

Driscoll Health Plan Medical Necessity Guideline



Medical Necessity Guideline: Nutritional Supplements	Creation Date: 11/01/2019	Review Date: 05/31/2024	Effective Date: 06/11/2024
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PURPOSE:

To detail the authorization requirements for nutritional supplements.

LINE OF BUSINESS: STAR, STAR Kids, and CHIP

DEFINITIONS:

Nutritional supplementation: Medical nutritional products including enteral formulas and food thickener for children with a diagnosis that specifically puts them at risk for nutritional deficiency. It is not meant solely for dietary supplementation or weight gain.

GUIDELINE: ⁽¹⁾

Prior authorization for nutritional products is NOT required for a client who meets at least one of the following criteria:

- *Member receives all or part of their nutritional intake through a tube.*
- *Member has a metabolic disorder that has been documented*

Indications

Nutritional Products and Supplies are medically necessary benefits under Texas Medicaid for the following conditions or indications ⁽¹⁾:

1. Medical nutritional products, including enteral formulas and food thickeners, may be approved for clients with specialized nutritional requirements.
2. Nutritional products for the primary diagnosis of failure to thrive, inability to gain weight, or lack of growth. The underlying cause of failure to thrive, gain weight, and lack of growth is required
3. Medical nutritional products must be prescribed by a physician and be medically necessary.
4. Enteral nutritional products are food products included in an enteral treatment protocol. They serve as a therapeutic agent for health maintenance and are required to treat an identified medical condition. Nutritional products, supplies, and equipment may be beneficial when provided in the home under Home Health Services.

Non-covered services:

1. Nutritional products that are traditionally used for infant feeding.

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2. Nutritional products for the primary diagnosis of failure to thrive, inability to gain weight, or lack of growth WITHOUT an underlying cause.
3. Nutritional bars.
4. Nutritional products for members who could be sustained on an age-appropriate diet.

Required Documentation ⁽¹⁾

Requests for prior authorization must include the following documentation:

1. Accurate diagnostic information about the underlying diagnosis or condition that resulted in the requirement for a nutritional product, as well as any other associated medical diagnosis or conditions, including:
 - a. The client's overall health status
 - b. Height and weight and BMI
 - c. Growth history and growth charts
 - d. The reason why the client cannot be maintained on an age-appropriate diet
 - e. Other formulas tried and why they did not meet the client's needs
2. Diagnosis or condition (including the appropriate ICD-10-CM code).
3. The goals and timelines of the medical plan of care.
4. Total caloric intake prescribed by the physician.
5. Acknowledgement that the client has a feeding tube in place

BACKGROUND:

Traditionally, the causes of inadequate weight gain in children have been subdivided into organic (medical) and nonorganic (social or environmental). ⁽²⁾ More recently, this traditional dichotomization of inadequate weight gain has been replaced with a multifactorial approach that includes inadequate caloric intake, inadequate caloric absorption, or increased caloric expenditure ⁽³⁾. Studies have also demonstrated that >80% of children hospitalized for inadequate weight gain have a non-organic etiology, and it is further hypothesized that this percentage is even higher in the outpatient setting. Laboratory evaluation of children with inadequate weight gain rarely uncovers a specific etiology (0.8% – 1.4% of the time). When these etiologies are found, the child's history and physical were the most important in the discovery. ⁽³⁾ That being said, the evaluation and management require a detailed nutritional history, an assessment of gastrointestinal symptoms, including feeding and stool patterns, and an evaluation of the infant/child's growth chart. The evaluation should be directed toward identifying any possible underlying causes. The management of these children includes not only identifying but treating the suspected underlying cause and providing supplemental enteral feedings (nutritional supplements) to assist in achieving catch-up growth or weight gain when conventional approaches (e.g., adding calorie-dense foods) have failed. ^(3, 4)

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PROVIDER CLAIMS CODES:

Procedure Codes									
B4100	B4103	B4104	B4149	B4150	B4152	B4153	B4154	B4155	B4157
B4158	B4159	B4160	B4161	B4162					

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Procedure Codes	Limitations
A4322	30 per month
A5200	2 per month
B4034	Up to 31 per month
B4035	Up to 31 per month
B4036	Up to 31 per month
B4081	As needed
B4082	As needed
B4083	As needed
B4087	2 per rolling year
B4088	2 per rolling year
B9002	1 purchase every 5 years; 1 rental per month
B9998*	As needed*
B9998 with modifier U1	4 per month
B9998 with modifier U2	2 per rolling year
B9998 with modifier U3	4 per month
B9998 with modifier U4	2 per rolling year
B9998 with modifier U5	4 per month
T1999*	As needed* If procedure code T1999 is used for a needleless syringe, the allowed amount is 8 per month.
<p>* Appropriate limitations for miscellaneous procedure codes B9998 and T1999 are determined on a case-by-case basis through prior authorization. Specific items may be requested using procedure code B9998 using the modifiers outlined in the table above.</p>	

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REFERENCES:

1. Texas Medicaid Provider Procedures Manual (TMPPM) (Current Edition); Durable Medical Equipment, Medical Supplies, and Nutritional Products, Section 2.2.18 (Nutritional [Enteral] Products, Supplies, and Equipment), May 2024.
2. DynaMed. Failure to Thrive in Children. EBSCO Information Services. Accessed May 31, 2024. <https://www.dynamed.com/condition/failure-to-thrive-in-children>.
3. Larson-Nath C, Biank VF. Clinical Review of Failure to Thrive in Pediatric Patients. *Pediatr Ann.* 2016;45(2):e46-e49. doi:10.3928/00904481-20160114-01
4. Homan GJ. Failure to Thrive: A Practical Guide. *Am Fam Physician.* 2016;94(4):295-299.

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DOCUMENT HISTORY:

DHP Committee that Approved	<i>Review Approval Date (last 5 years)</i>				
Medical Director	05/24/2022	05/30/2023	05/31/2024		
CMO	06/07/2022	06/06/2023	06/11/2024		
Medical Policy Workgroup	06/07/2022	06/06/2023	06/11/2024		
Utilization Management & Appeals	06/21/2022	06/20/2023	06/18/2024		
Provider Advisory Committee (PAC)	06/17/2022	06/09/2023	07/01/2024		
Clinical Management & Committee	06/24/2022 & 08/23/2022	07/20/2023	07/24/2024		
Executive Quality Committee	06/28/2022	07/25/2023	07/30/2024		

<i>Document Owner</i>	<i>Organization</i>	<i>Department</i>
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

<i>Review/Revision Date</i>	<i>Review/Revision Information, etc.</i>
11/30/2019	Update format.
05/11/2020	Update format, description, codes
06/06/2020	Edited, reference added, and created citations for Dr. McCurdy
06/16/2020	Additional edits Dr. Serrao and Brendel
05/20/2021	Update references and codes by Dr. McCurdy
05/24/2022	Review and final editing by Dr. McCurdy
05/30/2023	Review by Dr. Fred McCurdy, no changes
05/31/2024	Reviewed and revised by Drs. Lenore Depagter and Fred McCurdy

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