

## Medical Coverage Policy | Oral Nutrition Mandate



**EFFECTIVE DATE:** 01/01/2014  
**POLICY LAST UPDATED:** 11/19/2013

### OVERVIEW

This policy provides the criteria for coverage for non-prescription nutritional formulas for home use (i.e., Ensure, Boost, etc.) delivered orally, low protein foods or special medical formulas as prescribed by a physician for 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.

This policy is applicable to commercial products only

This policy does not address enteral nutrition therapy as the sole source of nutrition delivered through a feeding tube. See policy on Enteral Nutrition Via Tube.

### PRIOR AUTHORIZATION

#### Commercial

Prior authorization is recommend

#### BlueCHip for Medicare

Not applicable.

### POLICY STATEMENT

#### Commercial

Treatment with low protein food products, oral nutritional formulas or special medical formulas are covered for all commercial products when the criteria below are met. Those services not meeting the criteria are not covered and a contract exclusion.

#### Process for member submitted reimbursement requests:

Following preauthorization approval, the member can be reimbursed for the food products. 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



Oral\_Enteral\_PreAuth\_Form.pdf

### MEDICAL CRITERIA

Treatment with low protein food products are covered when ordered by a physician 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 when ordered by a physician 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 Commercial products when the criteria above are not met.

### **BACKGROUND**

**Effective January 1, 2014**, Qualified Health Plans (QHPs) are required to cover Essential Health Benefits (EHBs), as defined in Section 1302(b) of the Patient Protection and Affordable Care Act. As groups renew in 2014, most benefit plans will need to include these EHBs (some exceptions may apply to certain large groups; consult your Subscriber Agreement or Benefit Booklet for details).

Coverage for oral nutritional are included in the Rhode Island Benchmark Plan that defines the EHBs for RI QHPs. Federal mandates regarding EHBs supersede RI state mandates with regards to removing any annual and lifetime dollar limits.

This policy is to document Rhode Island General Laws (RIGL) 27-20-55 nutrition products. This law, was enacted January 1, 2009, mandating coverage for oral nutrition products and low protein food products as stated below as noted, the dollar limits in the mandate were removed as groups renewed in 2014.

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

## 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.

## CODING

Commercial Products

The following HCPCS codes are covered for low protein food products when the criteria above is 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 POLICIES

Enteral Nutrition via Tube

## PUBLISHED

Provider Update	January 2014
Provider Update	February 2012
Provider Update	December 2010
Provider Update	September 2009
Provider Update	December 2008

## REFERENCES

1. Rhode Island General Law (RIGL) 27-20-55: Enteral Nutrition Products. Retrieved 08/20/08, 9/7/2010, 11/22/2011, 10/10/2012 from <http://www.rilin.state.ri.us/BillText08/HouseText08/H7441aa.pdf>

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