

310-GG NUTRITIONAL ~~ASSESSMENTS AND NUTRITIONAL~~ THERAPY, METABOLIC FOODS, AND TOTAL PARENTERAL NUTRITION¹

EFFECTIVE DATES: 10/01/15, ~~XX/XX/XX~~,²

REVISION DATE: 09/20/18³

I. PURPOSE⁴

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, DCS/CMDP, DES/DDD, and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements regarding nutritional assessments, nutritional therapy, including metabolic medical foods, commercial oral supplements, and total parenteral nutrition for members 21 years of age and older.⁵

II. DEFINITIONS

COMMERCIAL ORAL SUPPLEMENTAL NUTRITION

Nourishment available without a prescription that serves as sole caloric intake or additional caloric intake to.⁶

ENTERAL NUTRITION

Liquid nourishment provided directly to the digestive tract of a member who cannot ingest an appropriate amount of calories to maintain an acceptable nutritional status. Enteral nutrition is commonly provided by J-tube, G-tube or N/G tube.⁷

¹ Merging Policies that are no longer needed as stand a-lone Policies and ensuring that reference of those topics are added to the title

² Effective date of Policy

³ Date Policy was approved by AHCCCS Policy Committee

⁴ Adding Purpose to depict who Policy is addressing and what the Policy is about

⁵ Adding pertinent information found in newly Reserved AMPM Policies 310-AA, Total Parenteral Nutrition and 320-H, Metabolic Medical Foods into this policy

⁶ Moved from below to create a definition section

⁷ Moved from below to create a definition section

**METABOLIC MEDICAL
FOOD FORMULAS OR
MEDICAL FOODS**

Nutrition and specialized diets used to treat inherited metabolic disorders that are rare genetic conditions in which normal metabolic function is inhibited by a deficiency in a critical enzyme. Metabolic formula or modified low protein foods are produced or manufactured specifically for persons with a qualifying metabolic disorder and are not generally used by persons in the absence of a qualifying metabolic disorder. In order to avoid toxic effects, the treatment of the associated metabolic disorder depends on dietary restriction of foods containing the substances that cannot be metabolized by the member.⁸

**TOTAL PARENTERAL
NUTRITIONAL(TPN)
THERAPY**

Nourishment provided through the venous system to members with severe pathology of the alimentary tract that does not allow absorption of sufficient nutrients to maintain weight and strength appropriate for the individual's general condition. Nutrients are provided through an indwelling catheter.⁹

I-III. POLICY

A nutritional assessment is required for a member who has been identified as having a health status which may improve or be maintained with nutrition intervention such as nutritional therapy. Nutritional assessments and nutritional therapy apply to all members whose health status may improve or be maintained with nutrition intervention.¹⁰

Refer to AMPM Policy 430 for requirements specific to nutritional assessments and nutritional therapy for all members 20 years of age and under.

Specific policy requirements related to nutritional assessments and nutritional therapy within this Manual are as follows:¹¹

AMPM Chapter 400, Policy 430, *EPSDT Services*— Provides language and requirements specific to nutritional assessments and nutritional therapy for all members 20 years of age and under (Acute and ALTCS members).

1. AMPM Chapter 300, Policy 320 H, *Medical Foods*— Provides language and requirements specific to members with specific metabolic diseases.¹²

The following services described in this policy apply to all members 21 years of age and older.¹³

⁸ Added from reserved AMPM Policy 320-H

⁹ Added from reserved AMPM Policy 310-AA

¹⁰ Revised to provide clarity

¹¹ Simplified with above statement

¹² Policy has been reserved

¹³ Moved to the purpose

~~NOTE: — Refer to the CDC website at <http://www.cdc.gov/healthyweight/assessing/bmi/> for Body Mass Index (BMI) related information and tools.¹⁴~~

AMOUNT, DURATION AND SCOPE

~~Nutritional Assessments — Nutritional assessments are conducted to assist members, 21 years of age and older, whose health status may improve with nutritional intervention.¹⁵ AHCCCS covers the assessment of nutritional status, nutritional assessment as determined medically¹⁶ necessary and as a part of health risk assessment and screening services provided by the member's Primary Care Provider (PCP). Nutritional assessment services provided by a registered dietitian also are covered when ordered by the member's PCP. ~~To initiate the referral for nutritional assessment, the PCP must comply with Managed Care Contractor protocols or AHCCCS Administration protocols for FFS members.~~¹⁷~~

