

Prior Authorization/ Medical Necessity Documentation Requirements

The purpose of these guidelines is to define the written documentation required to assist the department in determining the medical necessity for enteral nutrition. This information, including the order for the specific enteral nutrition product and calorie requirements, must be in the form of a complete and signed physician certificate of medical necessity. Medicaid providers will use the "Certificate of Medical Necessity/Prescription, Form ODM 01907 (7/2014)" for all enteral nutrition requests.

General Guidelines

- Initial requests for enteral products may be authorized for periods up to 12 months.
- When documenting medical necessity, please be specific when describing the medical need for the enteral nutrition. Avoid using general statements about the patient's health status.
- Always provide the current prior authorization number and authorized date spans when requesting certification or a revision to an existing prior authorization.
- Medical suppliers/pharmacies must complete Section A of the certificate of medical necessity.
- Prescribers must complete Section B of the certificate of medical necessity.

Documentation of Medical Necessity

Documentation of medical necessity must include all applicable diagnoses. Provide the **ICD-9** code and a **written description**; failure to provide both may delay processing of the prior authorization request. In addition to the diagnosis, submit information that supports the need for the nutritional supplement. A diagnosis and brief written description of the consumer's condition will generally be sufficient documentation for those consumers who require tube feedings as their sole source of nutrition, or have a disease/condition that prevents adequate absorption of sufficient nutrition from regular food.

For those consumers who do not meet the aforementioned criteria, documentation must include (in addition to specifying all applicable diagnoses) justification for why the enteral nutrition is required. If a patient cannot maintain weight, provide a weight history documenting the weight loss. Lab values which document nutritional deficiencies (e.g. albumin) should also be provided (general rule-of-thumb: if lab values are available, document them). The certificate of medical necessity **must** specify the daily calorie requirements to be supplied by the enteral product. Note: Please provide an explanation when daily calorie requirements exceed 2000.

WIC

The Women, Infants and Children (WIC) program will cover formula for children ages 0 to 5. Consumers must obtain enteral products for these children from WIC prior to requesting coverage through Medicaid. WIC coverage is limited to a select number of formula products. If WIC does cover the ordered formula, but does not supply the total amount required, Medicaid will consider coverage of the difference. When the ordered formula is not covered by WIC, it may be considered for coverage by Medicaid.

Billing

Use the appropriate alpha-numeric HCPCS code as listed in OAC code 5101: 3-10-03. **Do not use NDC numbers.** Providers are to dispense and bill for authorized enteral products on a **monthly** basis. Payment will be contingent upon recipient eligibility.