

Information on BadgerCare Plus (BC+) and Suggestions for Completing Prior Authorization Forms for Medically Needed Enteral Nutrition Products (Exempt Infant Formulas and Pediatric Medical Nutritionals)

The following information was compiled by the Wisconsin WIC Program (5/09, updated 11/09) as a resource for local WIC Project Dietitians to forward to health care providers who have patients using products not provided by the WIC Program or who need a higher quantity than the WIC Program can provide.

Enteral Nutrition Products and Prior Authorization

One of the benefits provided by BadgerCare Plus (BC+) is the provision of specially formulated enteral nutrition products when **medically necessary** for the treatment of health conditions such as pathology of the gastrointestinal tract or metabolic disorders. (If a patient has private insurance, that source of coverage must be pursued first.) Prior Authorization is required.

To help streamline the Prior Authorization approval process, it is recommended that the prescriber initiate the Prior Authorization form by entering pertinent information from the patient's health care record, and then forward the form to the pharmacist, who will complete the form and send it to EDS for review and approval.

The Prior Authorization form, "ForwardHealth Prior Authorization/Enteral Nutrition Product Attachment (PA/ENPA), form number F-11054," is attached. Word and pdf versions are available on-line at <http://dhs.wisconsin.gov/forms/F1/F11054.pdf> and <http://dhs.wisconsin.gov/forms/F1/F11054.doc>. Instructions for completion of the Prior Authorization form are available at <http://dhs.wisconsin.gov/forms/F1/F11054a.pdf>.

Guidelines that include approval criteria and noncovered diagnoses, "Prior Authorization Guidelines for Food Supplements," are attached. These are available on-line at <https://dhs.wisconsin.gov> (BadgerCare Plus, ForwardHealth interchange, Provider, BadgerCare Plus and Medicaid, Enteral Nutrition Products; under Prior Authorization, Prior Authorization Guidelines for Food Supplements), or <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/151/Default.aspx?ia=1&p=1&sa=121&s=3&c=282&nt=Prior%20Authorization%20Guidelines%20for%20Food%20Supplements.>)

Prior Authorization requests for additional diagnoses that are not included in the Guidelines may be considered if the patient has a severe health condition that requires a specially formulated enteral nutrition product (e.g., elemental or modified protein).

Additional Information/Suggestions for Completing Prior Authorization Requests

The following information, **including data from WIC**, may be helpful in completing Section III of the Prior Authorization form.

- Element 10. Daily Dose: Specify the number of units (100 calories = 1 unit) needed per day.
- Element 11. Refills: Specify duration product is to be used.
- Element 14. Member condition: Document why was this particular medical nutritional product is being prescribed. Include all other lab values or physical findings to document the severity of the condition.
- Element 18. Percentile and Height. **Data available from WIC includes most recent length or stature, and Length for Age percentile (birth - <24 months, adjusted for**

prematurity) or Height for Age percentile (2-4 years of age). Data from WIC may also include past measurements and percentiles.

- Element 19. Percentile and Weight. **Data available from WIC includes most recent weight (lbs/oz or kg) and Weight for Length percentile (for birth – <24 months of age) OR Body Mass Index percentile (2-4 years of age). Data from WIC may also include past weights and percentiles.**
- Element 20: Amount of weight loss. Document if weight decreased (or growth fell off the growth curve) prior to use of the prescribed product (include time span and weight lost) and/or if use of the product for the last x months has prevented the child from losing weight or falling off the growth curve. Note any history and degree of malabsorption or physiological GI problems interfering with intake.
- Element 21:
 - If not tube fed, the number of kilocalories required per day and the percent of total calories obtained from the supplement.
 - Include whether the child has a clinical condition that prevents the consumption of normal table, softened, mashed, pureed or blended food. If the child is unable to swallow, include documentation of swallow studies.
 - Whether the child can or cannot receive the product from WIC. If the product is available from WIC, document the maximum amount.

Approval Timeline:

Approval by Medicaid may take up 20 working days (less, when medical necessity is clearly documented). **Dispensing providers can pre-date PA requests up to 14 days from the date the Prior Authorization arrives at EDS.**

Appeals:

If the approval is denied, the recipient will receive a letter explaining their rights of appeal. The process and timeframe will be identified.

Each Medicaid/Badgercare HMO has Advocates who can be contacted.

The recipient may call the ombudsman at EDS for guidance on appeal at: 1-800/760-0001.

FORWARDHEALTH
PRIOR AUTHORIZATION / ENTERAL NUTRITION PRODUCT ATTACHMENT (PA/ENPA)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616. Providers who wish to submit PA requests by mail may do so by submitting them to ForwardHealth, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088.

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Enteral Nutrition Product Attachment (PA/ENPA) Completion Instructions, F-11054A.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Date of Birth — Member

3. Member Identification Number

SECTION II — TYPE OF REQUEST

4. Indicate the start date requested or the date the prescription was filled (required).

5. Check one of the following.

- This is an initial PA request for this product, for this member, by this provider.
 This is a request to renew or extend previously approved PA for therapy using this product.

First PA number

- This is a request to change or add a new Healthcare Common Procedure Coding System (HCPCS) procedure code to a current valid PA.

