



Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective February 13, 2024, Aetna Better Health of Texas ***will no longer require prior authorization*** for the codes listed below for participating providers. As always, do not hesitate to contact your Aetna Better Health of Texas Provider Relations Representative with any questions or comments.

Please refer to the provider pre-authorization tool for the most up to date listing of codes requiring a prior authorization

<https://www.aetnabetterhealth.com/texas/providers/prior-authorization.html>

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this document and in the attached policy.

CHIP

Bexar area

866-818-0959 (TTY: 711)

Tarrant area

1-800-245-5380 (TTY: 711)

STAR Kids

Dallas and Tarrant areas

1-844-787-5437 (TTY: 711)

STAR (Medicaid)

Bexar area

1-800-248-7767 (TTY: 711)

Tarrant area

1-800-306-8612 (TTY: 711)

Thank you for your valued partnership in caring for our Aetna Better Health Members.

Sincerely,

Provider Services and Chief Medical Officer
Aetna Better Health of Texas

A retrospective review may be performed by Aetna Better Health of Texas to ensure that the documentation included in the client's medical record supports the medical necessity of the requested services.

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|-------|
| B4103 |
| B4149 |
| B4150 |
| B4152 |
| B4153 |
| B4154 |
| B4155 |
| B4157 |
| B4158 |

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| B4159 |
| B4160 |
| B4161 |
| B4162 |
| B4100 |
| B9002 |

Aetna Better Health of Texas follows the Texas Medicaid Provider Procedure Manual TMPPM for quantity and limitations; please refer to the latest TMPPM version.

| Code | Description | Current TMMPM Limit |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit | Limit: restricted to clients who are 20 years if age and younger |
| B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | |
| B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | Enteral formulas consisting of semi-synthetic intact protein or protein isolates (procedure codes B4150 and B4152) are appropriate for the majority of clients requiring enteral nutrition. |
| B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | Enteral formulas consisting of semi-synthetic intact protein or protein isolates (procedure codes B4150 and B4152) are appropriate for the majority of clients requiring enteral nutrition. |
| B4153 | Enteral formula, nutritionally complete, hydrolyzed | |

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|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | <p>proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</p> | |
| B4154 | <p>Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</p> | |
| B4155 | <p>Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit</p> | |
| B4157 | <p>Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</p> | |
| B4158 | <p>Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates,</p> | <p>Limit: restricted to clients who are 20 years if age and younger</p> |

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|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | <p>vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit</p> | |
| B4159 | <p>Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit</p> | <p>Limit: restricted to clients who are 20 years if age and younger</p> |
| B4160 | <p>Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</p> | <p>Limit: restricted to clients who are 20 years if age and younger</p> |
| B4161 | <p>Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</p> | <p>Limit: restricted to clients who are 20 years if age and younger</p> |
| B4162 | <p>Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</p> | <p>Limit: restricted to clients who are 20 years if age and younger</p> |

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|-------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| B4100 | Food thickener, administered orally, per oz | Limit: swallowing disorder |
| B4104 | Additive for enteral formula (e.g., fiber) | |
| A4322 | irrigation syringe, bulb or piston, each | Limit: 30 per month |
| A5200 | Percutaneous catheter/tube anchoring device, adhesive skin attachment | Limit: 2 per month |
| B4034 | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | Limit: Up to 31 per month |
| B4035 | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | Limit: Up to 31 per month |
| B4036 | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | Limit: Up to 31 per month |
| B4081 | Nasogastric tubing with stylet | Limit: As needed |
| B4082 | Nasogastric tubing without stylet | Limit: As needed |
| B4083 | Stomach tube - Levine type | Limit: As needed |
| B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each | Limit: As needed |
| B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each | Limit: As needed |
| B4105 | in-line cartridge containing digestive enzyme(s) for enteral feeding, each | Limit: Up to 62 per month |

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|-------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B9002 | enteral feeding pump | Limit: 1 purchase every 5 years; 1 rental per month |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; | Limit: As needed |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; needleless syringe | Limit: 8 per month. |

Provider Education

Nutritional (Enteral) Products, Supplies, and Equipment

Medical nutritional products including enteral formulas and food thickener, may be approved for clients who have specialized nutritional requirements.

Medical nutritional products must be prescribed by a physician and be medically necessary.

Enteral nutritional products are those food products that are included in an enteral treatment protocol. They serve as a therapeutic agent for health maintenance and are required to treat an identified medical condition. Nutritional products, supplies, and equipment may be a benefit when provided in the home under Home Health Services.