AHCCCS covers nutritional therapy on an enteral, parenteral or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member's daily nutritional and caloric intake. AHCCCS follows Medicare guidelines for the provision of TPN services.¹⁸

~~Refer to the specific Managed Care Contractor for managed care members or to Chapter 800 of this Manual, as well as the AHCCCS Care Management Systems Unit (CMSU) Unit, for Fee-For-Service (FFS) members regarding information on prior authorization requirements¹⁹.~~

~~Parenteral Nutritional Therapy — Provides nourishment through the venous system to members with severe pathology of the alimentary tract that does not allow absorption of sufficient nutrients to maintain weight and strength.²⁰~~

~~Refer to the specific Managed Care Contractor for managed care members or to Chapter 800 of this Manual, as well as the AHCCCS CMSU Unit, for FFS members regarding information on prior authorization requirements.²¹~~

~~Commercial Oral Supplemental Nutritional Feedings — Provides nourishment and increases caloric intake as a supplement to the member's intake of other age appropriate foods, or as the sole source of nutrition for the member. Nourishment is taken orally and is generally provided through commercial nutritional supplements available without prescription.²²~~

¹⁴ Moved reference to the end of this Policy

¹⁵ Moved to the purpose

¹⁶ Changed for better flow

¹⁷ Moved to end of Policy

¹⁸ Moved from below

¹⁹ Moved to Prior Authorization Section below

²⁰ Moved to definitions

²¹ Moved to end of Policy

²² Moved to definitions

~~Authorization from the member's Managed Care Contractor or the AHCCCS Administration for FFS members is required for commercial oral nutritional supplements unless the member is also currently receiving nutrition through enteral or parenteral feedings.²³~~

~~Medical necessity for commercial oral nutritional supplements must be determined on an individual basis by the member's PCP or specialty provider, using the criteria specified in this Policy. The PCP or specialty provider must use the AHCCCS approved form, Chapter 300 Attachment C, Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (Members 21 Years of Age or Greater - Initial or Ongoing Requests) to obtain authorization from the member's Managed Care Contractor (and ALTCS case manager, if applicable) or AHCCCS Administration for FFS members.²⁴~~

~~The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements must indicate specific criteria were met when assessing the medical necessity of providing commercial oral nutritional supplements. These criteria include the following:²⁵~~

~~A. PRIOR AUTHORIZATION²⁶~~

~~Prior Authorization (PA) from the Contractor, the Tribal ALTCS Case Manager, or the AHCCCS Division of Fee-For-Service Management (DFSM) is required for commercial oral nutritional supplements, enteral nutrition, and parenteral nutrition unless:~~

- ~~1. The member is currently receiving nutrition through enteral or parenteral feedings for which PA has already been obtained.~~
- ~~2. For the first 30 days with members who require oral supplemental nutritional feedings on a temporary basis due to an emergent condition; i.e. post-hospitalization.~~

~~B. COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS~~

~~Medical necessity for commercial oral nutritional supplements, must be determined on an individual basis by the member's PCP or specialty provider, using the criteria specified in this Policy. The PCP or specialty provider must use the AHCCCS approved form (Attachment A) to obtain authorization from the Contractor (and ALTCS case manager, if applicable) or the DFSM for FFS members.²⁷~~

- ~~1. Specific criteria shall be met with Attachment A when assessing the medical necessity of providing commercial oral nutritional supplements. These criteria include the following:²⁸~~

