

	Health Resources Division: Durable Medical Equipment Program
	Effective Date:
	Subject: Coverage criteria for oral food thickener

Oral Food Thickener Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for oral food thickeners. (HCPCS B4100)

The BO modifier **MUST** be used when the nutritional product is administered orally.

2. Coverage Criteria

Members Aged 21 and Over

- This is a non-covered item.

Members Aged 20 and Under

To be eligible for coverage of oral food thickeners, the member must have one of the following diagnoses:

- Oropharyngeal dysphagia;
- Reflux disease; or
- Any diagnosis that indicates the child is at risk for life-threatening aspiration.

3. Authorization Requirements

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

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.

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

5. Reimbursement

Reimbursement for oral food thickener 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.