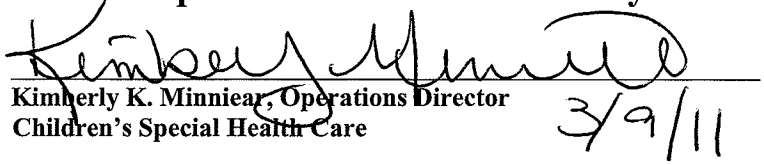
Children's Special Health Care Services
Administrative Policy Manual

Benefit – Specific Benefit Criteria Policy # C-5a



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Latest Revision Date: March 7, 2011

Effective Date: **October 1, 2007**
Revision Reason: **New Policy**

Title: **Nutritional Supplements, Formula & Vitamins**

Purpose: **To define the Nutritional Supplements, Formulas & Vitamins benefit to be provided by the Children's Special Health Care Services Program (CSHCS).**

Rule References:

410 IAC 3.2-7-2 – Basic services included in the health care service package
410 IAC 3.2-7-2(h) – …Vitamins, nutritional supplements and formula shall be provided only when medically necessary for treatment of an eligible medical condition, when these items are not provided through other programs…

Policy: **CSHCS provides *medically necessary nutritional supplements & formulas*, which have been specifically designed for the patient who requires the supplement or formula as an important treatment modality for an eligible medical condition. These *medically necessary* nutritional supplements & formulas may be administered orally, enterally (through a tube) or parenterally (through an IV).**

Definition: **Medically Necessary defined.**
A service or product is deemed to be medically necessary if it:

- **Is related to the eligible medical condition or conditions:**
- **Is appropriate with regard to generally accepted standards of Medical Practice in the U. S.;**
  - **Standards that are based on credible scientific evidence published in peer reviewed literature generally recognized by the relevant medical community;**
  - **Physicians Specialty Society recommendations;**
  - **The views of physicians practicing in the relevant clinical area; and**
  - **Any other relevant factors.**
  - **Is of proven medical value or usefulness and is not experimental or investigative in nature;**

- **Is clinically appropriate in terms of type, frequency, extent, site and duration, and effective for the patient's illness or disease;**

- **Is not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness or disease.**

Limitations: CSHCS will only cover *medically necessary* nutritional supplements & formulas when all other sources of funding have been exhausted.

CSHCS will only cover *medically necessary* nutritional supplements & formula products in excess of that which is received from the WIC program only if the physician's order requires more than the maximum quantity provided by WIC.

If the family is not covered by WIC, the child must apply if it is determined by the CSHCS Program that coverage is likely.

CSHCS does not provide basic daily vitamin tablets.

CSHCS does not cover homeopathic treatments.

Prior Authorization is required for these *medically necessary* products, may be given not to exceed a duration of six (6) months at a time, requires a physician's order and either a letter of Medical Necessity or the (signed physician's dictation (signed by one of the participant's linked CSHCS physicians), which includes:

- **Participant's name**
- **Diagnosis**
- **Nutritional requirements (product name should be referenced)**
- **Daily quantity**
- **Duration of use**