For clients who are 20 years of age and younger and do not meet criteria through Home Health Services, products, supplies, and equipment can be considered through the Comprehensive Care Program (CCP).

Note: For clients who are 21 years of age or older, requests for nutritional (enteral) products, supplies and equipment that do not meet the criteria through Title XIX Home Health Services may be considered under the Texas Medicaid Home Health—Durable Medical Equipment (DME) Exceptional Circumstances process.

Enteral Nutritional Products, Feeding Pumps, and Feeding Supplies

Enteral nutritional products and related feeding supplies and equipment are a benefit through Home Health Services for clients who are 21 years of age and older and require tube feeding as their primary source of nutrition. The enteral product, supply, or equipment must be part of the medical POC outlined and maintained by the treating physician.

Enteral nutritional products may be reimbursed with the following procedure codes:

B4100 B4103 B4104 B4149 B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160 B4161 B4162

Enteral formulas consisting of semi-synthetic intact protein or protein isolates (procedure codes B4150 and B4152) are appropriate for the majority of clients requiring enteral nutrition.

Special enteral formulas or additives (procedure code B4104 - fiber) may be considered with medical necessity documentation for these special enteral formulas or additives.

Special enteral formula may be reimbursed with the following procedure codes:

B4149 B4153 B4154 B4155 B4157 B4161 B4162.

Pediatric nutritional products (procedure codes B4103, B4158, B4159, B4160, B4161, and B4162) are restricted to clients who are 20 years of age and younger.

Food thickener (B4100) may be considered for clients with a swallowing disorder.

Enteral nutritional supplies and equipment may be reimbursed with the following procedure codes (please refer to the latest TMPPM version for limits)

A4322, A5200, B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4505, B9002, T1999.

* Appropriate limitations for miscellaneous procedure code T1999 are determined on a case-by-case basis with documentation of medical necessity. Retrospective review may be performed to ensure that the documentation included in the client's medical record supports the medical necessity of the requested services.

Procedure code B9998 may be reimbursed as needed without a modifier or with the following modifiers and limitations; please refer to the latest TMPPM version for limits:

| Code and modifier | Description | Current TMPPM Limit |
|------------------------|-----------------------------------------------------------------------------------|---------------------------|
| B9998 | | As Needed |
| B9998 with modifier U1 | Disposable G-tube adapter set | Limit: 4 per month |
| B9998 with modifier U2 | Nonobtured gastrostomy or jejunostomy tube with insertion supplies and extensions | Limit: 2 per rolling year |
| B9998 with modifier U3 | Low profile enteral extension set | Limit: 4 per month |
| B9998 with modifier U4 | Standard gastrostomy tube | Limit: 2 per rolling year |
| B9998 with modifier U5 | Standard enteral extension set | Limit: 4 per month |

Specific items may be requested using procedure code B9998 using the modifiers outlined in the table above.

A backpack or carrying case for a portable enteral nutrition infusion pump may be a benefit of Home Health Services, when medically necessary, using procedure code B9998.

Prior Authorization Requirements

Prior authorization is **NOT** required for most enteral products, supplies, and equipment provided through Home Health Services.

A retrospective review may be performed to ensure that the documentation included in the client's medical record supports the medical necessity of the requested service. See documentation requirements.

Services above TMPPM limits require prior authorization.

Requests may be reviewed for medically necessary amounts based on caloric needs as indicated by the client's physician.

Documentation Requirements

For nutritional formula, supplies, or equipment, the following documentation must be provided:

- Accurate diagnostic information pertaining to the underlying diagnosis or condition as well as any other medical diagnoses or conditions, to include the client's overall health status
- Diagnosis or condition (including the appropriate International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] code)
- A statement from the ordering physician noting that enteral nutritional products for tube feedings are the client's sole or primary source of nutrition
- The goals and timelines on the medical POC
- Total caloric intake prescribed by the physician
- Acknowledgement that the client has a feeding tube in place

Clients who are 21 years of age and older

Enteral nutrition and related supplies and equipment do not require prior authorization for clients who are 21 years of age and older when all or part of the client's nutritional intake is received through a feeding tube, and the enteral formula is:

- The client's sole source of nutrition
- The client's primary source of nutrition

Procedure Codes Limitations

* Appropriate limitations for miscellaneous procedure code T1999 are determined on a case-by-case basis with documentation of medical necessity;

- An enteral tube feeding is considered the primary source of nutrition when it comprises more than 70 percent of the caloric intake needed to maintain the client's weight.
- The percent of calories provided by an enteral formula may be calculated by dividing the client's daily calories supplied by the enteral formula by the daily caloric intake ordered by the physician to maintain the client's weight. The result is multiplied by 100 to determine the percentage of calories provided by the enteral formula.

