Benefit Guideline: Nutritional Products

Service: Nutritional Products

Products: Medica DUAL Solution®/Minnesota Senior Health Options (MSHO), Medica Choice Care℠/Minnesota Senior Care (MSC+), Medica AccessAbility Solution®/Special Needs Basic Care (SNBC), Medica AccessAbility Solution Enhanced/SNBC Special Needs Plan (SNP)

Effective: 10/1/12
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Definition of Service:
Nutritional product: A commercially formulated substance that provides nourishment and affects the nutritive and metabolic processes of the body.

Enteral Nutritional product: Commercially formulated substance administered via tube that provides nourishment and affects the nutritive and metabolic processes of the body. Nasogastric tubes, gastrostomy, or jejunostomy tubes (feeding tubes), enteral supply kits and enteral nutrition infusion pumps are supplies used to administer enteral nutritional products to individuals who are unable to take enteral nutritional products orally.

Oral Nutritional Supplement: Oral product taken to supplement daily caloric intake. Common brands include Boost, Ensure, etc.

Covered:
Nutritional Products may be covered for members who need nutritional supplementation because solid food or the nutrients in the food cannot be properly absorbed by the body, for treatment of phenylketonuria (PKU), hyperlysinemia, maple syrup urine disease (MSUD) or a combined allergy to human milk, cow’s milk and soy formula. Enteral nutrition may be covered for recipients with other specific medical conditions which are discussed in Covered Services on the Department of Human Services (DHS) site. Refer to the DHS site: MHCP Provider Manual - Equipment and Supplies - Nutritional Products

Nutritional products may also be covered for members with Non-Healing Wounds. High protein enteral nutritional products are covered for up to 6 months if the member has one or more wounds that have not responded to treatment for at least 30 days, and a dietary assessment has determined that the recipient has a nutritional deficit which may be impeding healing. Documentation must include a nutritional plan written by a nutritionist, physician or other health care provider.

Note: Food thickeners may be medically necessary for individuals at risk of choking or aspirating liquids, who are residing outside of a nursing home. Thickeners, are limited to generic over-the-counter products only and do require a valid prescription for coverage. Thickeners are not processed under the DME/nutrition product benefit and are processed through the OTC pharmacy benefit.

MSHO and MSC+: Members may meet the Medical Assistance criteria for Oral Nutritional supplement for reasons mentioned above. EW can pay for oral nutritional products when the Medical Assistance criteria are not met, but the physician has documented a need. For all oral nutritional products, the Care Coordinator (CC) is to follow the following process:
• There is a physician’s order, medical documentation and a physical reason why the person cannot obtain their caloric intake without the supplements.
• The doctor has established that the person needs the product to maintain body weight and strength in the community.
• Care Coordinator (CC) confirms this assessed need, orders products from in network Medica provider, and records on care plan.
• Provider to obtain physician order.
• If member is receiving under EW budget, care coordinator will confirm with the provider the billing codes to determine if a referral request is needed.
  o EW covered nutritional products do not require a referral request form when the provider is billing codes B4150, B4152 or B4154 and adding BO and/or U3 modifiers. All other codes will require an authorization/referral request form.

SNBC:
• A referral is required for all nutrition products. For members that meet the Medical Assistance criteria, CC will need to submit a referral request form to Medica.
• Members who do not meet the Medical Assistance criteria for a nutritional supplement, CC will need to submit Benefit Exception Inquiry (BEI) if member does not meet MA criteria.

For members residing in the Long Term Care facilities:
MSHO and SNBC Integrated:
• For MSHO or SNBC Integrated members in a “skilled stay”, enteral nutrition (tube feeding) is included in payment to facility. NO REFERRAL REQUIRED
• For MSHO or SNBC Integrated members NOT in a “skilled stay”, enteral nutrition (tube feeding) is paid for by Medica under members Part B benefit. REQUIRES A REFERAL.
• Food Thickeners are not covered, provided by the facility as part of the per diem.

MSC+ & SNBC:
• Nutritional products are not covered, provided by the facility as part of the per diem. Members with Medicare as their primary may have coverage through Medicare Part B.
• Food Thickeners are not covered, provided by the facility as part of the per diem.

Not Covered (MSHO, MSC+, SNBC and SNBC Integrated):
• Nutritional products which are requested as a convenient alternative to preparing or consuming regular foods
• Nutritional products for which the need is nutritional rather than medical or is related to an unwillingness to consume solid or pureed foods
• Nutritional products for which coverage is requested because of an inability to afford regular foods or supplements (refer recipient to financial worker)
• The need and goal cannot be documented in the care plan
• CC unable to verify need by a physician
• Oral nutritional products used to supplement diet (common brands include Boost, Ensure, etc.) are not covered for persons living in Long Term Care facilities

When to Submit a Referral Request:
• Enteral Nutrition for MSHO or SNBC Integrated members not in a skilled stay.
• Enteral Nutrition for MSHO, MSC+, SNBC Integrated and SNBC members living in the community.
• All referral requests forms must include note of “Tube Feedings”
• Note: Billing for nutritional products using the code T2029 is not allowed.

**When to Submit a Request for Benefit Exception:**

• Amount of item exceeds EW Monthly Service Cap (cap applies to MSHO and MSC+ only)
• Requested item is a waiver item but member is not on a waiver
• When item requested is from a non-participating provider
• Members that are not on EW and do not meet MA criteria but have a medical need which is clearly documented by physician.

**Considerations:**

• Is this service necessary for the health, welfare and safety of the member?
• Does the service enable the member to function with greater independence?
• Is the service of direct and specific benefit to the member (sole utility of the member)?
• Is this the most cost effective solution?
• Are there other formal, informal or quasi-formal services which can meet the identified need?

**References:**
DHS MSHO/MSC+ Contract
DHS SNBC Contract
Minnesota Health Care Programs (MHCP) Provider Manual
Medica Skilled Nursing Facility contracts
Medica Over-the-Counter Drug List

This Medica Benefit Guideline for Care Coordination Products is intended to guide service plan development. This reflects current interpretation of the product benefit set and/or parameters for obtaining services. Medica staff should be consulted for further guidance or to vary from these recommendations.

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