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

This policy applies to the following entity(s):
- CHW – Milwaukee
- CHH Foundation
- CHW – Community Services Division
- Children’s Medical Group - Primary Care
- Children’s Medical Group - Urgent Care
- CHW - Fox Valley
- CHW - Surgicenter
- Children’s Specialty Group
- 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, 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.
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 time period the enteral nutrition product is expected to be needed according to the authorization request.

REFERENCES
2. ForwardHealth on-line handbook. Currently accessible at: