

Nutritional Supplements (Oral Administration Only)

Goals:

- Restrict use to patients unable to take food orally in sufficient quantity to maintain adequate weight.
- Requires ANNUAL nutritional assessment for continued use.
 - Use restriction consistent with DMAP EP/IV rules at:

These products are NOT federally rebate-able; Oregon waives the rebate requirement for this class.

Note:

- Nutritional formulas, when administered enterally (G-tube) are no longer available through the point-of-sale system.
- Service providers should use the CMS 1500 form and mail to DMAP, P.O. Box 14955, Salem, Oregon, 97309 or the 837P electronic claim form and not bill through POS.
- When billed correctly with HCPCS codes for enterally given supplements, enterally administered nutritional formulas do not require prior authorization (PA). However, the equipment do require a PA (i.e., pump).
- Providers can be referred to 800-642-8635 or 503-945-6821 for enteral equipment PAs
- For complete information on how to file a claim, go to:
www.oregon.gov/OHA/HSD/OHP/Pages/Policy-Home-EPIV.aspx

Length of Authorization:

- Up to 12 months

Note:

- Criteria is divided into: 1) Patients age 6 years or older
2) Patients under 6 years of age

Not Covered:

- Supplements such as *acidophilis*, Chlorophyll, Coenzyme Q10 are not covered and should not be approved.

Requires PA:

- All supplemental nutrition products in HIC3 = C5C, C5F, C5G, C5U, C5B (nutritional bars, liquids, packets, powders, wafers such as Ensure, Ensure Plus, Nepro, Pediasure, Promod).

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Patients 6 years and older:

Document:

- Name of product being requested
- Physician name
- Quantity/Length of therapy being requested

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Is product requested a supplement or herbal product without an FDA indication?	Yes: Pass to RPh. Deny; medical appropriateness)	No: Go to #3
3. Is the product to be administered by enteral tube feeding (e.g., G-tube)?	Yes: Go to #10	No: Go to #4
4. All indications need to be evaluated as to whether they are funded conditions under the OHP.	Funded: Go to #6	Not Funded: Current age \geq 21 years: Pass to RPh. Deny; not funded by the OHP Current age < 21 years: Go to #5.
5. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?	Yes: Go to #6	No: Pass to RPh. Deny; medical necessity.
6. Is this request for continuation of therapy previously approved by the FFS program?	Yes: Go to #7	No: Go to #8
7. Has there been an annual assessment by a physician for continued use of nutritional supplementation? Document assessment date.	Yes: Approve up to 1 year	No: Request documentation of assessment. Without documentation, pass to RPh. Deny; medical appropriateness.
8. Patient must have a nutritional deficiency identified by one of the following: <ul style="list-style-type: none"> Recent (within 1 year) Registered Dietician assessment indicating adequate intake is not obtainable through regular/liquefied or pureed foods (supplement cannot be approved for convenience of patient or caregiver); OR Recent serum protein level <6 g/dL? 	Yes: Go to #10	No: Go to #9

Approval Criteria

9. Does the patient have a prolonged history (>1 year) of malnutrition and cachexia OR reside in a long-term care facility or nursing home?

Document:

- Residence
- Current body weight
- Ideal body weight

Yes: Go to #10

No: Request documentation. Without documentation, pass to RPh. Deny; medical appropriateness.

10. Does the patient have a recent unplanned weight loss of at least 10%, plus one of the following:

- increased metabolic need resulting from severe trauma (e.g., severe burn, major bone fracture, etc.);
OR
- malabsorption (e.g., Crohn's Disease, Cystic Fibrosis, bowel resection/removal, Short Gut Syndrome, gastric bypass, hemodialysis, dysphagia, achalasia, etc.);
OR
- diagnosis that requires additional calories and/or protein intake (e.g., malignancy, AIDS, pulmonary insufficiency, MS, ALS, Parkinson's, Cerebral Palsy, Alzheimer's, etc.)?

Yes: Approve for up to 1 year

No: Request documentation. Without documentation, pass to RPh. Deny; medical appropriateness.

