Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
September 19, 2025	September 19, 2025	09-25-41, 10-25-04, 24-25-38, 25-25-01, 31-25-42, 33-25-39

SUBJECT	BY
Prior Authorization Guidelines for Enteral Nutrition	Sally Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html.

PURPOSE:

The purpose of this bulletin is to:

1. Advise enrolled providers of the guidelines for prior authorization to support the medical necessity of prescriptions for enteral nutrition.
2. Issue new provider handbook pages that include the requirements for prior authorization and the information needed to evaluate the medical necessity of prescriptions for enteral nutrition.

SCOPE:

This bulletin applies to physicians, physician assistants, certified registered nurse practitioners, certified nurse midwives, durable medical equipment suppliers, and pharmacies enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render services to MA beneficiaries in the Fee-for-Service (FFS) delivery system. Providers who order, refer, prescribe, or render services in the MA Managed Care delivery system should address any prior authorization questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is meant to ensure that

services are medically necessary and appropriate. Additionally, Section 443.6(b) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code, requires MA providers to obtain prior authorization for certain services and items, including other services and items identified by the Department through publication in the *Pennsylvania Bulletin*. Prior authorization for certain services or items in the MA Program is necessary for MA providers to receive reimbursement.

Enteral nutrition is the method of providing nourishment through a feeding tube placed in the nose, stomach, or small intestine. At times, enteral nutrition is administered orally, without the use of a feeding tube. Enteral nutrition may be required for patients who cannot take any or enough nutrition by mouth.

The Department previously advised providers that it would cover enteral nutrition for MA beneficiaries over the age of 21 in MA Bulletin 99-01-13 titled, "Coverage of Enteral Supplements", effective January 1, 2002. This bulletin can be found on the Department's website at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d_005129.pdf.

On June 1, 2007, the Department issued MA Bulletin 08-07-10 titled, "Requirements for Coverage of Enteral Nutritional Supplements and Issuance of Enteral Nutritional Supplements MA Program Outpatient Fee Schedule", which advised providers of certain enteral nutrition procedure codes that would require prior authorization for MA beneficiaries 21 years of age or older, effective July 2, 2007 (https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d_004600.pdf).

On June 24, 2025, the Department advised providers of the change from InterQual to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization". There are no MCG guidelines for enteral nutrition. Therefore, the Department is advising providers of the clinical guidelines to be utilized for prior authorization of enteral nutrition for MA beneficiaries.

PROCEDURE:

Effective with the issuance of this bulletin, providers are to refer to the attached guidelines for the prior authorization review of enteral nutrition. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

ATTACHMENT:

PROMISe™ Provider Handbook, Section 7.1.2.3 Prior Authorization of Enteral Nutrition, Effective September 19, 2025

7.1.2.3 Prior Authorization of Enteral Nutrition

I. General Requirements for Prior Authorization of Enteral Nutrition

A. Prescriptions that Require Prior Authorization
B. Documentation for Review
C. Review of Documentation for Medical Necessity
D. Clinical Review Process
E. References

I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF ENTERAL NUTRITION

A. Prescriptions that Require Prior Authorization

1. All prescriptions for enteral nutrition by mouth for beneficiaries age 21 and older; AND
2. All prescriptions for enteral nutrition formulated for pediatric use for beneficiaries age 21 and older, regardless of route of administration.

B. Documentation for Review

The following information should be submitted with an initial authorization request:

1. Any height and weight measurements from the previous six months
2. Current diet (i.e., unrestricted, 1600 calorie ADA, 70-gram limited protein, pureed, regular diet with two cans of supplement per day, etc.)
3. Documentation of the effects of malnutrition or signs of need for extra nutrition
4. Reports of any testing relating to disease and nutritional status (i.e., lab reports including albumin, prealbumin, INR, CBC with differential, chemistry profile, or others)
5. Evaluations by a nutritionist or dietician, if available
6. Estimate of the beneficiary's current daily caloric needs
7. A description or documentation of any attempted dietary modifications

The following information should be submitted with a reauthorization request:

1. Current height and weight
2. Any height and weight measurements from the previous six months
3. Current diet
4. Documentation of the effects of malnutrition or signs of need for extra nutrition
5. Documentation (letter or medical record) of any changes in medical situation, or a statement that there have not been significant changes.

For requests for enteral nutrition formulated for pediatric use, in addition to the above information, the request should include a letter of medical necessity or statement explaining the need for the pediatric formula.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for enteral nutrition by mouth, or enteral nutrition formulated for pediatric use, regardless of route of administration, the determination of whether the requested service is medically necessary will take into account whether:

1. The beneficiary has a diagnosis of:
    - Inborn Errors of Metabolism (such as phenylketonuria (PKU), maple syrup urine disease, homocystinuria, methylmalonic acidemia, propionic acidemia, isovaleric acidemia, and other disorders of leucine metabolism;

glutaric aciduria type I and tyrosinemia types I and II; and urea cycle disorders); **OR**
- End Stage Renal Disease, on dialysis, with albumin levels less than 3.5; **OR**
- Human Immunodeficiency Virus; **OR**
- Cancer and receiving active treatment; **OR**
- Severe malabsorption syndrome (such as cystic fibrosis, short bowel syndrome, or intestinal failure); **OR**
- Severe food allergies, including eosinophilic esophagitis, such that careful food selection is incapable of preventing malnourishment or death.

2. Adequate nutrition is not possible by dietary adjustment; **AND**
3. There is evidence of malnutrition such as a losing more than 10% of your body weight in the past 6 months, a body mass index of less than 18.5, or albumin levels that are consistently less than 3.5.

For requests for reauthorization,

1. The condition which led to the initial approval of enteral nutrition still exists; **AND**
2. There are lab values and weights within the past 6 months that show the current use of the enteral nutrition as prescribed to be effective.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C. above to assess the medical necessity of a prescription for enteral nutrition. If the guidelines in Section C. are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

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