

**Medical Policy**  
**Enteral Nutrition Formulas and Supplements**

**Document Number:** 017

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No notification or authorization		
Not covered		

**Overview**

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical appropriateness for the limited circumstances under which AllWays Health Partners authorizes coverage for enteral nutritional formulas and supplements. This document does not pertain to supplies related to enteral products. For supplies related to enteral products, please reference the DME Prior Authorization list. The treating provider must include information supporting the diagnosis, condition, and medical necessity in the request for prior authorization of enteral nutritional formulas and supplements.

**Coverage Guidelines**

AllWays Health Partners covers enteral nutrition formulas and supplements administered orally or via enteral tube when the member meets one of the conditions listed under the coverage criteria and when prescribed by the treating physician and in accordance with Massachusetts State Mandate.

**AllWays Health Partners covers nutritional formulas and supplements**

Medical necessity for nutritional formula or supplements administered orally or via enteral tube is established for members in the following situations:

1. Enteral nutrition, orally or by tube feeding, when used as a therapeutic regimen to prevent serious disability or death in a member with a medically diagnosed condition that precludes the full use of regular food or precludes adequate ingestion of calories to achieve sufficient growth.
2. Prematurity. Formulas formulated for premature infants may be covered for those infants born at less than or equal to 36 weeks gestation. The formulas may be covered for up to 3 months of age. Documentation required includes gestational age.
3. The member presents with clinical signs and symptoms of impaired digestion, malabsorption, or nutritional risk, as indicated by the following:
  - a. The member cannot ingest regular food because of a medical condition; or
  - b. Weight loss attributed to actual or potential developing malnutrition as defined below:
    - Adults and post-pubertal adolescents showing involuntary or acute weight loss of greater than or equal to 10 percent of usual body weight during a 3- to 6-month period, or body mass index below 18.5 kg/m<sup>2</sup>;<sup>1</sup>

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<sup>1</sup> With consideration for measurement of BMI in members with chronic immobility for whom height is difficult to measure by using another anthropometric method such as height associated with arm span or ration of upper body to lower extremity length.  
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- Neonates, infants, and children, showing:
  - a. Very low birth weight (VLBW <1500 g) within the first three months of life corrected for prematurity even in the absence of gastrointestinal, pulmonary, or cardiac disorders;
  - b. A sustained decrease in weight or weight-for-height-for-age-and-gender across two or more major percentiles after having previously established a stable rate of growth (growth velocity);
  - c. A lack of weight gain, or weight gain less than two standard deviations below the age-appropriate mean (i.e., below the 2nd percentile), and not growing at a rate parallel to the growth curve in a three-month period for children under six months, or four-month period for children aged six to 12 months, and that does not reverse with instruction in appropriate diet for age;
  - d. No weight gain, abnormally slow rate of gain for three months, for children older than one year, and/or documented weight loss that does not reverse promptly with instruction in appropriate diet for age; or
  - e. Weight or weight-for height less than two standard deviations below the mean for age and gender (i.e. below the second percentile) and not growing at a rate parallel to the growth curve;
  - f. For individuals with genetic or other syndromes, where syndrome-specific growth charts are available, weight gain and growth are abnormally slow for the specific condition using the condition-specific growth chart;
  - g. Abnormal laboratory tests pertinent to the diagnosis.
- 4. The risk factors for actual or potential malnutrition have been identified and documented. Such risk factors include, but are not limited to, the following:
  - a. Anatomic structures of the gastrointestinal tract that prevents food from reaching the stomach (e.g. esophageal cancer), impair digestion and absorption;
  - b. Neurological disorders that impair swallowing or chewing;
  - c. Diagnosis of inborn errors of metabolism that require food products modified to be low in protein (for example, phenylketonuria (PKU), tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia and methylmalonic acidemia);
  - d. Allergy to cow's milk protein and soy infant formulas that occurs while given a cow's milk formula or breast milk with documented improvement from elimination of dairy from the diet and a successful trial of extensively hydrolyzed protein formula or, if such a trial failed, then a successful trial of amino-acid based formula. Each of the following must be present:
    - i. documented allergy to cow's milk;
    - ii. documented soy formula intolerance;
    - iii. documented multiple protein intolerance;
    - iv. The primary source of nutrition being 100% hydrolyzed amino acids nutritional formula;
  - e. Prolonged nutrient losses due to malabsorption syndromes or short-bowel syndrome, diabetes, celiac disease, chronic pancreatitis, renal dialysis, draining abscess or wounds;

