M-213 Limitations and Considerations for Medical Supply Items

HFS has quantity limits established on a majority of the supply procedure codes. If a patient requires supplies that exceed the quantity limit in the allotted timeframes, prior approval is required. In addition to the HFS 1409, a letter of medical necessity from the practitioner must be submitted documenting the need for these additional supplies and the estimated duration of need.

If the assigned HCPCS procedure code includes several items, providers can only request/bill for the all-inclusive kit code. Providers cannot bill for each component in the kit separately. When using an NEC code, manufacturer product and pricing information must be submitted with the request for prior approval.

M-213.1 Enteral Nutrition

Providers must complete Form HFS 3701N, Questionnaire for Enteral Nutrition, along with the HFS 1409 Prior Approval Request form, for all requests for enteral nutrition products. Enteral therapy quantities should be requested in units.

All requests for oral supplements must contain the practitioner's clinical documentation that supports the patient's physiological inability to benefit from traditional dietary modifications. Without documentation of medical necessity for oral supplements, these are considered an item of convenience and cannot be covered. Enteral supplies can be billed separately.

If the participant is WIC eligible, in order for HFS to consider an enteral product, the HFS 1409 Prior Approval Request must be accompanied by a WIC denial letter.

M-213.2 Oral Electrolyte Solutions

Oral electrolyte solutions are covered through the Pharmacy Program.

M-213.3 Food Thickeners

Providers must complete Form HFS 3701M, Questionnaire for Food Thickeners, along with the HFS 1409 Prior Approval Request form, for all requests for food thickener products.

Approval is based on the most cost effective means of delivery and the amount that the patient can reasonably consume.

M-213.4 Medical Foods

New Section Added April 2021
Effective November 25, 2020

A request for medical foods for participants through age 20 diagnosed with phenylketonuria, maple syrup urine disease, or homocystinuria requires submission

of the HFS 1313, Medical Food Nutrition Review Questionnaire, along with the HFS 1409 Prior Approval Request form. With the initial request for medical foods, laboratory test results must be submitted confirming the diagnosis, thereby substantiating the need to restrict one or more dietary amino acids. Documentation must be provided that the participant is unable to achieve target levels of the relevant amino acid(s) with other treatments including dietary manipulation and restriction resulting in inadequate nutritional intake and the need for medical foods. Other supporting clinical documentation besides the lab test results must be submitted as applicable and identified on the HFS 1313, including detailed dietary plans, growth charts for the pediatric population, and height and weight for adults age 18 through 20. Ongoing approval requests must include supporting clinical documentation and longitudinal laboratory test reports of appropriately monitored amino acid levels.

The Department will not cover food with minimal nutritional value including but not limited to cakes, cake mixes, candy, candy covered items, chips, chocolate, chocolate covered items, cookies, cookie dough or mix, dessert items, gum, onion rings, pies, foods fortified with caffeine, alcohol (unless preservative in nature), foods containing cannabis, or CBD.

If approval is given, the Department will assign a monthly dollar amount based on the needs of the child to order foods from a supplier. The provider must bill “1” (unit) on the claim to the Department, representing one invoice for the total invoice amount. The provider must submit an invoice to the Department to ensure the items they are providing are compliant with the patient’s nutrition log and the allowable items. Medical foods invoices must be submitted to:

Illinois Department of Healthcare and Family Services
P.O. Box 19105
Springfield, Illinois 62794-9105

Invoices may also be submitted via fax at 217-524-0099.