

The Department of Vermont Health Access Medical Policy

Subject: Metabolic Nutrition and Nutritional Products Decision Support Cube

Last Review: August 1, 2018

Past Revisions: August 1, 2018

Description of Service or Procedure

An inherited metabolic disease is a disease caused by an inherited abnormality of body chemistry for which the State screens newborn infants. The Department of Vermont Health Access (DVHA) covers medical foods and low protein modified food products for the treatment of inherited metabolic diseases.

Medical foods include an amino acid modified preparation that is intended to be used under the direction of a physician for the dietary treatment of an inherited metabolic disease.

Low protein modified food products are specifically formulated to have less than one gram of protein per serving and are intended to be used under the direction of a physician for the dietary treatment of a metabolic disease.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules/dvha>

7102.2	Prior Authorization Determination
7103	Medical Necessity
7502	Prescribed Drugs
7502.2	Non-Drug Items
7504.2	Covered Services

State Statute- 8 V.S.A. § 4089e. Treatment of inherited metabolic diseases can be found at <http://legislature.vermont.gov/statutes/search>

Coverage Position

Metabolic nutrition may be covered for beneficiaries:

- When the nutritional supplement is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described in their Vermont State Practice Act, who is knowledgeable regarding metabolic diseases, and who provides medical care to the beneficiary AND
- When the clinical criteria below are met.

Coverage Criteria

Metabolic nutrition may be covered for a beneficiary who:

- Has a diagnosis of an inherited metabolic disease caused by an inherited abnormality of body chemistry. AND
- Requires a low protein modified food product:
 - which is specifically formulated to have less than one gram of protein per serving and
 - is intended to be used under the direction of a physician for the treatment of the inherited metabolic disease OR
- Requires an amino acid modified food that is intended to be used under the direction of a physician for the dietary treatment of an inherited metabolic disease.

Prior Authorization is required for products that are not found on this list.

Clinical guidelines for repeat service or procedure

The same criteria apply as for the initial use.

Type of service or procedure covered

Please refer to Appendix A for Vermont Medicaid Nutritional Products Decision Cube.

Medical Benefit Coverage: Enteral or parenteral formulas. HCPCS code needed. See Metabolic Nutrition and Nutritional Products: Covered Products list at <http://dvha.vermont.gov/for-providers/drug-coverage-lists-1>

Pharmacy Benefit Coverage: Oral food products. NDC needed. See Preferred Drug List at <http://dvha.vermont.gov/for-providers/pharmacy>

Type of service or procedure not covered (this list may not be all inclusive)

Nutritional support is not covered for/when:

- Nutritional support is not covered for non-medical foods.

Coding Guidelines

Medical Benefit Coverage: Enteral or parenteral formulas. HCPCS code needed. Please see fee schedule for prior authorization information.

Pharmacy Benefit Coverage: Oral food products. NDC, HRI, or UPC needed. See Preferred Drug List at <http://dvha.vermont.gov/for-providers/pharmacy>. Prior authorization is required for items not on the covered products list.

Appendix A

**Vermont Medicaid Nutritional Products Decision Cube and
Vermont Medicaid Covered Products (May require PA)**

	< 5 years old	Pharmacy Benefit	Medical Benefit	≥ 5 years old	Pharmacy Benefit	Medical Benefit
Grocery Product (B4149, B4150, B4152, B4153, B4154, B4155, B4158, B4159, B4160) <i>Exceptions: Monogen and Pediasure 1.5</i>	No Feeding Tube: Deny With Feeding Tube: Approve		✓ With feeding tube	No Feeding Tube: Deny		
Inborn Error of Metabolism (IEM) products: B4157, B4161, and B4162	With appropriate diagnosis: Approve regardless of Feeding Tube status	✓ without feeding tube	✓ With feeding tube	With appropriate diagnosis: Approve regardless of Feeding Tube	✓ without feeding tube	✓ With feeding tube
Non-Grocery Product: Formulas with hydrolyzed or elemental proteins (B4153, B4161)	No Feeding Tube: All other products under these codes approve with appropriate medical diagnosis. Deny if not medically indicated.			No Feeding Tube: Approve if medically necessary Deny if not medically indicated.	✓ without feeding tube	✓ With feeding tube
	With Feeding Tube: Approve			With Feeding Tube: Approve		

Non-Grocery Product: Not IEM, hydrolyzed or elemental protein formulas (B4154, B4155)	No Feeding Tube: Need clear documentation of medical condition that must be treated with the specific formula; need cannot be met with other products, grocery items or dietary changes/restrictions; may defer pending			No Feeding Tube: Need clear documentation of medical condition that must be treated with the specific formula; need cannot be met with other products, grocery items or dietary changes/restrictions; may defer pending		
	With Feeding Tube: Approve		✓ With feeding tube	With Feeding Tube: Approve		✓ With feeding tube

References

American Dietetic Association. (2003). Position of the American Dietetic Association: Integration of the medical nutrition therapy and pharmacotherapy. *Journal of the American Dietetic Association*, 103(10). Retrieved January 8, 2018, from: [http://www.andjrn.org/article/S0002-8223\(03\)01222-7/pdf](http://www.andjrn.org/article/S0002-8223(03)01222-7/pdf)

Cook, S., Weitzman, M., Auinger, P., Nguyen, M., & Diets, W.H. (2003). Prevalence of a metabolic syndrome phenotype in adolescents. Findings from the Third National Health and Nutrition Examination Survey, 1988-1994. *Archives of Pediatric and Adolescent Medicine*, 157. Retrieved January 8, 2018, from: <http://jamanetwork.com/journals/jamapediatrics/fullarticle/481403>

Durand, C., Pairaudeau, P.W., & Walter, J.H. (2006). Inherited metabolic disease. *Archives of Disease in Childhood*, 91 (suppl 1). Retrieved January 8, 2018, from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2066048/pdf/A89.pdf>

Ford, E.S., Giles, W.H., & Diets, W.H. (2002). Prevalence of the metabolic syndrome among US adults: Findings from the Third National Health and Nutrition Examination Survey. *Journal of the American Medical Association*, 287(3). Retrieved January 8, 2018, from: <http://jamanetwork.com/journals/jama/fullarticle/194559>

Hayes, Inc. Search and Summary. *Metabolic Foods for the Treatment of Inborn Errors of Amino Acid Metabolism*. Landsdale, PA: Hayes, Inc.; June, 2, 2016.

Hayes, Inc. Search and Summary. *Metabolic Foods for the Treatment of Non-Amino Acid Inborn Errors Metabolism*. Landsdale, PA: Hayes, Inc.; June, 2, 2016.

Saudubray, J.M., Nassogne, C., de Lonlay, P., & Touati, G. (2002). Clinical approach to inherited metabolic disorders in neonates: An overview. *Seminars in Neonatology*, 7. Retrieved January 8, 2018, from: <http://nicu.intrigued.net/neonatology/InbornErrorsMetabolism.pdf>

This document has been classified as public information.