²³ Moved to Provider Requirements below

²⁴ Moved below

²⁵ Moved below

²⁶ Adding PA section to outline requirements

²⁷ Moved from above

²⁸ Added for better flow and clarity

- a. The Member is currently underweight with a BMI of less than 18.5, presenting serious health consequences for the member, or has already demonstrated a medically significant decline in weight within the past three months (prior to the assessment).
 - b. The Member is able to consume/eat no more than 25% of his/her nutritional requirements from typical food sources,
 - ~~b.c.~~ The Member has been evaluated and treated for medical conditions that may cause problems with weight gain and growth²⁹ (~~such as e.g.~~ feeding problems, behavioral conditions or psychosocial problems, endocrine or gastrointestinal problems, etc), and
 - e. The Member has had a trial of higher caloric foods, blenderized foods, or commonly available products that may be used as dietary supplements for a period no less than 30 days in duration. If it is determined through clinical documentation and other supporting evidence that a trial of higher caloric foods would be detrimental to the member's overall health, the provider may submit ~~Attachment C Exhibit 430-2,~~³⁰ ~~Certificate of Medical Necessity for Commercial Oral Nutritional Supplements or Metabolic Medical Foods (Members 21 Years of Age or Greater Initial or Ongoing Requests)~~³¹ along with supporting documentation demonstrating the risk posed to the member ~~from~~ the Contractor's Medical Director or Designee's consideration in approving the provider's ~~prior authorization~~ PA request.
- 1.2. Supporting documentation ~~must~~ shall also accompany ~~Chapter 300,~~ Attachment A, ~~Certificate of Medical Necessity for Commercial Oral Nutritional or TPN.~~ This documentation must demonstrate that the member meets all of the required criteria and includes:
- a. Initial Requests:
 - i. Documentation demonstrating that nutritional counseling has been provided as a part of the health risk assessment and screening services provided to the member by the PCP or specialty provider, or through consultation with a registered dietitian.
 - ii. Clinical notes or other supporting documentation dated no earlier than three months prior to date of the request, providing a detailed history and thorough physical assessment and demonstrating evidence of the member meeting all of the required criteria, ~~listed in as indicated on the Certificate of Medical Necessity (Attachment A).~~ The physical assessment must include the member's current/past height, weight, and BMI.
 - iii. Documentation detailing alternatives that were tried in an effort to boost caloric intake and/or change food consistencies that have proven unsuccessful in resolving the nutritional concern identified, as well as member adherence to the prescribed dietary plan/alternatives attempted.
 - b. Ongoing Requests:

²⁹ Added to comply with Attachment A

³⁰ Exhibits have been changed to Attachments, changed throughout Policy

³¹ Removing titles of Attachments throughout Policy

- i. Subsequent submissions shall include a clinical note or other supporting documentation dated no earlier than three months prior to the date of the request, that includes the members overall response to supplemental therapy and justification for continued supplement use. This must include the member's tolerance, recent hospitalizations, current height, weight, and BMI.³²
- ii. Additionally, ~~d~~Documentation demonstrating encouragement and assistance provided to the caregiver in weaning the member from supplemental nutritional feedings should be included, when appropriate-, and
- iii. Members receiving nutritional therapy must be physically assessed by the member's PCP, specialty provider, or registered dietitian at least annually.³³
- iv. Initial and ongoing certificate of medical necessity is considered valid for a period of six month.³⁴

Refer to the specific Managed Care Contractor for managed care members or to Chapter 800 of this Manual, as well as the AHCCCS CMSU Unit, for FFS members regarding information on prior authorization requirements.

C. METABOLIC MEDICAL FOODS³⁵

Metabolic medical foods are used to treat inherited metabolic disorders that are rare genetic conditions in which normal metabolic function is inhibited by a deficiency in a critical enzyme. Metabolic formula or modified low protein foods are produced or manufactured specifically for persons with a qualifying metabolic disorder and are not generally used by persons in the absence of a qualifying metabolic disorder.

1. Metabolic formulas and medical foods are covered within limitations specified in this Policy for members diagnosed with the following metabolic conditions: Phenylketonuria; Homocystinuria; Maple Syrup Urine Disease; Galactosemia (requires soy formula); Beta Keto-Thiolase Deficiency; Citrullinemia; Glutaric Acidemia Type I; Isovaleric Acidemia; Methylmalonic Acidemia; Propionic Acidemia; Argininosuccinic Acidemia; Tyrosinemia Type I; HMG CoA Lyase Deficiency; Very long chain acyl-CoA Dehydrogenase deficiency (VLCAD)³⁶, and long Chain acyl-CoA dehydrogenase deficiency (LCHAD)³⁷.³⁸
 - a. Contractors and FFS Providers are responsible for the initial and follow-up consultations by a genetics physician and/or a metabolic nutritionist-.
 - b. Contractors and FFS Providers are responsible for all medically necessary

³² Moved to above

³³ From 320-H for all of 1 and 2

³⁴ Copied from Attachment A

³⁵ Section added from former AMPM Policy 320-H, Metabolic Medical Foods

³⁶ Added an additional metabolic condition that is nationally recognized -Very long chain acyl-CoA dehydrogenase deficiency (VLCAD)

³⁷ Added an additional metabolic condition that is nationally recognized- Long chain acyl-CoA dehydrogenase deficiency (LCHAD)

³⁸ Reviewed by ADHS newborn screening team to ensure it was up-to-date. Remove Cobalamin, A, B, C deficiencies and 3 Methylcrotonyl CoA Carboxylase deficiency

laboratory tests and other services related to the provision of medical formulas/foods for members diagnosed with an inherited metabolic disorder.

