# NUTRITIONAL THERAPY SERVICES AND NUTRITION SUPPLEMENTS

## ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirement.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

Nutritional therapy services and nutrition supplements are reimbursable services for enrolled durable medical equipment (DME) providers.

## ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

| Coverage Type | Coverage Limitations |
|---|---|
| Medicaid/CHIP Full Coverage | Medically necessary services covered in accordance with the limitations described in this chapter. |
| Qualified Medicare Beneficiary – Coverage Limited (73) | Coverage restricted to co-payments and deductibles on Medicare A and B covered services. |

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

## COVERED SERVICES AND LIMITS

**General Coverage Principles**
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and

- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

**Oral Nutrition Therapy**
Oral nutritional supplements are covered for children under 21 only when a child cannot maintain normal protein or caloric intake from a daily nutritional plan or when a normal infant formula cannot be tolerated because of a condition or illness.

If the recipient is enrolled in WIC, services are covered if the items and services are not available under that program or the physician's order exceeds the amount allowed under that program.

**Enteral Nutrition Therapy**
Enteral nutritional therapy is covered when a recipient has a functioning gastrointestinal tract but cannot maintain weight and strength commensurate with the recipient's general condition because of a medical condition or illness or pathology to or the nonfunctioning of the structures that normally permit food to reach the digestive tract. This service is subject to additional restrictions based on the age of the recipient at the time of service.

Enteral Nutrition Therapy for Recipients under Age 21
Enteral nutritional therapy, oral nutritional supplements, and electrolyte replacement for recipients less than 21 years of age are covered when the items are ordered by a physician or other licensed practitioner and the following conditions are met:

- The recipient is not institutionalized and services are delivered in the recipient's residence. An individual's residence does not include an acute care hospital, a nursing facility, an intermediate care facility for the individuals with intellectual disabilities, or an institution for individuals with a mental disease.

Enteral Nutrition Therapy for Recipients Age 21 and Older
For recipients age 21 and older enteral nutritional therapy is only covered if prior authorized by South Dakota Medicaid and all of the following conditions are met:

- The recipient is not institutionalized and services are delivered in the individual's residence. For purposes of this rule, an individual's residence does not include an acute care hospital, a nursing facility, an intermediate care facility for individuals with intellectual disabilities, or an institution for individuals with a mental disease;
- The recipient has a permanently inoperative internal body organ or an inoperative body function;
- There is a physician or other licensed practitioner order or prescription for the therapy and sufficient medical documentation describing the medical necessity for the therapy;
- The provider has completed and received prior authorization from South Dakota Medicaid; and
- The recipient is unable to receive adequate nutrition by normal means.

**Parenteral Nutrition Therapy**
Parenteral nutritional therapy is covered for recipients of all ages if prior authorized by South Dakota Medicaid and the following conditions are met:

- The recipient is not institutionalized and services are delivered in the individual's residence. A recipient's residence does not include an acute care hospital, a nursing facility, an intermediate care facility for individuals with intellectual disabilities, or an institution for individuals with a mental disease;
- The recipient has a permanently inoperative internal body organ or an inoperative body function such as severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the recipient's general condition;
- There is a physician's order or prescription for the therapy and medical documentation describing the diagnosis and the medical necessity for the therapy; and
- Parenteral nutritional therapy is the only means the recipient has to receive nutrition.

**Prior Authorization Requests**
A prior authorization request must be submitted using the Durable Medical Equipment and Medical Nutrition Prior Authorization Request Form. The provider must submit the following information with the prior authorization request:

- A copy of the prescription for the needed therapy;
- A copy of the certificate of medical necessity (CMN) signed by the prescribing physician giving the reasons the person is unable to receive adequate nutrition by normal means;
- The applicable procedure codes for the nutritional formula or parenteral nutrition;
- The provider's usual and customary charge for the items or services, including formula, durable medical equipment, and supplies; and
- Documentation regarding other requested routine medical services, such as home health services.

If there is no change in the physician or other licensed practitioner orders and a three-month reauthorization is being requested, documentation need only include the CMN that the individual continues to need nutritional therapy.

If the therapy changes a new authorization must be obtained. Authorization may not exceed 3 months unless the condition is permanent.

The provider is responsible for submitting the documentation for a new authorization. Authorizations will be given from the date of contact.

**Durable Medical Equipment**
Equipment necessary to administer the parenteral or enteral nutritional therapy is covered under the provisions of ARSD Ch. 67:16:29.

## NON-COVERED SERVICES

**General Non-Covered Services**
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Services not covered include the following:

- Oral nutritional supplementation for individuals 21 years of age or older unless the individual has a diagnosis consistent with inborn errors of metabolism; and
- Nutritional therapy or supplementation for situations involving temporary impairment, such as a nutritional crisis during pregnancy.

## Documentation Requirements

**General Requirements**
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

**Certificate of Medical Necessity**
Providers must maintain a current Certificate of Medical Necessity (CMN) and the physician or other licensed practitioner's prescription on file.

## Reimbursement and Claim Instructions

**Timely Filing**
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

**Third-Party Liability**
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

**Reimbursement**
Payment for nutritional items and supplies is the lesser of the provider's usual and customary charge or the fee established on the applicable fee schedule. Oral Nutrition supplement are listed on the DMEPOS fee schedule. Enteral and Parenteral Nutrition Therapy are listed on the applicable Nutrition Therapy fee schedule. If no fee is specified for nutritional formulas, payment is limited to 60 percent of the provider's usual and customary charge. Supplies and administration kits are paid at 90 percent of the provider's usual and customary charge.

Costs of professional intervention services, such as nursing and dietary, which are pertinent to the parenteral therapy are included in the cost of the parenteral therapy.

If a recipient requires regular or routine medical services in addition to the nutritional therapy or nutritional supplements provided in this manual, the cost of all the services provided in the home may not exceed 135 percent of the cost of institutional care.

**Claim Instructions**
Claims for nutrition therapy and nutrition supplements must be submitted on a CMS 1500 claim form or on a 837P. Detailed claim form instructions are provider in the Professional Services Billing Manual. Refer to the 837P instructions for electronic claims.

Enteral nutrition that is administered orally must be billed with the “BO” modifier attached to the corresponding HCPCS code. When billing enteral nutrition, 1 unit must be billed for every 100 calories.

## DEFINITIONS

1. "Enteral nutritional therapy," nutritional therapy by way of the small intestine through nasogastric, jejunostomy, or gastrostomy tubes;
2. "Nutritional supplement," specialized formulas required to increase a child's daily protein and caloric intake;
3. "Nutritional therapy," specialized formulas or hyperalimentation which serves as the sole means of nutrition and is required when nutrition cannot be sustained through oral feedings due to a chronic illness or trauma; and
4. "Parenteral nutritional therapy," nutritional therapy by intravenous injection.

## REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

## QUICK ANSWERS

1. **Do children under 21 require a prior authorization for parenteral nutrition?**

   Yes. Parenteral nutrition services must be prior authorized by the department.

2. **What is considered a unit for enteral/parenteral nutrition?**

   Units are per 100 calories.

3. **Are both generic and name-brand nutritional supplements covered?**

   Yes, South Dakota Medicaid covers both generic and name-brand nutritional supplements as long as the supplement meets our coverage criteria and the HCPCS code description.

4. **Does South Dakota Medicaid cover Pedialyte?**

Yes, South Dakota Medicaid covers Pedialyte for children in accordance with the coverage criteria in this manual.