# Transitioning NICU Infants Home on Specialized Enteral Nutrition: A Clinician's Guide for Family/Caregiver Support

PRACTICE TOOL

Approximately 1 in 10 infants (roughly 400,000 babies) born in the U.S. are admitted to the Neonatal Intensive Care Unit (NICU) every year. These admissions include premature infants, low birthweight babies, and infants with complex medical or surgical conditions who may require specialized nutrition support following hospital discharge.

Human milk is the preferred source of nutrition. However, some infants require additional nutrition support through fortified human milk (HMF), specialized infant formula, or other medically necessary enteral nutrition (EN) delivered orally and/or through an enteral feeding tube to support optimal growth and development.

Successful transition requires coordinated multidisciplinary planning, timely access to nutrition products and supplies, caregiver competency in safe feeding practices, and continuity of outpatient care.

This practice tool provides clinicians with a concise roadmap to facilitate timely discharge of infants requiring specialized EN by outlining the interprofessional discharge process, documentation needed to support medical necessity, payer considerations, caregiver preparation, and coordination of outpatient services.

## Goals for Nutrition Support and Optimal Transition to Home

- Transition to sole source oral nutrition intake
- Prevent hospital readmissions and emergency department visits
- Minimize enteral device complications and formula intolerance
- Maximize family quality of life

## Discharge Planning

An ideal timeline for discharge planning and communication between team members would be 48–72 hours before discharge, with completion occuring 24 hours prior to the day of discharge.

### Family

- Participate in D/C planning
- Demonstrate feeding preparation and administration competency
- Complete teach-back
- Confirm receipt of formula/HMF and supplies
- Know follow-up appts;
- Know emergency contacts

### Inpatient Clinical Staff (MD, RD, RN)

- Document the medical necessity for the EN therapy, including the need for specialized formula or HMF
- Include any failed formula trials or why it is contraindicated to use a standard formula
- Document anticipated duration of therapy
- Assess readiness for transition home:
  - Clinical stability
  - Feeding tolerance
  - Growth and nutrition status
  - Caregiver preparedness
  - Safe home environment
- Communicate to Discharge Planner

### Inpatient Discharge Planner

- Determine home infusion provider/DME company to accept patient
- Gather necessary documentation needed by home infusion provider/DME company:
  - Current feeding regimen: formula name and concentration, rate or amount, hours of infusion, delivery method, timing, water flushes
  - Route of administration and enteral access device
  - Diagnosis supporting EN therapy and formula
  - Documentation supporting specialty formula use
  - Patient demographics and insurance information
  - Family needs and expectations
- Communicate with inpatient clinical staff on any missing documentation

### Home Infusion Care Liaison or DME Staff

- Receive patient referral from Inpatient Discharge Planner
- Complete benefit verification and prior authorization requirements
- Communicate benefits back to Inpatient Discharge Planner
- Determine formula and supply availability
- Deliver formula and supplies

### Outpatient Clinical Staff

- May include outpatient neonatologist, pediatrician, feeding team, clinic, or RD
- Communicate with home infusion provider and home health nurses
- Ongoing communication with family, caregivers, and payer

### Payer

- Medical vs pharmacy benefit
- Medicaid and WIC considerations



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## Access and Coverage for Specialty Enteral Formula

**Formula Availability:** Home infusion providers or Durable Medical Equipment (DME) companies need to be able to obtain the specialty formula for delivery to the family at home. Adequate lead time is needed for formula ordering. Formula substitutions should be discussed with the inpatient RD prior to discharge so that the family is aware.

**Insurance Coverage:** It is important to determine if the formula will be covered under a medical benefit versus pharmacy benefit. Formula may be provided through Medicaid and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Coverage policies vary among commercial insurance plans, Medicaid programs, and state-specific benefits. Clinicians should look to the discharge planner, DME, and payer to determine coverage requirements early in the planning process. Many formula manufacturers have enteral nutrition coverage guides that help confirm product Healthcare Common Procedure Coding System (HCPCS) codes. They often provide templates for letters of medical necessity that providers complete and send to insurance companies. Manufacturers may also offer patient assistance programs that may help with access to formula.

### HCPCS Codes for Pediatric Enteral Formulas

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| **B4158** | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit |
| **B4159** | Enteral formula, for pediatrics, nutritionally complete soy-based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit |
| **B4160** | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0. 7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| **B4161** | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| **B4162** | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| **B4155** | Human milk fortifier: Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit |

### Documentation and Coverage for Specialized Formulas

Coverage of specialized EN formulas relies on documentation of medical necessity in the patient's medical record. The payer will often require documentation (or a letter of medical necessity [LMN]) on why a standard formula cannot be used (or why it was not tolerated). It is important to request this documentation early in the discharge process to avoid delays in coverage. It is also important to note that the medical diagnosis for EN therapy coverage may be different from the medical diagnosis for the specialized EN formula coverage. Documentation may be obtained from:

- Nutrition assessment or follow-up notes
- Primary medical team progress notes
- Specialist assessment or progress notes (Gastroenterology, Neurology, etc.)
- Patient labs and anthropometrics trends
- Discharge summary
- LMN

### Key Points for Coverage

- Collaborate early and often with DME providers. This can reduce delays and denials, making the reimbursement process smoother for families. DME/infusion pharmacies have visibility into payer-specific requirements, coverage guidelines, including diagnoses, clinical findings, tests, or timelines required for approval.
- The medical record should reflect clear and consistent documentation on medical necessity to avoid coverage denials.
- Use coverage resources such as MJN Savings and Assistance Programs and Pediatric Nutrition Resources.



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## Education

The patient/caregiver should receive education on the importance of mixing instructions if non-standard calorie concentrations are needed and should be instructed not to not make changes to the mixing regimen. Some of these specialized formulas have a different composition, so standard mixing ratios may not apply.

Discharge planning should include education using standardized materials that emphasize safety, including:

- Demonstration of not only feeding administration but also safe preparation, storage, handling, and transportation of human milk, formula, and EN feeding supplies prior to discharge
- Consideration of a "safe feeding checklist"
- Reinforcement of hand hygiene before preparing formula/human milk preparation; storage and labeling; safe warming techniques
- Attention to hang time; feeding pump operation; tube flushing; equipment cleaning; recognition of expiration/contamination/spoilage.
- Labeling pump and all feeding equipment (breast pump/tubing) for cleaning and flushing.
- Recording feeding in a log to capture formula volume and tolerance, and tube malfunctions or replacements
- Demonstration of caregiver skills, including NG or G-tube tube replacement

## Post-discharge Support

Ongoing assessment should be conducted by an outpatient multidisciplinary healthcare team. This can include:

- Weekly outpatient clinic visits or telehealth visits with the dedicated outpatient team to reinforce food safety recommendations, particularly when changes are made to formula, fortification, feeding route, or equipment.
- Remote monitoring programs to check on family and infant feeding and serve as a safe bridge between the supervised NICU and the isolation of home
- Information on who to contact with questions or in case of emergencies

## Resources and References


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