

MDwise POLICY AND PROCEDURE			
TITLE: Nutrition Supplementation			POLICY NO: MM 061
RESPONSIBLE DEPT: Medical Management	DATE LAST REVIEWED, REVISED – NS, OR REVISED AND APPROVED: 05/29/2025	DATE EFFECTIVE: 11/14/2024	PAGE(s) including attachments: 6
HIP ☒		Hoosier Healthwise ☒	

PURPOSE:

This document addresses “medical food” or commercially available processed enteral products (please see the Definitions section for further information regarding medical food) when used in the home to meet basic metabolic needs in a variety of conditions affecting either the mechanical or metabolic process of digestion. Enteral nutrition consists of nutritional support given via the gastrointestinal (GI) tract, either directly or through any of a variety of tubes used in specific medical circumstances. This includes oral feeding, sip feeding, and tube feeding using nasogastric, gastrostomy, jejunostomy, or other tubes. Effective food thickening may be useful in certain clinical cases by providing extra time for a child with dysphagia to achieve airway protection during swallowing, decrease regurgitation and risk for aspiration of gastric contents, and preventing the need for tube feedings. Food thickener may be approved through prior authorization for a member with documentation supporting the need for thickened liquids.

This document addresses standard food (not for medical purposes) and regular grocery products including typical (not specially formulated) infant formulas.

This document does not address enteral products given via any variety of tubes.

This document does not address standard food (not for medical purposes), although it is technically an enteral nutritional product.

Note: For Enteral Nutrition given via tube, see appropriate InterQual ® guidelines.

Note: For Digestive Enzyme In-line cartridge (Relizorb): Refer to the IHCP Module: Durable and Home Medical Equipment/Enteral and Parenteral Nutrition/Enteral Feeding Cartridge.

RELATED POLICIES: None

POLICY:

I. Oral Enteral Nutrition

Medically Necessary:

Oral enteral nutrition (oral feeding) is considered **medically necessary** when **all** of the following criteria are met:

- A. The product must be a medical food for oral feeding; **and**
- B. The product is the primary source of nutrition (that is, constitutes more than 50 percent of the intake for the individual); **and**

- C. The product must be labeled and used for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements to avert the development of serious physical or mental disabilities or to promote normal development or function as listed in 1. or 2. below:
1. Conditions associated with an in-born error of metabolism that interfere with the metabolism of specific nutrients, including, but not limited to:
 - a. Phenylketonuria (PKU); **or**
 - b. Homocystinuria; **or**
 - c. Methylmalonic acidemia; **or**
 2. Conditions that interfere with nutrient absorption and assimilation, including, but not limited to:
 - a. Allergy or hypersensitivity to cow or soy milk diagnosed through a formal food challenge; **or**
 - b. Allergy to specific foods including food-induced anaphylaxis; **or**
 - c. Allergic or eosinophilic enteritis (colitis/proctitis, esophagitis, gastroenteritis); **or**
 - d. Cystic fibrosis with malabsorption; **or**
 - e. Diarrhea or vomiting resulting in clinically significant dehydration requiring treatment by a medical provider; **or**
 - f. Malabsorption unresponsive to standard age-appropriate interventions when associated with failure to gain weight or meet established growth expectations; **or**
 - g. Failure to thrive unresponsive to standard age-appropriate interventions (for example, nutritionally complete liquid meal supplements) when associated with weight loss, failure to gain weight or to meet established growth expectations, including but not limited to:
 - i. Premature infants who have not achieved the 25th percentile for weight based on their corrected age; **or**
 - ii. Individuals with end-stage renal disease and an albumin less than 4 gm/dl; **and**
- D. The product must be used under the supervision of a physician or nurse practitioner or ordered by a registered dietician upon referral by a health care provider authorized to prescribe dietary treatments.

Oral enteral nutrition is considered **medically necessary** when the diet consists of less than 50 percent enteral nutrition and more than 50 percent standard diet for age when:

- A. The enteral product is used as part of a defined and limited plan of care in transition from a diet of more than 50 percent enteral products to standard diet for age; **or**
- B. Medical records document a medical basis for the inability to maintain appropriate body weight and nutritional status prior to initiating or after discontinuing use of an enteral supplement as well as ongoing evidence of response to the enteral nutrition.

Not Medically Necessary:

Oral enteral nutrition is considered **not medically necessary** when the criteria above have not been met.

Oral enteral nutrition is considered **not medically necessary** when use of a product is based on the convenience or preference of the individual or provider.

Standard food (not for medical purposes) and regular grocery products including typical (not specially formulated) infant formulas are considered **not medically necessary**.

