

# MaineCare Nutritional Products Decision Support Cube

	< 5 years old	≥ 5 years old
<b>Grocery Product (B4149, B4150, B4152, B4158, B4159, B4160)</b> <i>Exceptions: Monogen and Pediasure 1.5</i>	No Feeding Tube: Deny Reason Code # 1. With Feeding Tube: Approve	No Feeding Tube: Deny Reason Code # 2
	Katie Beckett (Rate code 66) eligible and with Feeding Tube: Approve	With Feeding Tube: Approve
<b>Inborn Error of Metabolism (IEM) products: B4157 and B4162</b>	With appropriate diagnosis: Approve regardless of Feeding Tube	With appropriate diagnosis: Approve regardless of Feeding Tube
<b>Non-Grocery Product: Formulas with hydrolyzed or elemental proteins (B4153, B4161)</b>	No Feeding Tube: Approve only WIC overage amounts for Nutramigen, Pregestimil, and Alimentum.  All other products under these codes approve with appropriate medical diagnosis.  Deny if not medically indicated; reason code # 3.	No Feeding Tube: Approve if medically necessary  Deny if not medically indicated; reason code # 3.
	With Feeding Tube: Approve	With Feeding Tube: Approve
<b>Non-Grocery Product: Not IEM, hydrolyzed or elemental protein formulas (B4154, B4155)</b>	No Feeding Tube: Need clear documentation of medical condition that must be treated with the specific formula; need cannot be met with other products, grocery items or dietary changes/restrictions; may defer pending receipt of detailed documentation. See the business rule # 7 below** <b>See exception list below.</b> If denied, reason code # 3.	No Feeding Tube: Need clear documentation of medical condition that must be treated with the specific formula; need cannot be met with other products, grocery items or dietary changes/restrictions; may defer pending receipt of detailed documentation. See the business rule # 7 below** <b>See exception list below.</b> If denied, reason code # 3.
	With Feeding Tube: Approve	With Feeding Tube: Approve

Reason Code # 1: Insert WIC denial language

Reason Code # 2; Insert "grocery product" language

Reason Code # 3: Not medically necessary denial language, could use less specialized products

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## Exception List for Codes B4150, B4154 and B4155

### B4150

- **Monogen** approved for chylothorax, intestinal lymphangiectasia, intractable malabsorption and hyperlipoproteinemia type 1, and/or long-chain fatty acid oxidation disorders
- **Pediasure 1.5** approved for failure to thrive (defined as weight for length/ BMI for age below the 5th percentile on multiple occasions or weight deceleration resulting in growth plots crossing two or more major percentile lines), oral aversions, developmental delays, cerebral palsy, and/or neuromuscular disorders.

### B4154

- **Ketocal 3:1** and **Ketocal 4:1** approved for pyruvate dehydrogenase deficiency, intractable epilepsy and/or glucose transporter type-1 deficiency.

### B4155

- **Arginaid** (formerly **Resource Arginaid**) for arginine supplementation only
- **Complex MSD Amino Acid Blend** approved for Maple Syrup Urine Disease
- **Inborn Error of Metabolism Formulas** – See [Maine WIC Formulary](#) for appropriate diagnoses
  - **Lophlex**
  - **Milupa HOM, Milupa MSUD 2, Milupa OS 2, Milupa PKU, Milupa PKU 2, Milupa UCD**
  - **PhenylAde Amino Acid Blend**
  - **PhenylAde® MTE Amino Acid Blend**
  - **Phlexy 10 Drink Mix**
  - **PFD1, PFD2**
  - **Pro-phree**
  - **ProViMin**
  - **RCF**
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### \*\*Business Rule # 7

**B4154 and B4155 (special formulas-NOT IEM):** All ages, not tube fed, non-elemental specialized products such as Glucerna, NutriHep or Hepatic-Aid II or Suplena (for liver disease) or Renalcal or Nutren Renal (for renal disease), or Nutren Pulmonary (for pulmonary disease), defer for specific medical need and what less expensive products, including grocery products, have been tried and proven to not work. Generally, these are not well proven and will be denied. Specifically looking for studies that demonstrate they work better than specific dietary interventions or guideline from national societies recommending their use.

- a. Specifically, B4154 and B4155, over age 5, no tube, if only intent of product is caloric supplementation, possibly with a little bit more or less of a nutrient, deny.
- b. If a child, over age 5, no tube, even if in bottom 5<sup>th</sup> percentile, deny product if used primarily to boost caloric intake, especially if weight and height are tracking consistently.