

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2024
	Subject: Coverage criteria for oral nutrition

Oral Nutrition Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for oral nutrition. (HCPCS B4103, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, and B4162).

The B0 modifier **MUST** be used when the nutritional product is administered orally. The B0 modifier is not appropriate when administered by a feeding tube.

2. Coverage Criteria

Members Aged 21 and Over

- This is a non-covered item.

Members Aged 20 and Under

To be eligible for coverage, members aged 20 and under must meet the following:

- Had an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screen resulting in a diagnosed medical condition that impairs absorption of a specific nutrient.
- The member must have a measurable nutrition plan developed by a nutritionist and the member's primary care provider (PCP).

3. Authorization Requirements

Prior authorization is not required when the applicable criteria are met.

Providers must maintain documentation supporting medical necessity, including an EPSDT screening and a measurable nutrition plan.

For members aged 20 and under who **do not** meet the coverage criteria, prior authorization is required if the provider determines the service is medically necessary. The request for prior authorization must include the EPSDT Prior Authorization and Certificate of Medical Necessity Form. This form is found on the [Forms](#) Page of the provider website.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

4. Reimbursement

Reimbursement will be made in accordance with [ARM 37.86.1807](#). Providers must refer to the Durable Medical Equipment Fee schedule for applicable rates.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.