

**Policy terminated because coverage is incorporated in 5A, Durable Medical
Equipment and Supplies and 3H-1, Home Infusion Therapy**

Table of Contents

1.0 Description of the Procedure, Product, or Service..... 1

2.0 Eligible Recipients 1

 2.1 General Provisions 1

3.0 When the Procedure, Product, or Service Is Covered..... 1

 3.1 General Criteria..... 1

 3.2 Specific Criteria 1

4.0 When the Procedure, Product, or Service Is Not Covered..... 2

 4.1 General Criteria..... 2

 4.2 Specific Criteria 2

5.0 Requirements for and Limitations on Coverage 2

 5.1 Prior Approval 2

6.0 Providers Eligible to Bill for the Procedure, Product, or Service 2

7.0 Additional Requirements 2

 7.1 Compliance 2

Policy Implementation/Revision Information..... 3

Attachment A: Claims-Related Information 4

 A. Claim Type 4

 B. Diagnosis Codes 4

 C. Procedure Code(s)..... 4

 D. Modifiers..... 4

 E. Billing Units..... 4

 F. Place of Service 4

 G. Co-payments 4

 H. Reimbursement 4

1.0 Description of the Procedure, Product, or Service

Dietary supplements are especially formulated products designed to increase the amount of various food elements required to maintain proper physiological function of the body processes or to correct a deficiency which may exist.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Benefits are provided for dietary supplements in the following situations:

- a. Dietary supplements received by inpatients in a hospital or skilled nursing facility if the cost of the supplement is included in the charge for accommodation and general nursing services.
- b. Only enteral nutrients that require a prescription are eligible for coverage when prescribed for recipients with the following conditions:
 1. Malabsorption syndrome
 2. Certain short bowel syndromes
 3. Crohn's disease
 4. Severe pancreatitis.

- c. Dietary supplements prescribed on an outpatient basis for specific treatment of diseases, illnesses, or conditions are covered only if a doctor's prescription in accordance with the federal Food, Drug, and Cosmetic Act is required to purchase the supplement.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; **OR**
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Dietary supplements are not covered except as listed in **Subsection 3.2**.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
April 30, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

The diagnosis codes to be used for Dietary Supplements are: 579.3, 579.9, 555.9, and 577.0.

C. Procedure Code(s)

HCPCS Code(s)				
B4034	B4035	B4036	B4081	B4082
B4087	B4088	B9000	B9002	B9998
B9999				

Note: B5000, B5100, B5200, B4185, B4189, B4197, B4199, B4216 - Only one code per day, per provider is allowed. The others would deny as being inclusive in the first one processed.

Note: The following codes are for parenteral nutrition solutions: B4164 – B9999 (includes supplies, pump and supplement).

Note: These codes are for enteral formula: B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, and B4162

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Home.

Dietary supplements received by inpatients in a hospital or skilled nursing facility if the cost of the supplement is included in the charge for accommodation and general nursing services.

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.