- c. Metabolic formula or modified low protein foods must be processed or formulated to be deficient in the nutrient(s) specific to the member's metabolic condition; meet the member's distinctive nutritional requirements; determined to be essential to sustain the member's optimal growth within nationally recognized height/weight or BMI, and metabolic homeostasis; obtained under physician order; member's medical and nutritional status shall be supervised by the member's PCP, attending physician or appropriate specialist.
 - d. Modified low protein foods must be formulated to contain less than 1 gram of protein per unit or serving. For purposes of this policy, modified low protein foods do not include foods that are naturally low in protein.
 - e. Soy formula is covered only for members receiving Early and periodic Screening, Diagnosis and Treatment (EPSDT) services and Kids-Care members diagnosed with galactosemia and only until members are able to eat solid lactose-free foods.
 - f. Foods that are available in the grocery store or health food store are not covered as a metabolic food, and
 - g. Education and training regarding proper sanitation and temperatures to avoid contamination of foods which are blended or specially prepared for the member is required, if the member/guardian/designated representative elects to prepare the member's food.
- ~~1. Contractors must develop guidelines for use by the PCP in providing the following:
Information necessary to obtain Prior Authorization for commercial oral nutritional supplements.~~
- ~~2. Contractors must implement protocols for transitioning a member who is receiving nutritional therapy, to or from another Contractor or another service program.³⁹~~

~~Contractors must implement a process for verifying medical necessity of nutritional therapy, through the receipt of supporting medical documentation dated within 3 months of the request, prior to giving initial or ongoing authorizations for nutritional therapy. Documentation must include clinical notes or other supporting documentation from the member's PCP, specialty provider, or registered dietitian including a detailed history and thorough physical assessment that provides evidence of member meeting all of the required criteria, as indicated on the Certificate of Medical Necessity.⁴⁰~~

~~A.D.~~ **PROVIDER REQUIREMENTS**

When requesting initial or ongoing ~~Prior Authorization (PA) for~~ PA for supplemental commercial oral nutritional supplements, providers ~~must~~ shall ensure provide the following:

³⁹ Adds no value and is unclear what the original intent may have been

⁴⁰ Moved above

~~1. Documents are submitted with the~~ A completed copy of Certificate of Medical Necessity Attachment A to support all of the necessary requirements for therapy Commercial Oral Nutritional Supplements as detailed ~~above~~ in this Policy.

~~—If the member/caregiver elects to prepare the member's food, education and training regarding proper sanitation and temperatures to avoid contamination of foods that are blended or specially prepared for the member is provided.~~

~~2. Documentation of Ongoing monitoring is conducted to assess member adherence/ tolerance to the prescribed nutritional supplement regimen and determine any necessary adjustments to the prescribed amount of supplement are appropriate based on the member's weight loss/gain.~~ ⁴¹

~~3. Contractors and FFS Providers must implement protocols for transitioning a member who is receiving nutritional therapy to or from another Contractor or Provider.~~ ⁴²

~~1. Documentation demonstrating encouragement and assistance provided to the member/caregiver in weaning the member from the necessity for supplemental nutritional feedings when appropriate.~~

~~3. AHCCCS follows Medicare guidelines for the provision of TPN services.~~ ⁴³

Refer to the specific Managed Care Contractor for managed care members or to Chapter 800 as for FFS members for additional information on PA requirements. ⁴⁴

NOTE: Refer to the CDC website at <http://www.cdc.gov/healthyweight/assessing/bmi/> for Body Mass Index (BMI) related information and tool ⁴⁵

⁴¹ Changed to account for all therapies

⁴² Adding for clarity

⁴³ Added from AMPM Policy 310-AA

⁴⁴ Moved from above

⁴⁵ Moved from above