

1 **310-GG NUTRITIONAL THERAPY, METABOLIC FOODS, AND TOTAL**
2 **PARENTERAL NUTRITION**
3

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5 REVIEW DATE:

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7 REFERENCES: [A.R.S. § 20-2327](#), AMPM Policy 310-GG, [AMPM Policy 430](#),
8 AMPM 520, [AMPM Policy 820](#)

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10 **PURPOSE**

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12 This policy describes coverage of and requirements for nutritional therapy,
13 metabolic foods and Total Parenteral Nutrition (TPN) for Division of
14 Developmental Disability (DDD) Members, 21 years of age and older, who
15 are eligible for Arizona Long Term Care System (ALTCS). This policy applies
16 to DDD's Administrative Services Subcontractors (AdSS).

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18 **DEFINITIONS**

- 19
20
21 1. "Commercial Oral Supplemental Nutrition" means nourishment
22 available without a prescription that serves as sole caloric intake
23 or additional caloric intake.
- 24 2. "Enteral Nutrition" means liquid nourishment provided directly to
25 the digestive tract of a Member who cannot ingest an

26 appropriate amount of calories to maintain an acceptable
27 nutritional status. Enteral Nutrition is commonly provided by
28 Jejunostomy Tube (J-Tube), Gastrostomy Tube (G-Tube) or
29 Nasogastric (N/G Tube).

30 3. "Member" means the same as "Client" as defined in A.R.S. § 36-
31 551.

32 4. "Metabolic Medical Food Formulas" or "Medical Foods" means
33 nutrition and specialized diets used to treat inherited metabolic
34 disorders that are rare genetic conditions in which normal
35 metabolic function is inhibited by a deficiency in a critical
36 enzyme. Metabolic formula or modified low protein foods are
37 produced or manufactured specifically for persons with a
38 qualifying metabolic disorder and are not generally used by
39 persons in the absence of a qualifying metabolic disorder. In
40 order to avoid toxic effects, the treatment of the associated
41 metabolic disorder depends on dietary restriction of foods
42 containing substances that cannot be metabolized by the
43 Member.

44 5. "Responsible Person" means the parent or guardian of a minor
45 with a developmental disability, the guardian of an adult with a
46 developmental disability or an adult with a developmental
47 disability who is a client or an applicant for whom no guardian
48 has been appointed.

49 6. "Total Parenteral Nutrition", "TPN" means nourishment provided
50 through the venous system to Members with severe pathology of
51 the alimentary tract that does not allow absorption of sufficient
52 nutrients to maintain weight and strength appropriate for the
53 individual's general condition. Nutrients are provided through an
54 indwelling catheter.

55

56 **POLICY**

57

58 **A. NUTRITIONAL ASSESSMENT AND THERAPY**

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60 1. The AdSS shall require a nutritional assessment for a Member
61 who has been identified as having a health status which may
62 improve or be maintained with nutritional interventions.

63 2. The AdSS shall cover the nutritional assessment as determined

- 64 medically necessary and as a part of health risk assessment and
65 screening services provided by the Member's Primary Care
66 Provider (PCP).
- 67 3. The AdSS shall cover nutritional assessment services provided
68 by
69 a registered dietitian when ordered by the Member's PCP.
- 70 4. The AdSS shall cover nutritional therapy on an enteral,
71 parenteral or oral basis when determined medically necessary to
72 provide either complete daily dietary requirements, or to
73 supplement a Member's daily nutritional and caloric intake.
- 74 5. The AdSS shall be responsible for the procurement of and the
75 primary funding source for any other nutritional supplementation
76 medically necessary for Women, Infants, and Children (WIC)
77 exempt formula.
- 78 6. The AdSS shall implement protocols for transitioning a Member
79 who is receiving nutritional therapy to or from subcontractors or
80 providers.

81

82 **B. PRIOR AUTHORIZATION**

83 1. The AdSS shall require Prior Authorization (PA) for commercial
84 oral nutritional supplements, Enteral Nutrition, and Parenteral
85 Nutrition unless:

86 a. The Member is currently receiving nutrition through enteral
87 or parenteral feedings for which PA has already
88 been obtained, or

89 b. For the first 30 days with Members who require oral
90 supplemental nutritional feedings on a temporary basis
91 due to an emergent condition, i.e. post-hospitalization.

92
93 **C. COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS**

94 1. The AdSS shall require the Member's PCP or specialty provider to
95 determine medical necessity for commercial oral nutritional
96 supplements on an individual basis, using the criteria specified in
97 this policy.

