

Subject: Enteral Therapy	
<input type="checkbox"/> Original	Original Committee Approval: November 5, 1998
<input checked="" type="checkbox"/> Revised	Last Committee Approval: December 3, 2008
	Last Review: November 2008

Community Health Plan uses the CMS guidelines for this service.

The web link for these guidelines:

Enteral Therapy

http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part3.pdf

This service also requires a referral to Community Health Plan's Case Management Department.

Required Approvals:

Prior authorization by the CHP Medical Director or his/her designee.