First PA number HCPCS number to add

SECTION III — PRESCRIPTION INFORMATION

6. Product Name

7. Quantity Ordered

8. Date Order Issued

9. Directions for Use of Product

10. Daily Dose

11. Refills

12. Name — Prescriber

13. National Provider Identifier

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DT-PA018-018

SECTION IV — CLINICAL INFORMATION

14. List the member's condition the prescribed drug is intended to treat. Include the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis for pharmaceutical care members. Include the expected length of need. If requesting a renewal or continuation of a previous PA approval, indicate any changes to the clinical condition, progress, or known results to date. Attach another sheet if additional room is needed.

15. Indicate source for clinical information (check one).

- This information was primarily obtained from the prescriber or prescription order.
- This information was primarily obtained from the member.
- This information was primarily obtained from some other source (specify).

16. Use (check one)

- Compendial standards, such as the United States Pharmacopeia — Dispensing Information (USP-DI) or drug package insert, lists the intended use identified above as an expected indication.
- Compendial standards, such as the USP-DI, lists the intended use identified above as a [bracketed] accepted application.
- Compendial standards, such as the USP-DI or drug package insert, lists the intended use identified above as an expected use.
- The intended use above is not listed in compendial standards. Peer-reviewed clinical literature is attached or referenced. (Reference — include publication name, date, and page number.)

17. Dose (check one)

- The daily dose and duration are within compendial standards of general prescribing or dosing limits for the indicated use.
 - The daily dose and duration are **not** within compendial standards of general prescribing or dosing limits for the intended use. Attach or reference peer-reviewed literature that indicates this dose is appropriate, or document the medical necessity of this dosing difference. (Reference — include publication name, date, and page number.)
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SECTION V — ADDITIONAL INFORMATION REQUIRED FOR ENTERAL NUTRITION SUPPLEMENTS

18. Indicate percentile (children only) and height.

19. Indicate percentile (children only) and weight.

20. Indicate the amount of weight loss, if any, and within what specific time span the weight was lost.

21. Check all that apply.

- This member is tube-fed.
- If not tube-fed, number of Kcal prescribed per day . Percent of total calories from this supplement %.
- This member can consume most normal table foods.
- This member can consume softened, mashed, or pureed food, or food prepared by blender.
- This member has a clinical condition, as indicated in Section IV, which prevents him or her from consuming normal table food, softened, mashed, or pureed food, or food prepared by blender.
- Comprehensive documentation of this member's condition is presented previously in Section IV.
- This member is eligible for food stamps.
- This product or a similar product can be obtained from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

22. **SIGNATURE** — Pharmacist or Dispensing Physician

23. Date Signed

Prior Authorization Guidelines for Supplements

(Copied/edited format from ForwardHealth interChange, accessed 4/20/09. Additional diagnoses may be considered if the patient has a severe health condition that requires a specially formulated enteral nutrition product, e.g., elemental or modified protein.)

Authority	DHS 107.10(2)(c) , Wis. Admin. Code, states that PA is required for "all food supplement or replacement products."
Use	Medically necessary, specially formulated enteral nutrition products are used for the treatment of health conditions such as pathology of the gastrointestinal tract or metabolic disorders.
Approval Criteria	<ul style="list-style-type: none"> • Nasogastric or gastrostomy tube feeding. • Malabsorption diagnoses including: <ul style="list-style-type: none"> ○ Short Bowel (Gut) Syndrome. ○ Crohn's Disease. ○ Pancreatic Insufficiency. • Metabolic disorders including cystic fibrosis. • Limited volumetric tolerance requiring a concentrated source of nutrition (i.e., athetoid cerebral palsy with high metabolic rate). • Severe swallowing and eating disorders where consistency and nutritional requirements can be met only using commercial nutritional supplements, including (refer below to noncovered swallowing and eating disorders): <ul style="list-style-type: none"> ○ Dysphagia due to excoriation of oral-pharyngeal mucosa. ○ Mechanical swallowing dysfunction secondary to a disease process such as: <ul style="list-style-type: none"> ▪ Cancer or herpetic stomatitis. ▪ Oral-pharyngeal trauma such as burns. ▪ Other oral-pharyngeal tissue injury. • Weight loss, with documentation providing the following information: <ul style="list-style-type: none"> ○ 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. • Failure to thrive in infants, with documentation providing the following information: <ul style="list-style-type: none"> ○ Weight and height, percentile weight and height, and number of pounds lost, if any, in a specified time period. ○ A specific medical problem or condition which has caused the failure to thrive. ○ Specific reasons why a diet of formula, normal, or pureed food cannot suffice. • Conditions that are not covered by Medicare, such as products given by mouth: <ul style="list-style-type: none"> ○ When justified by documentation indicating why normal and pureed food is not sufficient.
Noncovered Diagnoses	<p>Wisconsin Medicaid does not grant PA for:</p> <ul style="list-style-type: none"> • Food supplements used by nursing facility residents and included in the daily rate. • Products which may be purchased in a grocery store, drug store, or other retail outlet, with food stamps or with WIC stamps. Individuals who receive food stamps or WIC assistance may be able to use these for purchasing enteral nutrition products. <p>Noncovered swallowing and eating disorders include:</p> <ul style="list-style-type: none"> • Swallowing disorders which may lead to aspiration. • Swallowing disorders which are psychosomatic in nature, as in anorexia or dementia. • Reduced appetite due to side effects of drug products, as with methylphenidate, amphetamines, appetite suppressants, etc. • Mastication problems due to dentition problems (i.e., lack of teeth).