

## MEDICAID AND PAYMENTS FOR PEDIATRIC SPECIALTY FORMULAS

An Overview of Payment Resources for Children with Special Health Care Needs

### Who Pays?

- Oregon Health Plan
- WIC
- Commercial Insurance Plans
- School System
- Child Care System

### What do they Pay for?

- Infant Formulas
- Pediatric Formulas (for children >1 year of age)
  - Tube Fed
  - Oral Supplement
- Standard Formulas (for children >10 years)
- Thickeners
- Specialty Foods

### Shift Your Thinking!!




The first photo shows a woman and a child looking at a document together. The second photo shows a woman holding a baby, with a 'WIC' logo visible on her shirt.

### How do you Request Payment?



A 3D illustration of a book with the word 'RULES' written on its cover.



A woman with blonde hair, wearing a patterned jacket, is sitting at a desk with a computer monitor and keyboard.

Speak to the POLICY!!

Use the LANGUAGE in the POLICY to SUPPORT YOUR REQUEST

## Formulas- INFANT

- WIC
  - Formulary
  - Quantity Limits
- Example:
  - 26 kcal/oz Similac Sensitive
  - Baby takes 24 ounces per day
  - Is this order fully covered by WIC?

### Maximum Quantities of Medical Formula/Food and Supplemental Foods for Oregon WIC Participants

	Infants	4-6 months	7-12 months
<b>Medical Formula:</b>			
Powder (reconstituted)	Up to 960 fl. oz.	Up to 696 fl. oz.	
Concentrate (reconstituted)	Up to 884 fl. oz.	Up to 624 fl. oz.	
Ready-to-feed	Up to 896 fl. oz.	Up to 640 fl. oz.	
<b>Infant Foods:</b>			
Infant cereal	none	24 oz. infant cereal	

### Enough Formula from WIC?

4-6 months	7-12 months
<b>Up to 960 fl oz</b>	<b>Up to 696 fl oz</b>
<b>960 oz X 20 kcal/oz =</b>	<b>696 oz x 20 kcal/oz =</b>
<b>19,200 kcal per month</b>	<b>13,920 kcal per month</b>

### How much formula do we need?

**26 kcal/oz x 24 oz/day = 624 kcal per day**

**624 kcal/day x 30 days = 18,720 kcal per month**

**(18,720 kcal/20 kcal/oz = 936 fl oz per month)**

### Enough Formula from WIC?

4-6 months	7-12 months
<b>Up to 960 fl oz</b>	<b>Up to 696 fl oz</b>
<b>960 oz X 20 kcal/oz =</b>	<b>696 oz x 20 kcal/oz =</b>
<b>19,200 kcal per month</b>	<b>13,920 kcal per month</b>
<b>18,720 kcal/20 kcal/oz = 936 fl oz per month</b>	<b>18,720 kcal/20 kcal/oz = 936 fl oz per month</b>

### Requesting Formula from OHP

- Tube-fed- HOME CARE
- Orally-fed:
  - Pharmacy Benefit and goes through Point-of-Sale
  - May be provided by a HOME CARE entity
    - LET THE HOME CARE COMPANY REQUEST THE PRIOR AUTHORIZATION!

### OHP Policy: Tools for Providers

**DMAP administrative rules and supplemental information for: Pharmaceutical services program Rulebook**

Nutritional Support, Enteral or oral	Nutritional bars, liquids, packets, powders, & wafers, and various others	Ensure, Ensure Plus, Nepro, Pediasure, Promod and Others	Diagnosis being treated must be a covered diagnosis and fall within the recommendations in Table 2.
			These products are restricted to patients unable to take food orally in sufficient quantity to maintain adequate weight. Requires annual nutritional assessment to assess continued need.

