

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: ENTERAL NUTRITION PRODUCTS

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

This policy outlines how CCHP determines when an authorization request for enteral nutrition is considered medically necessary.

POLICY:

- 1 CCHP will determine the medical necessity of enteral nutrition products by **EITHER:**
 - a. Using the criteria of ForwardHealth's coverage policies for enteral nutrition. This includes the most recently published ForwardHealth Policy and the online handbook^{1 and 2}, **OR**
 - b. Using CCHP's Medical Necessity Medical UM Policy when the clinical conditions are not adequately addressed by the ForwardHealth Policy
- 2 In addition, in order to assure the need for enteral nutrition is current, CCHP will require:
 - a. Documentation of a recent face to face clinical evaluation with the prescribing physician or APP.
 - i. A dietician's or nutritionist's evaluation will suffice if working under the direction of the prescribing practitioner.

Effective: 5/19

Revised:

Reviewed: 10/21

Q:/ CCHP Leadership/ Medical Utilization Management Policy/Approved UM Med Policies/Enteral Nutrition Products Medical UM Policy

Developed by: CCHP Medical Director and Executive Director Health Plan Clinical Services

- ii. The evaluation must have occurred recently enough to consider it applicable throughout the time period the enteral nutrition product is expected to be needed according to the authorization request.
- b. Documentation the enteral nutrition product has been prescribed (or renewed) by the supervising practitioner within 3 months of the onset of the the time period the enteral nutrition product is expected to be needed according to the authorization request.

REFERENCES

1. ForwardHealth Update: Enteral Nutrition Products Policy. October 2012. No. 2012-57
2. ForwardHealth on-line handbook. Currently accessible at:
<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=121&s=3&c=55&n>
[t=](#)

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