



## REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Effective Date
Nutritional Supplements		PY-0779	08/01/2020-12/31/2020
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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## A. Subject

### Nutritional Supplements

## B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPSC code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Nutrition may be delivered through a tube into the stomach or small intestine. Enteral Nutrition may be medically necessary for dietary management to provide sufficient caloric and nutrition needs as a result of limited or impaired ability to ingest, digest, absorb or metabolize nutrients; or for a special medically determined nutrient requirement. Considerations are given to medical condition, nutrition and physical assessment, metabolic abnormalities, gastrointestinal function, and expected outcome. Enteral nutrition may be either for total enteral nutrition or for supplemental enteral nutrition.

Parenteral nutrition is nutrition provided through an intravenous line. Home Infusion Therapy is NOT covered in this policy.

This policy includes nutrition that is for medical purposes only.

## C. Definitions

- **Enteral Nutrition**– Nutrition delivered through an enteral access device into the gastrointestinal tract bypassing the oral cavity.
- **Medical Food** – Food specially formulated and processed to be consumed or administered by oral intake or enteral access device. The intent is to meet distinctive nutritional requirements of a disease or condition when dietary management cannot be met by modifying a normal diet.
- **Enteral Access Device** – A tube or stoma is placed directly into the gastrointestinal tract for the delivery of nutrients.
- **Inborn Errors Of Metabolism (IEM)** – Inherited biochemical disorders resulting in enzyme defects that interfere with normal metabolism of protein, fat, or carbohydrate.
- **Therapeutic oral non-medical nutrition:**
  - **Food Modification** – Some conditions may require adjustment of carbohydrate, fat, protein, and micronutrient intake or avoidance of specific allergens. i.e. diabetes mellitus, celiac disease



- **Fortified Food** – Food products that have additives to increase energy or nutrient density.
- **Functional food** – Food that is fortified to produce specific beneficial health effects.
- **Texture Modified Food and Thickened Fluids** – Liquidized/thin puree, thick puree, finely minced or modified normal.
- **Modified Normal** – Eating normal foods, but avoiding particulate foods that are a choking hazard.
- **Medical Nutrition Therapy** – Per Ohio Administrative Code is defined as “the use of specific nutrition services to treat an illness, injury, or condition. Medical nutrition therapy services include nutrition assessment, intervention, and counseling<sup>1</sup>”
- **Unit** – 100 calories = 1 unit.

## D. Policy

### I. Prior Authorization

- A. Prior authorization is NOT required for
  - 1. HCPCS code B4162 or B4157.
  - 2. Medical Nutrition Therapy.
- B. Prior authorization is required for
  - 1. Oral nutrition (except for HCPCS code B4162 and B4157).
  - 2. Enteral nutrition (except for HCPCS code B4162 and B4157).
  - 3. Food supplements, nutritional supplements and infant formula when
    - a. Requesting greater than 72 units per month OR
    - b. Member is under the age of five and does not meet criteria for any other local, state, or federal program.
  - 4. Donor human milk.
- C. Prior authorization is required for non-participating providers.

### II. Quantity Limits

- A. Nutritional counseling is limited to one visit per calendar year for diagnosis of obesity.
- B. CareSource provides enteral nutrition through participating durable medical equipment (DME) providers allowing home delivery of medically necessary enteral nutrition.

### III. Enteral Nutrition

- A. CareSource pays for the dispensing and shipping/delivery of enteral nutrition
- B. CareSource does NOT reimburse for the following
  - 1. Based on the Ohio Administrative Code<sup>2</sup>
    - a. “Ordinary prepared food;
    - b. Commercial products that serve as ordinary food (e.g., shakes, smoothies, energy bars, vitamin or mineral supplements, baby food);
    - c. Food products to be eaten as part of a diet related to diabetes, obesity, gastric bypass, or bariatric surgery;

<sup>1</sup> <http://codes.ohio.gov/oac/5160-8-41v1>

<sup>2</sup> <http://ohrules.elaws.us/oac/5160-10-26>



- d. Food products for which a provider receives Medicaid per diem payment; and
  - e. Standard infant formula (not used to treat errors of metabolism) for which payment may be made through a program other than Medicaid".
2. Quantities that exceed a one month's supply
  3. Supplies dispensed greater than one week before scheduled date
  4. Enteral nutrition for members with advanced dementia
  5. When use of product is for convenience or preference of member/caregiver.
  6. B4104 enteral formula additive. Enteral formula codes include all nutrient components.

#### IV. Human Donor Milk

- A. CareSource only provides payment if the provider is a member in good standing with the human milk banking association of North America
- B. CareSource reimburses for the processing and delivery/shipping
- C. CareSource does NOT reimburse for
  1. Payments to a provider for supplying the donor human milk
  2. Payments for the milk itself

#### E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting OH Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual OH Medicaid fee schedule for appropriate codes.

**The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

CPT Code	Description
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCLUDES BAGS/CONTAINERS)
B4081	NASOGASTRIC TUBING WITH STYLET
B4082	NASOGASTRIC TUBING WITHOUT STYLET
B4083	STOMACH TUBE, LEVINE TYPE
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE
B4100	FOOD THICKENER, ORAL, PER OUNCE
B4105	IN-LINE CARTTRIDGE CONTAINING DIGESTIVE ENZYM(S) FOR ENERAL FEEDING, EACH
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS



	AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 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
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
B4155	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
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR 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
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
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM
B9998	ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED
97802	MEDICAL NUTRITION INDIV IN



97803	MED NUTRITION INDIV SUBSEQ
97804	MEDICAL NUTRITION GROUP
S9470	NUTRITIONAL COUNSELING, DIET
T2101	BREAST MILK PROC/STORE/DIST, PER OZ
Modifiers	Description
U1	USED TO DIFFERENTIATE B4100 AS A CONCENTRATED FORMULA
BO	ADMINISTRATION BY MOUTH RATHER THAN BY FEEDING TUBE

#### F. Related Policies/Rules

Nutritional Supplements MM-0024

#### G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	09/09/2019	
<b>Date Revised</b>	04/01/2020	Added Relizorb as covered
<b>Date Effective</b>	08/01/2020	
<b>Date Archived</b>	12/31/2020	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

#### H. References

1. Medicaid. Early and Periodic Screening, Diagnostic, and Treatment. (n.d.) Retrieved on December 11, 2018 from <https://www.medicaid.gov>
2. Lawriter - OAC - 5160-8-41 Medical nutrition therapy services. (n.d.). Retrieved on February 25, 2019 from <http://codes.ohio.gov>
3. Lawriter - OAC - 5160-10-26 DMEPOS: nutrition products. (n.d.). Retrieved on February 21, 2019 from <http://codes.ohio.gov>

**The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.**