



## HOME ENTERAL NUTRITION GUIDELINE

- A. Oral enteral nutrition is considered medically necessary for individuals who meet the following criteria:
1. The product is the primary source of nutrition, i.e., more than half the intake for the individual.
  2. The product must be labeled and used for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements to avert the development of serious physical or mental disabilities or to promote normal development or function as listed in i. or ii. below:
    - i. Conditions associated with an in-born error of metabolism that interfere with the metabolism of specific nutrients, including, but not limited to:
      - a. Phenylketonuria, or
      - b. Homocystinuria, or
      - c. Methyl malonic acidemia;Or
    - ii. Conditions that interfere with nutrient absorption and assimilation, including, but not limited to:
      - a. Allergy or hypersensitivity to cow or soy milk diagnosed through a formal food challenge; or
      - b. Anaphylaxis to food; or
      - c. Allergic or eosinophilic enteritis (colitis/proctitis, esophagitis, gastroenteritis); or
      - d. Cystic fibrosis with malabsorption; or
      - e. Diarrhea or vomiting resulting in clinically significant dehydration requiring treatment by a medical provider; or
      - f. Malabsorption unresponsive to standard age appropriate interventions when associated with failure to gain weight or meet established growth expectations; or
      - g. Failure to thrive unresponsive to standard age appropriate interventions (e.g. increasing frequency of feeding and increasing energy intake using regular foods and home-prepared high-calorie beverages such as whole milk, Carnation Breakfast Essentials, Ovaltine) when associated with weight loss, failure to gain weight or to meet established growth expectations, including, but not limited to:
        - Premature infants up to 24 months who have not achieved the 25th percentile for weight based on their corrected (post-gestational) age; or
        - Individuals with end-stage renal disease and an albumin less than 4 gm/dl; and
  3. The product must be used under the supervision of a physician or nurse practitioner, or ordered by a health care provider authorized to prescribe dietary treatments following recommendations by a registered dietician.
- B. Oral enteral nutrition is considered medically necessary when the diet consists of less than 50% enteral nutrition and more than 50% standard diet for age when:
1. The enteral product is used as part of a defined and limited plan of care in transition from a diet of more than 50% enteral products to standard diet for age; or
  2. Medical records document a medical basis for the inability to maintain appropriate body weight and nutritional status prior to initiating or after discontinuing use of an enteral supplement as well as ongoing evidence of response to the enteral nutrition.

**References**

American Kidney Foundation KDOQI Guideline on Nutrition in Chronic Renal Disease was used. American Journal of Kidney Diseases Vol 35, NO 6, Suppl 2, June 2000.

American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). Enteral Nutrition Practice Recommendations. JPEN J Parenter Enteral Nutr. 2009; 33(3):122-167. Available at: <http://pen.sagepub.com/cgi/reprint/33/2/122>. (Accessed June 2016)

Dubowitz, H., Krugman, S. Failure to Thrive. Am Fam Physician. 2003 Sep 1;68(5):879-884.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
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