11. Is this request for continuation of therapy previously approved by the FFS program?

- **Yes:** Approve for 1 month and reply: Nutritional formulas, when administered by enteral tube, are no longer available through the point-of-sale (POS) system. For future use, service providers should use the CMS form 1500 or the 837P electronic claim form and not bill through POS. A 1-month approval has been given to accommodate the transition.

Go to: www.oregon.gov/OHA/HSD/OHP/Pages/Policy-Home-EPIV.aspx

- **No:** Enter an Informational PA and reply: Nutritional formulas, when administered by enteral tube, are no longer available through the point-of-sale (POS) system. For future use, service providers should use the CMS form 1500 or the 837P electronic claim form and not bill through POS. When billed using a HCPCS code, enterally administered nutritional formulas do not require a prior authorization (PA). However, the equipment does require a PA. Providers can be referred to 800-642-8635 or 503-945-6821 for enteral equipment PAs.

For complete information of how to file a claim, go to:

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Patients under 6 years of age

Document:

- Name of product requested
- Physician name
- Quantity/Length of therapy requested

Approval Criteria		
1. What diagnosis is being treated?	Record the ICD10 code	
2. Is the product to be administered by enteral tube feeding (e.g., G-tube)?	Yes: Go to #9	No: Go to #3
3. All indications need to be evaluated as to whether they are funded conditions under the OHP.	Funded: Go to #4	Not Funded: Pass to RPh. Deny; not funded by the OHP.
4. Is this request for continuation of therapy previously approved by the FFS program?	Yes: Go to #5	No: Go to #6
5. Has there been an annual assessment by a physician for continued use of nutritional supplementation? Document assessment date.	Yes: Approve up to 1 year	No: Request documentation. Without documentation, pass to RPh. Deny; medical appropriateness.
6. Is the diagnosis failure-to-thrive (FTT)?	Yes: Approve for up to 1 year	No: Go to #7
7. Does the patient have one of the following: <ul style="list-style-type: none"> • increased metabolic need resulting from severe trauma (e.g., severe burn, major bone fracture, etc.); OR • malabsorption (e.g., Crohn's Disease, Cystic Fibrosis, bowel resection/removal, Short Gut Syndrome, hemodialysis, dysphagia, achalasia, etc.); OR • diagnosis that requires additional calories and/or protein intake (e.g., malignancy, AIDS, pulmonary insufficiency, Cerebral Palsy, etc.)? 	Yes: Approve for up to 1 year	No: Go to #8

<p>8. Patient must have a nutritional deficiency identified by one of the following:</p> <ul style="list-style-type: none"> Recent (within 1 year) Registered Dietician assessment indicating adequate intake is not obtainable through regular/liquefied or pureed foods (supplement cannot be approved for convenience of patient or caregiver); OR Recent serum protein level <6 g/dL? 	<p>Yes: Approve for up to 1 year</p>	<p>No: Request documentation. Without documentation, pass to RPh. Deny; medical appropriateness.</p>
<p>9. Is this request for continuation of therapy previously approved by the FFS program?</p> <ul style="list-style-type: none"> Yes: Approve for 1 month and reply: Nutritional formulas, when administered by enteral tube, are no longer available through the point-of-sale (POS) system. For future use, service providers should use the CMS form 1500 or the 837P electronic claim form and not bill through POS. A 1-month approval has been given to accommodate the transition. <p>Go to: www.oregon.gov/OHA/HSD/OHP/Pages/Policy-Home-EPIV.aspx</p> <ul style="list-style-type: none"> No: Enter an Informational PA and reply: Nutritional formulas, when administered by enteral tube, are no longer available through the point-of-sale (POS) system. For future use, service providers should use the CMS form 1500 or the 837P electronic claim form and not bill through POS. When billed using a HCPCS code, enterally administered nutritional formulas do not require a prior authorization (PA). However, the equipment does require a PA. Providers can be referred to 800-642-8635 or 503-945-6821 for enteral equipment PAs. <p>For complete information of how to file a claim, go to: www.oregon.gov/OHA/HSD/OHP/Pages/Policy-Home-EPIV.aspx</p>		

Note: Normal Serum Protein 6-8 g/dL
Normal albumin range 3.5-5.5 g/dL

P&T Review: 11/14
Implementation: 10/13/16; 1/1/15; 6/22/07; 9/1/06; 4/1/03