- f. Treatment with anti-nutrient or catabolic properties (for example, anti-tumor treatments, corticosteroids, immunosuppressants, etc.);
  - g. Increased metabolic and/or caloric needs due to excessive burns, infection, trauma, prolonged fever, hyperthyroidism, or illnesses that impair caloric intake and/or retention; or
  - h. A failure-to-thrive diagnosis that increases caloric needs while impairing caloric intake and/or retention.
5. Enteral nutrition is indicated as the primary source of nutritional support essential for the management of risk factors that impair digestion or malabsorption and for the management of surgical preparation or postoperative care.
  6. For children older than one year of age, a re-trial of commercial food and re-evaluation should demonstrate continued evidence of need for specialized formula.

### Coverage for State-Mandated Conditions

- a. Formulas for the treatment of inborn diseases of metabolism of amino acids and organic acids such as:
  - Phenylketonuria (PKU);
  - Tyrosinemia;
  - Homocystinuria;
  - Maple syrup urine disease;
  - Propionic acidemia or methylmalonic **acidemia**; or
  - **Methylmalonic** acidemia.
- b. Nonprescription enteral formulas for home use for which a physician has written an order and which are medically necessary to help in the treatment of malabsorption caused by disorders affecting the absorptive surface, functional length, gastrointestinal tract motility, such as:
  - Crohn's disease;
  - Ulcerative colitis;
  - Gastroesophageal reflux;
  - Gastrointestinal dysmotility; or
  - Chronic intestinal pseudo-obstruction.
- c. Coverage for inborn diseases of amino acids and organic acids shall include food products modified to be low protein in an amount not to exceed \$5,000 annually for any insured individual. **The \$5,000 annual limitation only applies to low protein food products for Commercial Accounts.**
- d. Under the State Mandate, formulas for the above conditions may be authorized for one year and require annual review for renewal.

### Exclusions



AllWays Health Partners does not consider enteral products and nutrition supplements to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to the following:

1. A medical history and physical examination have been performed and other possible alternatives have been identified to minimize nutritional risk.
2. The member is underweight but has the ability to meet nutritional needs through regular food consumption and/or commercially available caloric supplements.
3. Enteral products are used as supplements to a normal or regular diet in a member showing no clinical indicators of nutritional risk.
4. The member has food allergies, lactose intolerance, or dental problems, but has the ability to meet his or her nutritional requirements through alternative food sources.
5. Enteral products are used for dieting or a weight-loss program.
6. No medical history or physical examination has been taken and there is no documentation that supports the need for enteral nutrition products.
7. **(Commercial members)** AllWays Health Partners does not provide coverage for standard, non-hydrolyzed, non-supplemented, non-elemental milk, or soy-based infant formulas as these are considered food and not to treat a medical condition.
8. AllWays Health Partners does not provide coverage for “standard infant formulas” (i.e. Similac Advance and Similac Isomil, Enfamil Infant, and Enfamil ProSobee Soy) offered by the Massachusetts WIC Nutrition Program in WIC eligible members. AllWays Health Partners may allow coverage if the request is for medically necessary quantities to sustain a healthy weight more than the quantity allowed the WIC Program. Refer to the WIC Information for Providers page on Mass.gov (<https://www.mass.gov/service-details/wic-information-for-providers>) to find the standard infant formulas, as the standard infant formulas offered by the WIC Program may change brands.
9. Enteral nutrition and special medical formulas and foods are requested solely because of food preference in the absence of a medical condition.
10. Enteral nutrition products for premature infants older than three months of age. Standard infant formulas for home use (in a setting in which normal life activities take place) are expected to be used for premature infants older than three months of age (corrected for prematurity) and whose weight growth is parallel to or growing faster than the appropriate growth curve for age.
11. Growth parameters are consistent with specialized condition-specific growth charts for members with genetic conditions.
12. Children who are small but exhibit a normal growth rate parallel to the growth curve.