Related supplies and equipment may be considered when criteria for nutritional products are met, and medically necessary.

Clients who are 20 years of age and younger

Prior authorization for nutritional products is not required for a client who is 20 years of age and younger and who meets at least one of the following criteria:

- Client receives all or part of their nutritional intake through a tube.

- Client has a metabolic disorder that has been documented with one of the following diagnosis codes:

Diagnosis Codes

C880 C965 C966 D472 D800 D801 D802 D803
D804 D805 D806 D807 D808 D809 D810 D811
D812 D814 D816 D817 D8189 D819 D820 D821
D822 D823 D824 D828 D829 D830 D831 D832
D838 D839 D840 D841 D8481 D84821 D84822 D8489
D849 D890 D891 D893 D8982 D8989 D899 E201
E670 E671 E672 E673 E678 E68 E700 E701
E7020 E7021 E7029 E7030 E70310 E70311 E70318 E70319
E70320 E70321 E70328 E70329 E70330 E70331 E70338 E70339
E7039 E7040 E7041 E7049 E705 E7081 E7089 E709
E710 E71110 E71111 E71118 E71120 E71121 E71128 E7119
E712 E7130 E71310 E71311 E71312 E71313 E71314 E71318
E7132 E7139 E7140 E7141 E7142 E7143 E71440 E71448
E7150 E71510 E71511 E71518 E71520 E71521 E71522 E71528
E71529 E7153 E71540 E71541 E71542 E71548 E7200 E7201
E7202 E7203 E7204 E7209 E7210 E7211 E7212 E7219
E7220 E7221 E7222 E7223 E7229 E723 E724 E7250
E7251 E7252 E7253 E7259 E7289 E729 E730 E738
E739 E7400 E7401 E7402 E7403 E7404 E7409 E7410
E7411 E7412 E7419 E7420 E7421 E7429 E7431 E7439
E744 E74810 E74818 E74819 E7489 E749 E7500 E7509
E7510 E7511 E7519 E7521 E7522 E7523 E75240 E75241
E75242 E75243 E75244 E75248 E75249 E7526 E7529 E753
E755 E756 E7601 E7602 E7603 E761 E76210 E76211
E76219 E7622 E7629 E763 E768 E769 E770 E771
E778 E779 E781 E782 E783 E785 E786 E7870
E7879 E7881 E7889 E789 E791 E792 E798 E799
E800 E801 E8020 E8021 E8029 E803 E804 E805
E806 E807 E8300 E8301 E8309 E8310 E8319 E8330
E8331 E8332 E8339 E8340 E8341 E8342 E8349 E8350

