



Title: Enteral Nutritional Therapy	Pages: 2
Department: Medical Management	Subsection:
Policy Reference:	Effective Date: October 1, 2011
Purpose: Define criteria for prior authorization and re-authorization of enteral nutritional therapy	

POLICY STATEMENT:

The determination of medical necessity of Enteral Nutritional Therapy follows the AHCCCS guidelines. Care1st Health Plan AZ, Inc. (Care1st) has specific requirements related to the frequency and the information required for prior authorization and re-authorization

DEFINITIONS:

Enteral Nutritional Therapy is defined as nutrition requirements that are provided via the gastrointestinal cavity by mouth (orally) or through a tube or stoma that delivers the nutrients distal to the oral cavity.

OPERATING PROTOCOL:

Clinical Indications for Enteral Nutritional therapy

Care1st follows AHCCCS Criteria for Nutritional Therapy published in the AHCCCS Medical Policy Manual

- Chapter 400 policy 430
- Chapter 300, policy 320

Suggested caloric intake follows the recommendation published by the US Department Health and Human Services "Dietary Guidelines for Americans". Details could be found at www.dietaryguidelines.gov. For summary of caloric recommendations for different ages please see attachment 1.

In addition Care1st requires the following for initial prior authorization:

Requests for prior authorization for enteral nutrition products are to be accompanied by clinical documentation that supports medical necessity for the requested nutrition products. Documentation of medical necessity to include:

1. Primary diagnosis name and ICD-9 code specific to the nutritional disorder for which enteral nutrition products are requested

2. Documentation of clinical signs and symptoms of impaired digestion, malabsorption or nutritional risk including antropometric measures e.g. height weight, BMI, growth charts and prognosis.
3. Most recent comprehensive medical history and physical exam completed within three months of the initial request
4. Laboratory tests sufficient to establish the diagnosis of malnutrition, when applicable
5. Documentation of the route of enteral nutrition treatment
6. Documentation of past and current treatment regimens
7. Documentation of type and estimated duration of need for enteral nutrition products
8. Additional evaluation by nutritionists, speech therapy providers or other specialists might be required in certain cases
9. Requests for caloric intake in excess of the recommendations by US Department of Health and Human Services or attachment 1 for certain age should be accompanied with clinical information justifying the increased needs.

The following is required for continued authorization:

1. Clinical notes from the physician documenting the need for continued utilization of nutrition products, antropometric measures (BMI, growth charts) to determine the effectiveness of the nutritional regimen
2. A new or updated prior authorization request for enteral nutrition products must be submitted before expiration of the current prior authorization in order to continue the use of the product(s)
3. Reauthorizations (with clinical justification and CMN) are required every **three months** for clinical conditions for which enteral nutritional therapy is considered temporary
4. Reauthorizations (with clinical justification and CMN) are required **every six months** for medical conditions for which enteral nutritional therapy is considered permanent.
5. Authorization for periods longer that specified above (up to 12 months) will be made on a case by case basis by the health plan Medical Director.

**Authorizations for thickeners: Modified Barium Swallow study (MBS) is required for all initial authorizations. For re-authorizations MBS is required every six months. In certain cases Medical Director can authorize thickener for a longer period of time without MBS study.*

GUIDELINE HISTORY

Date	Review/Reason for Change
10/25/11	Initial Review

Reviewed and Approved by: (Signature on file)

Albena Baharieva MD, Chief Medical Officer