### **Non-Covered Products**

1. Regular store-bought food for use with an enteral feeding system;
2. Food for the ketogenic diet;
3. Liquid nourishments and food products used for cleansing, detoxing, dieting or recommended by weight loss centers;

4. Nonprescription formulas, supplements, or prescription foods when store-bought food meets nutritional needs;
5. Enfamil Premium Infant Formula, Enfamil ProSoybee Soy, Enfamil Gentlease or Enfamil A.R.;
6. Human breast milk.

### Documentation

The Provider is responsible for the following documentation:

1. The [MCO Combined Form for Enteral Products Authorization Requests](#)
2. A recent (within the past year) comprehensive medical history and physical examination and, if applicable, laboratory tests which have been conducted to detect factors contributing to nutrition risk.
3. Other evidence to support clinical criteria that may not be included in the MCO Combined Form for Enteral Products Authorization Request.
4. Requests for standard formulas in excess of what is provided by WIC requires documentation listing:
  - a. Current formula intake;
  - b. Growth parameters on the formula intake;
  - c. The anticipated increase in formula needed to provide age appropriate growth.

### Definitions

Enteral Formula: Liquid nourishment, which may be given through a feeding tube.

Supplements: Liquid nourishment which is taken by mouth and usually not associated with regular store or health store-bought food, such as instant breakfast drinks or protein powder drinks.

Malabsorption: A problem properly absorbing nutrition from food, potentially or actually leading to malnutrition.

Malnutrition: “A pathologic state of varying severity: its clinical features are caused by a deficiency, excess or imbalance of essential nutrients. The cause may be primary (involving the quantity or quality of food consumed) or secondary (involving alterations in nutrient requirements, utilization or excretion).”  
[ASPEN]

Combined Managed Care Organization (MCO) Medical Necessity Review Form for Enteral Nutrition Products (Special Formula): A standardized form completed by the prescriber for the purpose of establishing medical necessity for prior authorization.

### HCPCS Codes

Authorized HCPCS Codes	Code Description
B4100	Food Thickener Administered Orally Per Ounce
B4102	Enteral Formula Adlt Repl Fls&Lytes 500 Ml = 1 U
B4103	Enteral Formula Ped Repl Fls&Lytes 500 Ml = 1 U
B4104	Additive For Enteral Formula
B4149	Enteral F Manf Blndrizd Nat Foods W/Nutrients