<http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rulebooks/121rb0410.pdf>

### EPIV Rulebook

Oral nutritional supplements may be approved when the following criteria has been met:

(A) Clients age 6 and above:

- (i) Must have a nutritional deficiency identified by one of the following:
  - (I) Recent low serum protein levels; or
  - (II) Recent registered dietician assessment shows sufficient caloric/protein intake is not obtainable through regular, liquefied or pureed foods;

<http://www.dhs.state.or.us/policy/healthplan/guides/homeiv/148rb0709cor.pdf>

### EPIV Rulebook

(A) Clients age 6 and above:

(ii) The clinical exception to the requirements of (I) and (II) must meet the following:

- (I) Prolonged history (i.e. years) of malnutrition, and diagnosis or symptoms of cachexia, and
- (II) client residence in home, nursing facility, or chronic home care facility, and
- (III) where (I) and (II) would be futile and invasive

<http://www.dhs.state.or.us/policy/healthplan/guides/homeiv/148rb0709cor.pdf>

### EPIV Rulebook

(A) Clients age 6 and above:

- (iii) Must have a recent unplanned weight loss of at least 10%, plus one of the following:
  - (I) Increased metabolic need resulting from severe trauma; or
  - (II) Malabsorption difficulties (e.g., short-gut syndrome, fistula, cystic fibrosis, renal dialysis); or
 Ongoing cancer treatment, advanced Acquired Immune Deficiency Syndrome (AIDS) or pulmonary insufficiency.
- (iv) *Weight loss criteria may be waived if body weight is being maintained by supplements due to patient's medical condition (e.g., renal failure, AIDS)*

<http://www.dhs.state.or.us/policy/healthplan/guides/homeiv/148rb0709cor.pdf>

### EPIV Rulebook

B) Clients under age 6:

- (i) Diagnosis of 'failure to thrive';
- (ii) Must meet same criteria as above, with the exception of % of weight loss.

<http://www.dhs.state.or.us/policy/healthplan/guides/homeiv/148rb0709cor.pdf>

### Prior Authorization Request for Prescriptions & Oral Nutritional Supplements

---

**Patient Questionnaire - Complete for oral nutritional supplements only**

Question	Answer
Is the patient fed via G-tube?	
Is the patient currently on oral nutritional supplements?	
- If Yes, date product started:	
- How is it supplied (e.g. self-pay, friends/family supply, etc)?	
Does the patient have Failure to Thrive (FTT)?	
Does the patient have a long history (more than one year) of malnutrition and cachexia?	
Does the patient reside in a:	
- Long-term care facility?	
- Chronic home care facility?	
- If Yes, list name of residence:	
Does the patient have:	
- Increased metabolic need from severe trauma (e.g. severe burn, major bone fracture)?	
- Malabsorption difficulties (e.g. Crohn's Disease, cystic fibrosis, bowel resection/removal, Short Gut Syndrome, gastric bypass, renal dialysis, dysphagia, achalasia)?	
- A diagnosis that requires additional calories and/or protein intake (e.g. cancer, AIDS, pulmonary insufficiency, MS, ALS, Parkinson's, cerebral palsy, Alzheimer's)?	

### Prior Authorization Request for Prescriptions & Oral Nutritional Supplements

---

**Written Justification and Attachments:**

**Quote the POLICY!!!! Provide Support for Request.**

*"Patient's weight is now within normal limits because he has been consuming \*\*\* oral nutrition supplement for 1 year. Formula is providing \*\*\*% of his food intake."*

*"Patient has significant delays associated with Down Syndrome and is bottle fed at age 6 years. Extremely limited food repertoire and very resistant to new flavors or textures; unable to meet nutritional needs by modifying regular food."*

### Complete the Form Correctly!

---

- NPI Number for the PRESCRIBER
- Formula is paid by the MILLILITER or GRAM
  - ml/day x 30 days
- NDC Code vs HCPCS Code
  - Elicare: 70074-0594-06 (Pharmacy)
  - B4161 (Home Care)

### Some Formulas/Foods aren't Covered

---

- B4102 Fluid & lytes-adult
- B4103 Fluid & lytes-pediatrics 500 ml = 1 unit
- B4149 Enteral formula, manufactured blenderized natural foods
- B4104 Additive for enteral formula (e.g. fiber)
- B4100 Food thickener
- S9435 Specialized Foods for Metabolic Disorders

### CareOregon Prior Authorization

---

Does the patient have serum protein < 5.6g/dl or albumin < 3.4g/dl?  Yes  No

**Please attach: 1) Member's serial weight and BMI history for past 6 months, and 2) Most recent PCP or dietician assessment of nutritional status indicating adequate nutrition is not attainable through dietary intervention with regular or pureed foods and 3) Related Labs and 4) Underlying diagnosis.**

