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|  | Clinical Protocol: Enteral Nutrition Products | |
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PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines and indications for Enteral nutrition products that are intended to treat a nutrition deficit, imbalance, or an increased nutrition requirement

INDICATIONS

According to their August 12, 2005 letter, caloric dense Enteral products are a CCS program benefit when:

- Medically necessary to treat a CCS eligible condition (HIV, cystic fibrosis, malignancy, dialysis, etc.), and
- They make up greater than 20% of the patient's daily nutrient intake.

Enteral nutrition products are intended to treat a nutrition deficit, imbalance, or an increased nutrition requirement. These products may be administered orally or through a tube and may provide supplemental nutrition or be the sole source of nourishment. Some conditions are associated with short stature and depressed body mass and the inability to achieve a normal growth pattern. These conditions will not benefit from aggressive nutrition support. Moreover, enteral nutrition products are not intended to replace whole foods for a patient who is able to consume whole foods. Prescribed products must therefore be medically appropriate and efficacious for the patient's medical condition. Note that not all benefit plans cover nutritional support, even under the circumstances stated above, and many do not cover nutritional support that is taken orally. In these cases, nutritional therapy may only be covered when administered enterally (i.e., by feeding tube) or parenterally (i.e., by intravenous administration). Special medical foods are used for the treatment of inborn errors of metabolism (phenylketonuria [PKU], maple syrup urine disease [MSUD], homocystinuria, histidinemia, and tyrosinemia). These special foods are designed to restrict the intake of one or more amino acids. Coverage of special medical foods also varies by benefit plan. For example, CCS covers formulas for certain CCS-eligible medical conditions.

Elemental formulas are complete formulas designed for individuals who have a dysfunctional or shortened gastrointestinal tract and are unable to tolerate and absorb whole foods or formulas composed of whole foods (proteins, fats and/or carbohydrates). Whole foods are defined as home-prepared and significantly unaltered foods. For example, blenderized or pureed table foods are considered whole foods. Examples of conditions which result in malabsorption, intolerance or GI-dysfunction are necrotizing enterocolitis, gastroschisis, ulcerative colitis, HIV infection, and neoplastic conditions. Elemental formulas contain modified macronutrients that allow for easier absorption in these conditions.

Calorie dense products are prescribed for individuals with fluid restrictions, increased nutritional requirements, and/or specific feeding impairments that preclude adequate oral intake. Examples of such conditions are severe burns, severe head injury, cystic fibrosis, renal disease, and some cardiac conditions. Some formulas that provide higher caloric density up to two calories per milliliter or greater than 30 calories/ounce are Ensure Plus, PediaSure, Isocal HN Plus and Boost. Additionally, nutrition

additives are non-whole food preparations that may be added to regular foods or formulas to provide supplemental calories/nutrients or alter the nutrient composition to meet unique nutritional requirements of a specific medical condition. Such conditions that may require specific additives might include cystic fibrosis, prematurity, and some renal or cardiac conditions. Examples of nutritional additives are carbohydrate supplements such as Polycose, fat supplements such as MCT Oil, protein supplements such as ProMod, and combination supplements such as Duocal and Benecalorie.

RECOMMENDED RECORDS

Medical necessity for nutritional support may be documented by the presence of one of the following conditions:

- Documentation as outlined in “Enteral Nutrition Products” section of Medi-Cal Provider Manual
- Medical Justification for product clearly stated on “Enteral Nutrition Product Request Form” and in RD Medical Nutrition Therapy report. SCC/CCS Program-paneeled registered dietitian’s current nutrition assessment and care plan clearly stated MNT report dated within six months of request
- Growth velocity for weight is falling and is approaching the 10th percentile on standardized scales, or
- Z-scores when used to define malnutrition or faltering growth in children

CITATIONS

1. California Department of Health Services, California Children Services Bulletin N.L.:08-0618 June 13, 2018; “Enteral Nutrition Products As A CCS Program and GHPP Benefits”
2. Aetna Clinical Policy Bulletin: “Nutritional Support”, Number: 0061, 3/12/2010
3. Lochs H., Dejong C., Hamnarqvist F., et al; ESPEN Guidelines on Enteral Nutrition: Gastroenterology. Clin.Nutr. 2006; 25(2):260-274
4. Anthem Clinical UM Guideline, “Home Enteral Nutrition”, #CG-MED-08, 1/1/11