

Home Enteral Nutrition Funding Criteria

This document has been developed in consultation with expert clinicians and is designed to specify EnableNSW clinical funding criteria for this group of assistive technology, and provide a basis for consistent and transparent decision making. Refer to EnableNSW Eligibility Criteria to check a person’s eligibility before submitting a request.



HOME ENTERAL NUTRITION FUNDING CRITERIA

This list is not exhaustive and may be changed without notice. EnableNSW will make the final decision regarding the provision of equipment that is not specifically included or excluded in the funding criteria. Eligible prescribers are not required to register with or be approved by EnableNSW. Eligible prescribers may request equipment for eligible residents of NSW, regardless of the location of the clinical service.

Equipment for management of Home Enteral Nutrition (HEN) may be provided when the person:

- Has a limitation in their ability to consume adequate food or fluid orally **AND**
- Will require HEN for 12 months or longer

- An EnableNSW [HEN equipment request form](#) must also be submitted

- Annual allocations of products apply, and additional clinical information may be required (see standard and non-standard tables below)

**NSW Government Contract 955:
Enteral Nutrition and Support Services**

- EnableNSW is required to purchase products from the NSW Government Contract 955. Non-contract products are only provided when a contract product does not meet the person’s clinical need.
- Please refer to the [Quick Reference Guide \(QRG\)](#) for contract product names and codes.

Standard annual allocations

Equipment available on NSW Government Contract 955	Standard Annual Allocation	Eligible prescribers
Giving sets <ul style="list-style-type: none"> - Standard giving sets - Non-standard giving sets e.g. Feed & Flush set 	270	Eligible Prescribers Group 1: All require > 1 year experience in enteral feeding management and 3 previous supervised prescriptions: <ul style="list-style-type: none"> • Registered Clinical Nurse Specialist (CNS) • Registered Clinical Nurse Consultant (CNC) • Dietitian • Registered Nurse Practitioner with relevant specialty training • Registered Nurse
Containers <ul style="list-style-type: none"> - Rigid or Non-rigid 	150	
Extension tubes	50	
Syringes* (Reusable 7 days) <ul style="list-style-type: none"> - EnFit - Non EnFit 	10	
<i>*Syringes used for bolus and/or water flushes</i>		

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Equipment available on NSW Government Contract 955	Standard Annual Allocation	Eligible prescribers
Gastrostomy tubes <ul style="list-style-type: none"> - Balloon OR - Low profile OR - Non-Balloon <i>Replaced in community/home setting only</i>	3	Eligible Prescribers Group 2: All require > 1 year experience in enteral feeding management and 3 previous supervised prescriptions: <ul style="list-style-type: none"> • Registered Clinical Nurse Specialist (CNS) • Registered Clinical Nurse Consultant (CNC) • Registered Nurse Practitioner with relevant specialty training • Registered Nurse • Registered surgical and medical doctors responsible for enteral nutrition device placement (e.g. Paediatrician, Gastroenterologist) • Dietitian in consultation with team members as listed above
Nasogastric tubes <ul style="list-style-type: none"> - Only provided when the person will require long-term nasogastric feeding for > 12 months and is not suitable for gastrostomy placement due to physiological reasons - <i>Nasogastric tubes will be funded from six (6) months after nasogastric feeding commenced</i> 	10	
Decompression tubes	10	

Non-standard allocations

Equipment available on NSW Government Contract 955	Non-standard Annual Allocation	Eligible prescribers & request process
Giving sets <ul style="list-style-type: none"> - Standard giving sets - Non-standard giving sets e.g. Feed & Flush set 	up to 365 up to 210	Eligible Prescribers Group 1 AND provision of a letter indicating amount requested and clinical information indicating the following: <ul style="list-style-type: none"> • Person is under 12 months of age OR • Person is receiving Enteral Nutrition and Total Parenteral Nutrition (TPN) OR • Person is trans-jejunal fed OR • Person is receiving a significantly high fat formula OR • Evidence that person has moderate or severe immuno-compromised status such as <ul style="list-style-type: none"> - Detailed information on medical diagnosis indicating poor immunity - Information on person's clinical physiology and/or neutrophil count (ANC<1000) indicating poor immunity - History of previous infections - List of medications prescribed that would indicate person is immuno-compromised

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Equipment available on NSW Government Contract 955	Non-standard Annual Allocation	Eligible prescribers & request process
<ul style="list-style-type: none"> • Containers <ul style="list-style-type: none"> - Rigid or Non-rigid 	up to 100	<p>Eligible Prescribers Group 1 AND provision of a letter indicating amount requested and clinical information indicating the following:</p> <ul style="list-style-type: none"> • Person is receiving a significantly high fat formula
<ul style="list-style-type: none"> • Extension tubes 	up to 20	<p>Eligible Prescribers Group 1 AND provision of a letter indicating amount requested and clinical information indicating the following:</p> <ul style="list-style-type: none"> • Person needs 2 different types of extension tubes (i.e. bolus syringe fed and pump fed) • Information on frequency of use and reasons for high tube usage • Details on medical, behavioural or social factors resulting in higher tube usage
<ul style="list-style-type: none"> • Gastrostomy tubes <ul style="list-style-type: none"> - Balloon OR - Low profile OR - Non-Balloon <p><i>Replaced in community/home setting only</i></p>	up to 4	<p>Eligible Prescribers Group 2 AND provision of a letter indicating amount requested and clinical information indicating the following:</p> <ul style="list-style-type: none"> • History of the frequency of gastrostomy tube or device breakdown. Provide date of device replacement(s) and reason for frequency of replacement(s) e.g. balloon burst • Any medical, behavioural, or social factors causing the device removal or breakdown • Person needs 2 different types of extension tubes (i.e. bolus syringe fed and pump fed) • Measures taken in addressing device removal or breakdown e.g. clinical assessment to review suitability of device, clinical support to ensure proper use of device
<p>Excluded equipment</p>	<ul style="list-style-type: none"> • Obturator/mushroom caged type gastrostomy device • Nasogastric tubes for short term use • Pump backpacks and pump stands • Dispensers/syringes/devices for medication and gastrostomy balloon checks • Feeding adaptors and connectors • Jejunostomy tubes • Feeding pumps (please contact your prescriber to discuss options) 	
<ul style="list-style-type: none"> • People who have been assessed as Financial Band 3 will be funded for 80% of their annual allocation, if the total cost of consumables is greater than \$800. People who have been assessed as Financial Band 3 are ineligible for EnableNSW if total cost of consumables is less than \$800 per year. • People who do not place an order with EnableNSW for two years will be considered inactive and a new referral will be required from an eligible prescriber before another order can be processed. 		