98 2. The AdSS shall require the PCP or specialty provider to use
99 AMPM Attachment 310-GG (A) to obtain authorization from the

100 Division.

101 3. The AdSS shall follow specific criteria utilizing with-AMPM
102 Attachment 310-GG (A) when assessing the medical necessity of
103 providing commercial oral nutritional supplements. ~~These~~
104 ~~criteria include the following:~~

105 4. The AdSS shall require the Member meet each of the following
106 requirements in order to obtain medically necessary oral
107 nutritional supplements: :

108 a. The Member is currently underweight with a Body Mass
109 Index (BMI) of less than 18.5, presenting serious health
110 consequences for the Member, or has already
111 demonstrated a medically significant decline in weight
112 within the past three months prior to the assessment;

113 b. The Member is not able to consume or/ eat more than
114 25% of their nutritional requirements from typical food
115 sources;

116 c. The Member has been evaluated and treated for medical

117 conditions that may cause problems with weight gain and
118 growth (e.g. feeding problems, behavioral conditions or
119 psychosocial problems, endocrine or gastrointestinal
120 problems); and

121 d. The Member has had a trial of higher caloric foods,
122 blenderized foods, or commonly available products that
123 may be used as dietary supplements for a period no less
124 than 30 days in duration.

125 5. The AdSS shall ~~require~~ allow the provider ~~to~~ submit AMPM
126 Attachment 310-GG (A) from the AdSS' Medical Director or
127 designee's consideration, along with supporting documentation
128 demonstrating the risk posed to the Member in approving the
129 provider's PA request, if it is determined through clinical
130 documentation and other supporting evidence that a trial of
131 higher caloric foods would be detrimental to the Member's
132 overall health.

133 6. The AdSS shall ensure supporting documentation

134 accompanies AMPM Attachment 310-GG (A) ~~that~~. ~~This~~
135 ~~documentation shall~~ demonstrates ~~that~~ the Member meets all of
136 the following required criteria: ~~and includes:~~

137 a. Initial Requests:

138 i. Documentation demonstrating that nutritional
139 counseling has been provided as a part of the health
140 risk assessment and screening services provided to
141 the Member by the PCP or specialty provider, or
142 through consultation with a registered dietitian;

143 ii. Clinical notes or other supporting documentation
144 dated no earlier than three months prior to date of
145 the request, providing a detailed history and
146 thorough physical assessment and demonstrating
147 evidence of the Member meeting all of the required
148 criteria listed in AMPM Attachment 310-GG (A). The
149 physical assessment shall include the Member's
150 current and past height, weight, and BMI;

151 iii. Documentation detailing alternatives that were tried

152 in an effort to boost caloric intake ~~and~~/or changes in
153 food consistencies that have proven unsuccessful in
154 resolving the nutritional concern identified, as well as
155 Member adherence to the prescribed dietary
156 plan and alternatives attempted.

157 b. Ongoing Requests:

158 i. Subsequent submissions shall include a clinical note
159 or other supporting documentation dated no earlier
160 than three months prior to the date of the request;
161 that includes the Member's overall response to
162 supplemental therapy and justification for continued
163 supplement use. This shall include the Member's
164 tolerance, recent hospitalizations, current height,
165 weight, and BMI;

166 ii. Documentation demonstrating encouragement and
167 assistance provided to the caregiver in weaning the
168 Member from supplemental nutritional feedings
169 should be included, when appropriate;

- 170 iii. Members receiving nutritional therapy shall be
171 physically assessed by the Member's PCP, specialty
172 provider, or registered dietitian at least annually;
173 and
174 iv. Initial and ongoing certificate of medical necessity is
175 considered valid for a period of six months.

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177 **D. METABOLIC MEDICAL FOODS**

178 1. The AdSS shall cover metabolic formulas and Medical Foods for
179 Members diagnosed with metabolic conditions that are screened
180 for using the Newborn Screening Panel authorized by the Arizona
181 Department of Health Services.

