

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Oral Nutrition Mandate-PREAUTH

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	1/1/2009	Policy Last Updated:	12/6/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

A copy of the Prior Authorization and Reimbursement forms can be found at the bottom of this policy.

Also see FAQs listed below.

Note: This policy does not address enteral nutrition therapy as the sole source of nutrition delivered through a feeding tube as it is a covered benefit for all product lines and not impacted by this mandate. See policy on Enteral Nutrition Via Tube.

Description:

This is a mandated medical policy to document Rhode Island General Laws (RIGL) 27-20-55 Enteral nutrition products. This law was enacted January 1, 2009, mandating coverage for oral nutrition products and low protein food products as stated below:

Rhode Island General Law (RIGL) 27-20-55 mandates coverage **for enteral nutrition products.**

*(a) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2009, shall provide coverage for **non-prescription enteral formulas for home use for which a physician has issued a written order and which are medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, chronic intestinal pseudo obstruction, and inherited diseases of amino acids and organic acids. Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein. Provided, however, that coverage shall not exceed an amount of two thousand five hundred dollars (\$2,500) per covered member per year.***

Definition of Oral Nutrition

Non-prescription formulas for home use consist of nutritional liquids (i.e., Ensure, Boost, etc.) delivered orally.

Low protein food products are defined as food products that have been modified to be low in protein for individuals who have been diagnosed with phenylketonuria (PKU) and other inherited diseases of amino acids and organic acids.

Special medical formulas (i.e., Neocate) are formulas labeled for use by infants and children who have inborn errors of metabolism. These infant formulas are not typically found in retail stores for general consumer purchase, they must be prescribed by a physician and requested from a pharmacy.

Medical Criteria

Treatment with **low protein food products** in accordance with RIGL 27-20-55 are covered when ordered by a physician for all BCBSRI products for individuals with **inherited diseases of amino acids and organic acids** caused by the following conditions such as, but not limited to:

- Phenylketonuria (PKU)
- Tyrosinemia
- Homocystinuria
- Maple syrup urine disease
- propionic aciduria and methylmalonic aciduria

Treatment with **oral nutritional formulas or special medical formulas** (i.e., Neocate, Boost, Ensure) for home use is covered in accordance with RIGL 27-50-55 when ordered by a physician for all BCBSRI products only for individuals with **malabsorption** caused by:

- Crohn's disease; or
- Ulcerative colitis; or
- Gastroesophageal reflux; or
- Chronic intestinal pseudo obstruction; or
- Inherited diseases of amino acids and organic acids.

Low protein food products, oral nutritional formulas, and special medical formulas are **non-covered** and a contractual exclusion for all BCBSRI products when the medical criteria above are not documented.

Policy

Preauthorization is recommended for all BCBSRI products.

Treatment with low protein food products, oral nutritional formulas or special medical formulas are covered for all BCBSRI products when the above conditions are present.

Preauthorization request:

The prior authorization request form* must be submitted **by the physician** and should include the individual's diagnosis and condition(s), as it relates to the above medical criteria, and faxed to: **Blue Cross and Blue Shield of Rhode Island Health Services Management 401-272-8885** for final approval.

*To **print** a copy of the **preauthorization or reimbursement form and instructions**: Go to the policy on BCBSRI.com

Rhode Island mandated benefits do not apply to Blue CHiP for Medicare members. BlueCHiP for Medicare does not cover oral nutrition for their members.

Coverage for these products is not to exceed two thousand five hundred dollars (\$2,500) annually per member.

Coverage

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable "Medical Equipment, Enteral Formula or Food, Medical Supplies, and Prosthetic Devices" benefits/coverage.

Reimbursement and Coding

Reimbursement request:

Following preauthorization approval, the member can be reimbursed for the food products purchased up to \$2500. The *member must submit itemized receipt(s) highlighting or circling the special foods purchased, together with the reimbursement form* listing the special foods* purchased within one year from the date of purchase to:

Attention: Claims Department
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903-2699

The following HCPCS codes are covered for low protein food products when the criteria above are met.

S9433 Medical food nutritionally complete, administered orally, providing 100% of nutritional intake

S9434 Modified solid food supplements for inborn errors of metabolism

S9435 Medical foods for inborn errors of metabolism

Related topics:

Enteral Nutrition via Tube

Published:

Provider Update, December 2008

Provider Update, September 2009

Provider Update, December 2010

Provider Update, February 2012

References:

Rhode Island General Law (RIGL) 27-20-55: Enteral Nutrition Products.

