

# Enteral Nutrition

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4010

Recent review date: 3/2023

Next review date: 7/2024

Policy contains: Enteral nutrition; Enteral feeding; Enteral infusion pump.

*AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.*

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## Policy statement

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Enteral nutrition therapy is clinically proven and, therefore, medically necessary when the following criteria are met:

Enteral therapy or oral nutritional supplements may be provided safely and effectively in the home by non-professional persons who have undergone special training. AmeriHealth Caritas Louisiana will not pay for any services furnished by non-physician professionals.

Enteral nutritional therapy is considered reasonable and necessary for a beneficiary when medical documentation, such as hospital records and clinical findings, support an independent conclusion that the beneficiary has a permanently inoperative internal body organ or function which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with his/her general condition. For purposes of this policy, permanent means an indefinite period of more than one month.

Prescriptions for enteral feedings must be for an average of at least 750 calories per day over the prescribed period and must constitute at least 70 percent of the daily caloric intake to be considered for coverage by AmeriHealth Caritas Louisiana. Coverage of prescribed feedings of less than an average of 750 calories per day may only be considered with additional physician documentation and justification of the reason for prescribing less than an average of 750 calories per day. Baby food and other regular grocery products than can be used with an enteral system are not covered.

All requests must include the following information:

- Name of the nutrient product or nutrient category;
- Number of calories prescribed by enteral feeding per day (100 calories equals one unit) and whether the prescribed amount constitutes 70 percent or more of the daily caloric intake;
- Frequency of administration per day;
- Method of administration (oral or, if tube, whether syringe, gravity, or pump fed);
- Route of administration, if tube fed (i.e., nasogastric, jejunostomy, gastrostomy, percutaneous enteral gastrostomy, or naso-intestinal tube); and
- Reason for use of a pump, if prescribed.

Enteral nutritional therapy will not be approved for temporary impairments or for convenience feeding via gastrostomy.

Enteral feedings can only be provided for the most economic package equivalent in calories and ingredient content to the needs of the beneficiary as established by medical documentation. The physician(s) must document the reason for prescribing a formula including beneficiary's diagnoses.

Approved requests shall be reviewed at periodic intervals not to exceed six months. Approval may be granted for up to six months at a time. AmeriHealth Caritas Louisiana, however, will pay for no more than one month's supply of enteral nutrients at any one time.

### **Enteral Infusion Pump**

A standard enteral infusion pump will be approved only with documented evidence that the pump is medically necessary and that syringe or gravity feedings are not satisfactory due to complications such as aspiration, diarrhea, dumping syndrome, etc.

AmeriHealth Caritas Louisiana will pay for the rental of a standard enteral infusion pump and accessories. AmeriHealth Caritas Louisiana can pay for repairs not covered by the warranty or lease agreement.

#### Limitations:

None.

#### Exemptions:

None.

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## **References**

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Louisiana Medicaid Durable Medical Equipment Provider Manual. 2010. Enteral Nutrition; Enteral Infusion Pump. Chapter 18, Section 18.2. Issued 01/27/2023.

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## **Policy updates**

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Initial review date: 3/2/2021

3/2023: Policy references updated.