



# CERTIFICATE OF MEDICAL NECESSITY

DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 782 (3-2006)

## ORAL AND/OR ENTERAL NUTRITION

### SECTION A - Certification Type/Date:

Date	
Name	Patient ID

### SECTION B - Information in this Section May Not Be Completed by the Supplier of the Items/Supplies.

EST. LENGTH OF NEED (# OF MONTHS): _____ 1-99 (99=LIFETIME)
1. Does the patient have permanent non-function or disease of the structures that normally permit food to reach or be absorbed from the small bowel?
2. Does the patient require tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the patient's overall health status?
3. <u>Print</u> product name(s).
4. Total number of units per month.
5. Will this consist of 51% or more of their daily nutritional intake?
6. Select the method of administration.
7. Does the patient have a documented allergy or intolerance to semi-synthetic nutrients?

### SECTION C - Narrative Description

Narrative descriptions of all items, accessories and options ordered.
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### SECTION C Physician Signature/Date

Signature	Date	(Signature and Date Stamps are not acceptable)
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## Food Supplementantation Prior Authorization Guidelines

Nutritional supplementation coverage through Medicaid is considered optional by CMS. The following outlines ND Medicaid's defined coverage of these products.

### Approval Criteria:

- i Nasogastric or gastrostomy tube feeding
- i Malabsorption diagnoses including:
  - > Short Bowel (Gut) Syndrome
  - > Crohn's Disease
  - > Pancreatic Insufficiency
- i Metabolic disorders including cystic fibrosis
- i Limited volumetric tolerance requiring a concentrated source of nutrition (i.e., athetoid cerebral palsy with high metabolic rate).
- i Severe swallowing and eating disorders where consistency and nutritional requirements can be met only using commercial nutritional supplements, including (refer below to non-covered swallowing and eating disorders):
  - > Dysphagia due to excoriation of oral-pharyngeal mucosa
  - > Mechanical swallowing dysfunction secondary to a disease process such as:
    - Cancer or herpetic stomatitis
    - Oral-pharyngeal trauma such as burns
    - Other oral-pharyngeal tissue injury
- i Weight loss, with documentation providing the following information:
  - > Normal weight, percentile weight, and number of pounds lost in a specified time period
  - > A specific medical problem which has caused the weight loss
  - > Specific reasons why a diet of normal or pureed food cannot suffice

### Non-Covered Diagnoses:

- i Swallowing disorders which may lead to aspiration
- i Swallowing disorders which are psychosomatic in nature, as in anorexia or dementia
- i Reduced appetite due to side effects of drug products, as with methylphenidate, amphetamines, appetite suppressants, etc.
- i Mastication problems due to dentition problems

### Products considered for coverage

ND Medicaid will only offer coverage for the following:

- i Products classified by First Data Bank as Therapeutic Class Code, Specific C5F (e.g. Ensure, Pediasure, Boost, Resource)

### Products excluded from coverage

ND Medicaid will not offer coverage for the following:

- i Infant formulas, nucleic acid / nucleotide supplements, protein replacement, diet foods, geriatric supplements
- i Any product when used in amounts less than 51% of daily intake (must essentially be majority source of nutrition)