Retrieved 08/20/08, 9/7/2010, 11/22/2011 from

<http://www.rilin.state.ri.us/BillText08/HouseText08/H7441aa.pdf>

Enteral Formula Coverage FAQ

1. Can a participating pharmacy (in our network) submit directly to BCBSRI?

No, it is not a pharmacy benefit

2. **Can a participating DME provider (e.g. Vanguard) submit directly on behalf of the member?**

Yes

3. **What do I need to provide to my physician in order to obtain prior authorization?**

If you require low protein food products or special formulas **your physician must determine if you meet the medical criteria** as it is stated in the Medial Policy for receiving low protein food products or special formulas.

4. **Will I need to receive authorization for every purchase prior to my maximum benefit of \$2,500?**

No, you are only required to get preauthorization one time per year.

5. **How do I get a copy of the reimbursement form?**

See the attached forms below.

6. **Am I limited as to where I can purchase the low protein food supplements?**

No, they can be purchased wherever low protein foods are sold.

7. **How do I submit my claim for reimbursement?**

You can submit your itemized receipt(s) and must highlight or circle the special foods purchased together with the reimbursement form listing the special foods purchased within six months (180 days) from the date of purchase to:

**Attention: Claims Department
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02904**

8. **How long can I expect to wait for my reimbursement?**

Within 30 days after they have been received at BCBSRI

9. **I have a deductible to meet before BCBSRI begins paying my DME benefit; will part of my maximum allowance apply to my deductible?**

Yes

10. **How much will I be reimbursed for enteral nutrition products?**

Enteral nutrition food products are reimbursed up to the (medical equipment and medical supplies coinsurance amount of the charges) up to the \$2,500 maximum benefit for submitted claims. Reimbursement levels may vary depending upon the specific health plan benefit in which a member is enrolled. For additional questions about reimbursement for these products, please contact Customer Service.

11. Will my DME coinsurance/copay apply to my out of pocket expenses prior to meeting that deductible?

It follows the same deductible rules as all DME

12. How can I obtain the forms to bring to my physician to initiate the preauthorization process?

Go to the policy on BCBSRI.com

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.



Preauthorization Request for Oral Nutrition

New Request ___ Recertification ___

Today's date: _____
(authorization)

Approved through: _____
(Services required beyond approval date will require new authorization)

PATIENT INFORMATION

Patient Name: _____ Patient ID#: _____ Date of Birth: _____

Patient Address: _____ Patient Phone#: _____

PROVIDER INFORMATION

Physician Name: _____ Physician Phone: _____ Fax#: _____ Tax ID#: _____

Oral enteral nutritional formulas or special medical formulas are only approved for malabsorption caused by:

(Please select the appropriate condition(s))

- Crohn's disease ___
- Ulcerative colitis ___
- Gastroesophageal reflux ___
- Chronic intestinal pseudo obstruction ___
- Other _____

Low protein food products are only approved for certain conditions of inborn errors of metabolism such as, but not limited to:

(Please select the appropriate condition(s))

- Phenylketonuria (PKU) ___
- Tyrosinemia ___
- Homocystinuria ___
- Maple syrup urine disease ___
- Propionic aciduria ___
- Methylmalonic aciduria ___
- other (specify): _____

Provide Medical Diagnoses
(ICD-9-CM Codes and Description):

Specialized Nutrition
Product(s) Requested:

Physician's Signature:

Instructions on how to complete the Oral Enteral Food Products Reimbursement Form

	Description:
Date:	Enter the date when itemized receipts are sent to BCBSRI.
Member DOB:	Enter date of birth by month/day/year.
Member's name:	Enter name as it appears on the BCBSRI membership card.
Member's Address and Phone:	Enter permanent legal address (street address, town, and zip code) and phone number where you can be reached.
Member BCBSRI ID #:	Enter BCBSRI identification number, which appears below your name on the BCBSRI membership card.
Physician:	Enter the prescribing physician name.
Physician Phone:	Enter phone number of prescribing physician.
Diagnosis received from Physician:	Enter the medical diagnosis documented by the physician. Information can be found on the Preauthorization Form completed by the physician.
Date item(s) purchased:	Enter the date of when the item was purchased.
Description:	Enter the name of the item circled or highlighted on the receipt, for example Neocate, Boost, etc.
Price Paid:	Enter the price paid for the item.
Line Total:	Enter the total amount paid. For example, if 2 cases of Neocate were purchased at \$90 a case, enter \$180.00 or if 5 low protein bars were purchased at \$2.50 a bar, enter \$12.50.
Total:	Enter the column total of the amount of reimbursement due.