E8351 E8352 E8359 E8381 E8389 E839 E840 E8411
E8419 E848 E849 E850 E851 E852 E853 E854
E8581 E8589 E859 E860 E861 E869 E870 E871
E8720 E8721 E8722 E8729 E873 E874 E875 E876
E8770 E8779 E878 E8801 E8802 E8809 E881 E882
E8840 E8841 E8842 E8849 E8881 E8889 E889 H49811
H49812 H49813 M1000 M10011 M10012 M10019 M10021 M10022
M10029 M10031 M10032 M10039 M10041 M10042 M10049 M10051
M10052 M10059 M10061 M10062 M10069 M10071 M10072 M10079
M1008 M1009 M10111 M10112 M10121 M10122 M10131 M10132
M10141 M10142 M10151 M10152 M10161 M10162 M10171 M10172
M10211 M10212 M10221 M10222 M10231 M10232 M10241 M10242
M10251 M10252 M10261 M10262 M10271 M10272 M1030 M10311
M10312 M10319 M10321 M10322 M10329 M10331 M10332 M10339
M10341 M10342 M10349 M10351 M10352 M10359 M10361 M10362
M10369 M10371 M10372 M10379 M1038 M1039 M1040 M10411
M10412 M10419 M10421 M10422 M10429 M10431 M10432 M10439
M10441 M10442 M10449 M10451 M10452 M10459 M10461 M10462
M10469 M10471 M10472 M10479 M1048 M1049 M109 M1A00X0
M1A00X1 M1A0110 M1A0111 M1A0120 M1A0121 M1A0190 M1A0191 M1A0210
M1A0211 M1A0220 M1A0221 M1A0290 M1A0291 M1A0310 M1A0311 M1A0320
M1A0321 M1A0390 M1A0391 M1A0410 M1A0411 M1A0420 M1A0421 M1A0490
M1A0491 M1A0510 M1A0511 M1A0520 M1A0521 M1A0590 M1A0591 M1A0610
M1A0611 M1A0620 M1A0621 M1A0690 M1A0691 M1A0710 M1A0711 M1A0720
M1A0721 M1A0790 M1A0791 M1A08X0 M1A08X1 M1A09X0 M1A09X1 M1A20X0
M1A20X1 M1A2110 M1A2111 M1A2120 M1A2121 M1A2190 M1A2191 M1A2210
M1A2211 M1A2220 M1A2221 M1A2290 M1A2291 M1A2310 M1A2311 M1A2320
M1A2321 M1A2390 M1A2391 M1A2410 M1A2411 M1A2420 M1A2421 M1A2490
M1A2491 M1A2510 M1A2511 M1A2520 M1A2521 M1A2590 M1A2591 M1A2610
M1A2620 M1A2621 M1A2690 M1A2691 M1A2710 M1A2711 M1A2720 M1A2721
M1A2790 M1A2791 M1A28X0 M1A28X1 M1A29X0 M1A29X1 M1A30X0 M1A30X1
M1A3110 M1A3111 M1A3120 M1A3121 M1A3190 M1A3191 M1A3210 M1A3211
M1A3220 M1A3221 M1A3290 M1A3291 M1A3310 M1A3311 M1A3320 M1A3321

M1A3390 M1A3391 M1A3410 M1A3411 M1A3420 M1A3421 M1A3490 M1A3491
M1A3510 M1A3511 M1A3520 M1A3521 M1A3590 M1A3591 M1A3610 M1A3611
M1A3620 M1A3621 M1A3690 M1A3691 M1A3710 M1A3711 M1A3720 M1A3721
M1A3790 M1A3791 M1A38X0 M1A38X1 M1A39X0 M1A39X1 M1A40X0 M1A40X1
M1A4110 M1A4111 M1A4120 M1A4121 M1A4190 M1A4191 M1A4210 M1A4211
M1A4220 M1A4221 M1A4290 M1A4291 M1A4310 M1A4311 M1A4320 M1A4321
M1A4390 M1A4391 M1A4410 M1A4411 M1A4420 M1A4421 M1A4490 M1A4491
M1A4510 M1A4511 M1A4520 M1A4521 M1A4590 M1A4591 M1A4610 M1A4611
M1A4620 M1A4621 M1A4690 M1A4691 M1A4710 M1A4711 M1A4720 M1A4721
M1A4790 M1A4791 M1A48X0 M1A48X1 M1A49X0 M1A49X1 M1A9XX0 M1A9XX1
M3508 M3581 M3589 M359 Z431 Z87738 N200 P7422
P7432 P7441 P74422 P7449 Z931 Z934

For clients who receive nutritional products through CCP, documentation must include:

- Accurate diagnostic information pertaining to the underlying diagnosis or condition that resulted in the requirement for a nutritional product, as well as any other medical diagnoses or conditions, including:
 - The client's overall health status.
 - Height and weight.
 - Growth history and growth charts.
 - Why the client cannot be maintained on an age-appropriate diet.
 - Other formulas tried and why they did not meet the client's needs.
 - Diagnosis or condition.
 - The goals and timelines on the medical plan of care.
 - Total caloric intake prescribed by the physician.
 - Acknowledgement that the client has a feeding tube in place.

A retrospective review may be performed to ensure that the documentation included in the client's medical record supports the medical necessity of the requested services.

Nutritional pudding products may be considered for children who have a documented oropharyngeal motor dysfunction and receive greater than 50 percent of their daily caloric intake from a nutritional pudding product.

Requests for electrolyte replacement products, such as Pedialyte or Oralyte (B4103), require documentation of medical necessity, including:

- The underlying acute or chronic medical diagnoses or conditions that indicate the need to replace fluid and electrolyte losses.
- The presence of mild to moderate dehydration due to the persistent mild to moderate diarrhea or vomiting.

