

## **Benefit Guideline: Nutritional Products**

### **Service: Nutritional Products**

**Products:** Medica DUAL Solution®/Minnesota Senior Health Options (MSHO), Medica Choice Care<sup>SM</sup>/Minnesota Senior Care (MSC+), Medica AccessAbility Solution®/Special Needs Basic Care (SNBC), Medica AccessAbility Solution® Enhanced/Integrated SNBC (I-SNBC).

**Effective:** 10/1/12

**Reviewed:** 2/15/21, 1/13/22, 10/10/2022, 12/29/2022, 12/20/2023

### **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** (HCPC B4149-B4162; for these codes 100 calories = one unit):

Commercially formulated substance administered via tube or orally 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 Enteral Nutritional products are products taking orally 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 products may be medically necessary for medical conditions related to malabsorption or malnutrition. The condition must have resulted in weight loss or difficulty maintaining a healthy weight. Medical necessity for enteral nutrition must demonstrate that if the member were left untreated by oral enteral nutrition they would risk detrimental effects to their health.

Examples of a condition CAN include:

- Mechanical inability to chew or swallow solid or pureed or blenderized foods
- Malabsorption due to disease or infection
- An oral aversion which significantly limits the ability to get adequate nutrients
- Weaning from TPN or feeding tube
- Inborn errors of metabolism

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.

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: [Minnesota Health Care Programs Provider Manual – Equipment and Supplies – Nutritional Products](#)

**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.
  - 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).

**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 REFERRAL.
- Food Thickeners are not covered, they are provided by the facility as part of the per diem.

**MSC+ & SNBC:**

- Oral nutritional products in a facility are provided by the facility 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):**

- Nutrition products for people living in long-term care (LTC) facilities (included in the per diem)

- Nutrition products for which the need is nutritional rather than medical or is related to an unwillingness to consume solid or pureed foods
- Nutrition products that are requested as a convenient alternative to preparing or consuming regular foods
- Nutrition products for which coverage is requested because of an inability to afford regular foods or supplements (refer member to county human services)
- Food thickeners for people living in LTC facilities (included in the per diem)
- Energy drinks
- Sport shakes

**When to Submit a Referral Request:**

- Enteral Nutrition for MSHO or SNBC Integrated members in a Skilled Nursing Facility and/or Long Term Care setting not on a skilled stay.
- Enteral Nutrition for MSHO, MSC+, SNBC Integrated and SNBC members living in the community.
- All referral request forms for nutritional products for tube feedings must include note of “Tube Feedings”
- Note: Billing for nutritional products using the code T2029 is not allowed. If provider has questions about billing, please refer them to Medica Provider Service Center 1-800-458-5512

**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
- 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 or informal services which can meet the identified need?

**References:**

DHS MSHO/MS C+ Contract  
DHS SNBC Contract  
DHS Community-Based Services Manual (CBSM)  
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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