

## Nutritional Supplements (Oral Administration Only)

### Goal(s):

- Restrict use to clients unable to take food orally in sufficient quantity to maintain adequate weight.
- Require ANNUAL nutritional assessment for continued use.
- Use restriction consistent with DMAP EP/IV rules at:  
<http://www.oregon.gov/oha/healthplan/Pages/home-epiv.aspx>

<http://www.dhs.state.or.us/policy/healthplan/guides/homeiv/main.html>

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

### **Please 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. However, the equipment does 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:  
<http://www.oregon.gov/oha/healthplan/Pages/home-epiv.aspx><http://www.dhs.state.or.us/policy/healthplan/guides/homeiv/main.html>

### Length of Authorization:

Up to 12 months

**Note:** Criteria is divided into: 1) Clients 6 years or older  
2) Clients under 6 years

### Not Covered:

- Supplements and herbal remedies such as Acidophilis, Chlorophyll, Coenzyme and Q-10 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:

Preferred alternatives listed at [www.orpdl.org](http://www.orpdl.org)

**CLIENTS 6 YEARS OF AGE 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 ICD9 code.	
2. Is the 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 (g-tube)?	Yes: Go to #10	No: Go to #4
4. All indications need to be evaluated as to whether they are above or below the line.	Above the line: Go to #5	Below the line: Pass to RPH; Deny (Not covered by the OHP).
5. Is this request for a client that is currently on supplemental nutrition?	Yes: Go to #6	No: Go to #7
6. Has there been an annual assessment by MD for continued use of a nutritional supplement? Document assessment date.	Yes: Approve for up to 1 year	No: Request documentation of assessment OR Pass to RPH; Deny, (Medical Appropriateness).
7. Client must have a nutritional deficiency identified by one of the following: <ul style="list-style-type: none"> <li>• Has there been a recent (within year) Registered Dietician assessment indicating adequate intake is not obtainable through regular/liquefied or pureed foods? (Supplement cannot be approved for convenience of client or caregiver.) <b>OR</b></li> <li>• Is here a recent serum protein level &lt; 6?</li> </ul>	Yes: <del>Approve up to 1 year</del> <u>Go to #9</u>	No: Go to #8
8. Does the patient have a prolonged history (>1 year) of malnutrition and cachexia OR reside in a LTC facility or chronic home care facility?  Document: <ul style="list-style-type: none"> <li>• Residence</li> <li>• Current weight</li> <li>• Normal weight</li> </ul>	Yes: Go to #9	No: Request more documentation OR pass to RPH; Deny (Medical Appropriateness).

## Approval Criteria

9. Does the client have:

- An increased metabolic need resulting from severe trauma (e.g. Severe burn, major bone fracture, etc.)?  
OR
- Malabsorption difficulties (e.g. Crohns Disease, Cystic Fibrosis, bowel resection/ removal, Short Gut Syndrome, gastric bypass, renal dialysis, dysphagia, achalasia, etc)? OR
- A diagnosis that requires additional calories and/or protein intake (e.g. Cancer, AIDS, pulmonary insufficiency, MS, ALS, Parkinson's, Cerebral Palsy, Alzheimers, etc.)

Yes: Approve for up to 1 year

No: Request more documentation OR Pass to RPH; Deny (Medical Appropriateness).

10. Is this request for a client that is currently on supplemental nutrition?

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

Go to: <http://www.oregon.gov/oha/healthplan/Pages/home-epiv.aspx><http://www.dhs.state.or.us/policy/healthplan/guides/homeiv/main.html>

- No: Enter an Informational PA and reply: Nutritional formulas, when administered by enteral tube, are no longer available through the point of sale 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. 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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**CLIENTS 5 YEARS and UNDER:**

Document:

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

<b>Approval Criteria</b>		
1. What diagnosis is being treated that is responsible for needing nutritional support?	Record ICD9 code.	
2. Is the product to be administered by enteral tube feeding (g-tube)?	Yes: Go to #9	No: Go to #3
3. All indications need to be evaluated as to whether they are above or below the line.	Above the line: Go to #4	Below the line: Pass to RPH; Deny (Not covered by the OHP).
4. Is this request for a client that is currently on supplemental nutrition?	Yes: Go to #5	No: Go to #6
5. Has there been an annual assessment by MD for continued use of a nutritional supplement? (No recent weight loss, serum protein level or dietician assessment required if body weight being maintained by supplements due to clients medical condition).  Document assessment date.	Yes: Approve for up to 1 year	No: Request documentation of assessment OR Pass to RPH; Deny, (Medical Appropriateness).
6. Is the diagnosis failure to thrive (FTT)? (783.4)	Yes: Approve for up to 1 year	No: Go to #7
7. Does the client have: <ul style="list-style-type: none"> <li>• An increased metabolic need resulting from severe trauma (e.g. Severe burn, major bone fracture, etc.)? OR</li> <li>• Malabsorption difficulties (e.g. Crohns Disease, Cystic Fibrosis, bowel resection/ removal, Short Gut Syndrome, gastric bypass, renal dialysis, dysphagia, achalasia, etc)? OR</li> <li>• A diagnosis that requires additional calories and/or protein intake (e.g. Cancer, AIDS, pulmonary insufficiency, Cerebral Palsy, etc.)</li> </ul>	Yes: Approve for up to 1 year	No: Go to #8
8. Client must have a nutritional deficiency identified by one of the following: <ul style="list-style-type: none"> <li>• Has there been a recent (within year) Registered Dietician assessment indicating adequate intake is not obtainable through regular/liquefied or pureed foods? (Supplement cannot be approved for convenience of client or caregiver.) OR</li> <li>• Is there a recent serum protein level &lt;6?</li> </ul>	Yes: Approve for up to 1 year	No: Request more documentation OR Pass to RPH; Deny (Medical Appropriateness).

## Approval Criteria

9. Is this request for a client that is currently on supplemental nutrition?

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

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**Note: Normal serum protein 6 - 8 g/dl**  
**Normal albumin range 3.2 – 5.0 g/dl**

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*P&T / DUR Action:* 2/23/06

*Revision(s):* 9/1/06, 7/1/06, 4/1/03, 6/22/07, 11/20/14

*Initiated:*