**MEALS PROGRAMS**

(FLORIDA MEDICAID)

**Policy Number: HS-224**

Original Effective Date: 9/13/2013

Revised Date(s): 11/6/2014, 11/5/2015; 11/3/2016; 8/3/2017

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**DISCLAIMER**

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

**BACKGROUND**

The transition from a hospital setting to a member’s home is often presented with various challenges. Particularly senior adults and individuals with special needs often require additional support related to an underlying illness, recent surgery, wound healing, or symptoms such as loss of appetite, digestive problems, problems chewing, taking two or more medications, and/or being bed or chair bound. As a result, they often times end up returning to the hospital. Studies have shown that nearly half of the readmissions are linked to social problems and lack of access to community resources. To address barriers associated with post discharge transition, Staywell will offer SSI and

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**Care1st Health Plan Arizona, Inc.**

**Easy Choice Health Plan**

**Harmony Health Plan of Illinois**

**Missouri Care**

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

**OneCare (Care1st Health Plan Arizona, Inc.)**

**Staywell of Florida**

**WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)**

**WellCare Prescription Insurance**

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Clinical Coverage Guideline
Dually eligible enrollees discharged within two weeks from an inpatient facility (Hospital, Skilled Nursing Facility or inpatient Rehabilitation) 10 meals for post-acute nutritional support.

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – Florida

Case Management identifies members based on referrals and/or applicable screenings for various conditions based on medical necessity. Case Management or Disease Management completes a screening with the member and/or caregiver to determine if they qualify for Meals Programs.

The Meal Program is a covered benefit when the following criteria are met:

1. Member has been discharged from an inpatient hospital, rehabilitation or skilled nursing facility; **AND**,
2. Is a child or adult that are Members of Staywell through the MMA plan; **AND**,
3. Have a current active treatment plan with an appropriately designated provider.

Meals must be delivered within 14 days of discharge. There is a maximum of 10 meals per authorization; there is no annual limit implying member is eligible after any inpatient discharge.

**CODING**

**Covered CPT® Codes** – No applicable codes.

**Covered HCPCS® Codes**
- **S5170** Home delivered meal, including preparation; per meal
- **S9433** Medical food nutritionally complete, administered orally, providing 100% of nutritional intake

**ICD-10-PCS Codes** – No applicable codes.

**Covered ICD-10-CM Diagnosis** - This list is not all-inclusive. Medical necessity will be determined by Case Manager
- **K31.89** Other diseases of stomach and duodenum
- **K31.9** Disease of stomach and duodenum, unspecified
- **R62.7** Adult failure to thrive
- **R63.0** Anorexia (Loss of appetite)
- **R63.3** Feeding difficulties
- **S02.600S - S02.69XS** Fracture of unspecified part of body of mandible, unspecified side, sequela (S02.600S)
- **S02.69XS** Fracture of mandible of other specified site, sequela
- **Z51.89** Encounter for other specified aftercare
- **Z74.01** Bed confinement status (Bedridden)
- **Z98.0** Intestinal bypass and anastomosis status
- **Z99.3** Dependence on wheelchair

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>8/3/2017, 11/3/2016</td>
<td>• Approved by MPC. No changes.</td>
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<tr>
<td>11/5/2015</td>
<td>• Approved by MPC. Coding updates only.</td>
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<tr>
<td>11/6/2014</td>
<td>• Approved by MPC. Addition of “Staywell” in Position Statement.</td>
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<tr>
<td>9/13/2013</td>
<td>• Approved by MPC. New.</td>
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