to cow’s milk, soy and other foods. Celiac disease may be a cause- which should be proven

Allergic eosinophilic esophagitis

Chronic GERD, food refusal, abdominal pain, dysphagia. Most is due to cow’s milk intolerance. Often associated with asthma and atopic dermatitis.

Requirement: allergy testing and an elimination diet trial

Allergic Eosinophilic gastroenteritis

Generally due to cow’s milk allergy. Weight loss and FTT are hallmarks.

Requirements: history and allergy testing and a trial of an elimination diet

Anaphylaxis, urticarial and angioedema on food challenge is strongly suggestive of allergy to a food which should be confirmed by allergy testing.

REFERENCES:

ATTACHMENTS:
POLICY AND PROCEDURE APPROVAL
The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Chief Medical Director: __________________________