II. Other Considerations

Not Medically Necessary:

The use of formulas and other food products is considered **not medically necessary** when the criteria above have not been met including, but not limited to:

- A. Used primarily for convenience or for features which exceed that which is medically necessary (for example, pre-packaged, liquid vs. powder, etc.).
- B. When used for individuals with disorders of swallowing where non-medical food is tolerated.

Continuation of oral home enteral nutrition is considered **not medically necessary** when documentation demonstrates the applicable medical necessity criteria above are no longer met.

III. Food thickeners:

Requests for food thickeners may be considered **medically necessary** when **at least one** of the following criteria is met:

- A. A diagnosis of gastro esophageal reflux, dysphagia, esophagitis, or a documented risk of aspiration.
- B. History of aspiration pneumonia
- C. An abnormal swallowing study
- D. Weight loss due to significant vomiting AND failure of thickened feedings or positioning to correct reflux

IV. Digestive Enzyme In-line cartridge (Relizorb):

Refer to the IHCP Module: Durable and Home Medical Equipment/Enteral and Parenteral Nutrition/Enteral Feeding Cartridge.

PROCEDURE:

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services may be Medically Necessary when criteria are met:

- B4150 Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, Indicate the number of units needed vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- B4152 Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Indicate the number of units needed
- B4158 Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron,

administered through an enteral feeding tube, 100 calories = 1 unit.
Indicate the number of units needed

- B4159 Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
Indicate the number of units needed
- B4160 Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Indicate the number of units needed

Special Enteral Nutrition Formula

- B4149 Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Documentation necessary to support use
- B4153 Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Documentation necessary to support use
- B4154 Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Documentation necessary to support use
- B4155 Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit Documentation necessary to support use
- B4157 Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Documentation necessary to support use
- B4161 Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, Documentation necessary to support use 100 calories = 1 unit
- B4162 Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include

fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Documentation necessary to support use

REFERENCES

Peer Reviewed Publications:

Chen X, Zhao G, Zhu L. Home enteral nutrition for postoperative elderly patients with esophageal cancer. *Ann Palliat Med*. 2021; 10(1):278-284.

Høst A, Koletzko B, Dreborg S, et al. Dietary products used in infants for treatment & prevention of food allergy. Joint Statement of the European Society for Paediatric Allergology and Clinical Immunology (ESPACI) Committee on Hypoallergenic Formulas and the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) Committee on Nutrition. *Arch Dis Child*. 1999; 81(1):80-84.

Government Agency, Medical Society, and Other Authoritative Publications:

Marchand V, Motil KJ.; NASPGHAN Committee on Nutrition. Nutrition support for neurologically impaired children: a clinical report of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition. *J Pediatr Gastroenterol Nutr*. 2006; 43(1):123-135.

Payne C, Wiffen PJ, Martin S. Interventions for fatigue and weight loss in adults with advanced progressive illness. *Cochrane Database Syst Rev*. 2012;(1):CD008427.

Perrin EC, Cole CH, Frank CH, et al. Criteria for determining disability in infants and children: failure to thrive. *Evid Rep Technol Assess (Summ)*. 2003; (72):1-5.

U.S. Food and Drug Administration (FDA). Center for Food Safety and Applied Nutrition. Office of Nutritional Products, Labeling, and Dietary Supplements. March 2023: Frequently Asked Questions about Medical Foods. . Available at: <https://www.fda.gov/media/97726/download>. Accessed on August 7, 2023.

U.S. Food and Drug Administration (FDA). Regulatory Information. Section 5 of Orphan Drug Act. Available at: <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/MedicalFoods/default.htm>. Accessed on August 7, 2023.

U.S. Social Security Administration (SSA). Disability Evaluation under Social Security. 105.08 Digestive System – Childhood. Available at: http://www.ssa.gov/disability/professionals/bluebook/105.00-Digestive-Childhood.htm#105_08. Accessed on August 7, 2023.

U.S. Social Security Administration (SSA). Program Operations Manual System (POMS). DI 24598.002. Failure to Thrive. March 2017. Available at: <https://secure.ssa.gov/poms.nsf/lnx/0424598002>. Accessed on August 7, 2023.

RESPONSIBLE PARTY	TASK(S)

MDwise Policy and Procedure Approval

Policy Owner Name: Jeffrey Wheeler, MD
Title: Medical Director
Date: 05/29/2025

History of Policy and Procedure Revisions and Reviews:

Date	Action	Review Committee (if Applicable)	Notes
10/24/2024	Approved by OMPP		State approval code: DR-09-2024-14465/ HHW-HIPO0166 (10/24)
11/14/2024	Issued	Compliance Committee	
05/29/2025	Reviewed		Annual Review