182 1.2. The AdSS shall cover metabolic formulas and medical foods as
183 specified in A.R.S. § 20-2327 and within the following
184 limitations:

185 ~~within limitations specified in this policy for members diagnosed~~
186 ~~with the following metabolic conditions:~~

187 ~~a. Phenylketonuria,~~

- 188 ~~b. Homocystinuria,~~
- 189 ~~c. Maple Syrup Urine Disease,~~
- 190 ~~d. Galactosemia (requires soy formula),~~
- 191 ~~e. Beta Keto Thiolase Deficiency,~~
- 192 ~~f. Citrullinemia,~~
- 193 ~~g. Glutaric Acidemia Type I,~~
- 194 ~~h. Isovaleric Acidemia,~~
- 195 ~~i. Methylmalonic Acidemia,~~
- 196 ~~j. Propionic Acidemia,~~
- 197 ~~k. Argininosuccinic Acidemia,~~
- 198 ~~l. Tyrosinemia Type I,~~
- 199 ~~m. HMG CoA Lyase Deficiency,~~
- 200 ~~n. Very long chain acyl CoA Dehydrogenase deficiency~~
- 201 ~~(VLCAD), and~~
- 202 ~~e.a. Long Chain acyl CoA dehydrogenase deficiency (LCHAD).~~
- 203 a. The AdSS are responsible for the initial and follow-up
- 204 consultations by a genetics physician ~~and~~/or a metabolic
- 205 nutritionist;

- 206 b. The AdSS are responsible for all medically necessary
207 laboratory tests and other services related to the provision
208 of medical formulas ~~/ or~~ foods for Members diagnosed with
209 an inherited metabolic disorder;
- 210 c. ~~The AdSS shall ensure m~~Metabolic formula or modified low
211 protein foods ~~shall be~~ are:
- 212 i. Processed or formulated to be deficient in the
213 nutrients specific to the Member’s metabolic
214 condition;
- 215 ii. Meet the Member’s distinctive nutritional
216 requirements;
- 217 iii. Determined to be essential to sustain the Member’s
218 optimal growth within nationally recognized height, ~~u~~
219 ~~/~~weight, BMI and metabolic homeostasis;
- 220 iv. Obtained under physician order; and
- 221 v. The Member’s medical and nutritional status is
222 supervised by the Member’s PCP, attending physician
-

- 223 or appropriate specialist.
- 224 d. Modified low protein foods shall be formulated to contain
225 less than 1 gram of protein per unit or serving. For
226 purposes of this policy, modified low protein foods do not
227 include foods that are naturally low in protein;
- 228 e. The AdSS shall ensure the member's medical and
229 nutritional status is supervised by the member's PCP,
230 attending physician or appropriate specialist;
- 231 ~~e.f. The AdSS shall cover s~~oy formula is covered only for
232 Members receiving Early and Periodic Screening, Diagnosis
233 and Treatment (EPSDT) services, and only until the
234 ~~Members are~~ is able to eat solid lactose-free foods;
- 235 ~~f.g. The AdSS shall not cover f~~oods that are available in the
236 grocery store or health food store are not covered as a
237 metabolic food; and
- 238 ~~g.h. The AdSS shall require e~~ducation and training is required
239 regarding proper sanitation and temperatures to avoid

240 contamination of foods which are blended or specially
241 prepared for the Member if the Responsible Person elects
242 to prepare the Member's food.

243

244 **E. TOTAL PARENTERAL NUTRITION**

245 1. The AdSS shall follow Medicare requirements for the
246 provision of Total Parenteral Nutrition (TPN) services.

247 2. The AdSS shall cover TPN for Members over age 21 when
248 it is medically necessary and the only method to maintain
249 adequate weight and strength.

250 3. The AdSS shall cover TPN when medically necessary, for
251 Members receiving EPSDT.

252

253 **F. SUPPLEMENTAL INFORMATION**

254 **For a listing of metabolic conditions and the Newborn**

255 **Screening Panel refer to the Arizona Department of Health**

256 **Services at**

257 [https://www.azdhs.gov/documents/preparedness/state-](https://www.azdhs.gov/documents/preparedness/state-laboratory/newborn-screening/providers/az-newborn-screening-panel-of-conditions.pdf?v=20230504)
258 [laboratory/newborn-screening/providers/az-newborn-](https://www.azdhs.gov/documents/preparedness/state-laboratory/newborn-screening/providers/az-newborn-screening-panel-of-conditions.pdf?v=20230504)
259 [screening-panel-of-conditions.pdf?v=20230504.](https://www.azdhs.gov/documents/preparedness/state-laboratory/newborn-screening/providers/az-newborn-screening-panel-of-conditions.pdf?v=20230504)

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Signature of Chief Medical Officer:

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Draft Policy for Public Comment