B4150	Enteral F Nutritionally Cmpl W/Intact Nutrients
B4152	Enteral F Nutrition Cmpl Cal Dense Intact Nutrnts
B4153	Enteral Formula Nutionally Cmpl Hydrolyzed Prots
B4154	Enteral F Nutrition Cmpl No Inherited Dz Metab
B4155	Enteral F Nutritionally Incmpl/Modular Nutrients
B4157	Enteral F Nutrition Cmpl Inherited Dz Metab
B4158	Enteral F Ped Nutrition Cmpl W/Intact Nutrnts
B4159	Enteral F Ped Nutritn Cmpl Soy Basd Intct Nutrnts
B4160	Enteral F Ped Nutrition Cmpl Cal Dense Nutrnts
B4161	Enteral F Ped Hydrolyzed/Aa&Peptide Chain Prots
B4162	Enteral F Ped Spcl Metab Needs Inherited Dz Metab
B4164	Parntal Nutrition Sol; Carbs 50%/Less - Hom Mix
B4168	Parntal Nutrition Sol; Amino Acid 3.5% -Hom Mix
B4172	Parntal Nut Sol; Amino Acid 5.5 Thru 7%-Hom Mix
B4176	Parntal Nut Sol; Amino Acid 7 Thru 8.5%-Hom Mix
B4178	Parntal Nutrit Sol; Amino Acid > 85% - Hom Mix
B4180	Parntal Nutrition Sol; Carbs > 50% - Home Mix
B4185	Parenteral Nutrition solution, not otherwise specified, 10 g lipids
B4187	Omegaven, 10 g Lipids
B4189	Parntal Nut Sol; Amino Acid&Carb 10-51 Gms Prot
B4193	Parntal Nut Sol; Amino Acid&Carb 52-73 Gms Prot
B4197	Parntal Nut Sol; Amino Acid&Carb 74-100 Gm Prot
B4199	Parntal Nut Sol; Amino Acid&Carb > 100 Gms Ppar
B4216	Parntal Nutrition; Additives - Home Mix Per Day
B4220	Parenteral Nutrition Supply Kit; Premix Per Day
B4222	Parntal Nutrition Supply Kit; Home Mix Per Day
B4224	Parenteral Nutrition Administration Kit Per Day
B5000	Parntal Nut Sol; Amino Acid&Carbs Renl-Amirosyn
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix
S9434	Modified solid food supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care

	coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

### Related Policies

- [MCO Combined Form for Enteral Products Authorization Requests](#)
- [DME Prior Authorization list](#)
- [Enteral Formulae and Parenteral Nutritional Solutions, DME Provider Payment Guidelines](#)

### Effective

March 2020: Ad-hoc review reflecting new MassHealth guidelines. Removed requirement that child be seen by a pediatric gastroenterologist, pediatric allergist or pediatric pulmonologist under criteria 4 d.

October 2019: Annual review. Page 1; Added Prematurity to list of conditions when AllWays Health Partners would cover nutritional formulas and supplements.

October 2018: Added \$5,000 annual limit under subheading Coverage for State-Mandated Conditions. Clarified exclusion #7 and added exclusion #8

September 2017: Annual review. Added HCPCS codes.

September 2016: Annual review.

December 2015: Revised sentence under subheading Coverage for State-Mandated Conditions to remove language indicating \$5,000 annual limitation.

September 2015: Annual review without substantial changes in medically necessary indicators.

September 2014: Annual review without substantial changes in medically necessary indicators.

May 2013: Added human breast milk to non-covered product list.

September 2012: Annual review.

October 2011: Annual review.

October 2010: Annual review.

October 2009: Policy modified.

January 2009: Annual review.

January 2008: Annual review.

January 2007: Annual review.

January 2006: Annual review.

January 2005: Annual review.

May 2003: Annual review.

May 2002: Effective date.

### References:

Davis, M.A. Failure to thrive. Journal of Pediatrics and Adolescent Medicine, [Electronic version], 9395(76) 3193-3448.



American Society for Parenteral and Enteral Nutrition [ASPEN]. Guidelines for the use of parenteral and enteral nutrition in adult and pediatric patients. From <http://www.nutritioncare.org/>. Accessed 12/18/01, 12/07, 12/08, 05/08, 10/09, 10/10, 09/12, 5/13, 8/17

CMS National Coverage Determination (NCD) for Enteral and Parenteral Nutritional Therapy (180.2), effective 7/11/1984 V.1 found at <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=242&ncdver=1&bc=AgAAgAAAAAA&> . Accessed 12/19

MassHealth regulations at 130 CMR 409.000 and 450.000 and Guidelines for Medical Necessity Determination for Enteral Nutrition Products, revisions March 2014. Accessed 12/06, 12/07, 12/08, 5/08, 10/09, 10/10, 09/12, 5/13, 4/13, 9/16, 8/17, 10/19

MassHealth MVACO Contract, Section 2.6D