

## **Connecticut Department of Social Services Medical Assistance Program**

www.ctdssmap.com

Provider Bulletin 2024-33 May 2024

**TO:** All Providers

RE: Coverage of Over-the-Counter Formula and Nutritional Supplements for Clients Enrolled in the WIC Program and Medicaid

This bulletin serves as a reminder to providers that the CT Medical Assistance Program (CMAP) covers specialty/prescription formula for patients. The Special Nutrition Program for Women, Infants, and Children (WIC) patients on specialty formulas who also have Medicaid (HUSKY) coverage requires a prescription for specialty formula.

Since December 1, 2021, the Connecticut WIC Program adopted federal regulation that identifies Medicaid as the primary payor of Exempt (special/prescription) infant formula and medical foods for dually enrolled (WIC and Medicaid program) clients.

The Connecticut WIC program is contracted with Abbott Laboratories® to provide the following standard formulas for healthy infants birth to 12 months of age whose mothers choose not to breastfeed and those who partially breastfeed:

- Similac Advance
- Similac Isomil Soy
- Similar Sensitive
- Similac Total Comfort
- **Similac For Spit Up** (with medical documentation)

The above standard formulas will continue to be covered by the WIC Program. Dually enrolled

clients (WIC <u>and</u> Medicaid) who require special formulas (not including the products contracted with Abbott Laboratories previously mentioned in this Bulletin) require a prescription. Claim reimbursement will be paid by Medicaid as primary payor.

Reminder: Enteral Nutritional Products, dispensed by CMAP providers, are subject to the confirmation of receipt of products paid by CMAP as outlined in Provider Bulletin 2021-56.

Please note: There is no change as to how pharmacies will bill for nutritional supplements. A valid diagnosis code is still required for all nutritional supplements being billed to CMAP and should be documented on the prescription by the prescribing provider. There are a set of diagnosis codes specific to:

- the under 21 population
- the over 21 population.
- if the dispensed quantity exceeds 21,600 mLs per month

A list of all acceptable diagnosis codes can be found on our Web site at <a href="https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Enteral\_list.pdf">https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Enteral\_list.pdf</a>.