Electrolyte replacement products are not indicated for clients with:

- Intractable vomiting
- Adynamic ileus
- Intestinal obstruction or perforated bowel
- Anuria, oliguria, or impaired homeostatic mechanism
- Severe, continuing diarrhea, when intended for use as the sole therapy

Enteral Formulas

Enteral formulas do not require prior authorization. A retrospective review may be performed to ensure that the documentation included in the client's medical record supports the medical necessity of the requested services.

Enteral Feeding Pumps

Enteral feeding pumps (B9002), with and without alarms, do not require prior authorization. A retrospective review may be performed to ensure that the documentation included in the client's medical record supports the medical necessity of the requested services.

Enteral feeding pumps may be considered for lease or purchase with documentation of medical necessity indicating that the client meets the following criteria:

- Gravity or syringe feedings are not medically indicated
- The client requires an administration rate of less than 100 ml/hr
- The client requires night-time feedings
- The client has one of the following medical conditions (this list is not all-inclusive):
 - Reflux or aspiration
 - Severe diarrhea
 - Dumping syndrome
 - Blood glucose fluctuations
 - Circulatory overload

Enteral Supplies

Enteral supplies do not require prior authorization. irrigation syringes (procedure code

A4322) and percutaneous catheter or tube anchoring devices (procedure code A5200) do not require prior authorization within the allowable limits.

Gravity bags and pump nutritional containers are included in the feeding supply kits and will not be prior authorized separately; additional containers can be considered on claim appeal with documentation of medical necessity.

Procedure code B4105 may be considered with documentation of medical necessity indicating that the client meets all the following criteria:

- The client has exocrine pancreatic insufficiency.
- The client utilizes an enteral feeding pump.
- The client utilizes a compatible formula and the amount of formula (mL) the client is receiving daily is documented.

Note: One cartridge can be used with up to 500mL of formula, with a maximum of two cartridges used per day. Procedure code B4105 is limited to 62 per month.

For clients who are 5 through 20 years of age, procedure code B4105 will be considered through the Comprehensive Care Program (CCP).

Requests for a backpack or carrying case for a portable enteral feeding pump may be considered for purchase only, under miscellaneous code B9998, for clients who meet all of the following medical necessity criteria:

- The client requires enteral feedings lasting greater than eight hours continuously, or feeding intervals exceed the time that the client must be away from home to:
 - Attend school or work.
 - Participate in extensive, physician-ordered outpatient therapies.
 - Attend frequent, multiple medical appointments.
- The client is ambulatory, or uses a wheelchair which will not support the use of a portable pump by other means, such as an IV pole.
- The portable enteral feeding pump is client owned.

Documentation Requirements

To request nutritional formula, supplies, or equipment, the following documentation must be present:

- Accurate diagnostic information pertaining to the underlying diagnosis or condition as well as any other medical diagnoses or conditions, to include the client's overall health status
- Diagnosis or condition (including the appropriate International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] code)
- A statement from the ordering physician noting that enteral nutritional products for tube feedings are the client's sole or primary source of nutrition
- The goals and timelines on the medical POC
- Total caloric intake prescribed by the physician
- Acknowledgement that the client has a feeding tube in place

Nutritional Counseling

Clients for whom nutritional products are being requested may benefit from nutritional counseling. Nutritional counseling is a benefit of CCP if it is provided to treat, prevent, or minimize the effects of illness, injury, or other impairment.

Refer to: Subsection 2.11, "Medical Nutrition Counseling Services (CCP)" in the Children's Services Handbook (Vol. 2, Provider Handbooks) for information about nutritional counseling.

Women, Infants, and Children Program (WIC)

Generic nutritional products that have been approved by the United States Department of Agriculture (USDA) for use in the Women, Infants, and Children Program (WIC) may be approved for use by CCP clients.

While CCP does not require that a client access WIC, it is only recommended as another source of services for clients who are 4 years of age and younger, or clients who are pregnant or breast feeding. Nutritional products are not provided to infants who are 11 months of age and younger unless medical necessity is documented.

Noncovered Services

CCP will not cover the following:

- Nutritional products that are traditionally used for infant feeding.
- Nutritional products for the primary diagnosis of failure to thrive, failure to gain weight, or lack of growth. The underlying cause of failure to thrive, gain weight, and lack of growth is required.
- Nutritional bars.
- Nutritional products for clients who could be sustained on an age-appropriate diet.