

## **320-H MEDICAL FOODS**

EFFECTIVE DATE: October 1, 2019

### **Description of Benefit**

The Division covers medical foods, within the limitations specified in this Policy, for any member diagnosed with one of the following inherited metabolic conditions:

- A. Phenylketonuria
- B. Homocystinuria
- C. Maple Syrup Urine Disease
- D. Galactosemia (requires soy formula)
- E. Beta Keto-Thiolase Deficiency
- F. Citrullinemia
- G. Glutaric Acidemia Type I
- H. 3 Methylcrotonyl CoA Carboxylase Deficiency
- I. Isovaleric Acidemia
- J. Methylmalonic Acidemia
- K. Propionic Acidemia
- L. Arginosuccinic Acidemia
- M. Tyrosinemia Type I
- N. HMG CoA Lyase Deficiency
- O. Cobalamin A, B, C Deficiencies

### **Definitions**

- A. Medical Foods - Metabolic formula or modified low-protein foods that are produced or manufactured specifically for persons with a qualifying metabolic disorder and that are not generally used by persons in the absence of a qualifying metabolic disorder. Soy formula is also included within the limitations set by this Policy when used by persons diagnosed with galactosemia.
- B. Metabolic Nutritionist - A provider registered with the Arizona Health Care Cost Containment System (AHCCCS) who is a registered dietitian specializing in nutritional assessment and treatment of metabolic conditions.

### **Conditions, Limitations and Exclusions**

- A. The diagnosis of the member's inherited metabolic condition is documented in the member's medical record by the Primary Care Provider (PCP), attending physician or appropriate specialist. Documentation also includes test results used in establishing the diagnosis.
- B. Metabolic formula and modified low-protein foods must be:
  - 1. Essential to sustain the member's growth within nationally recognized height/weight or BMI (body mass index) levels, maintain health and support metabolic balance;
  - 2. Obtained only under physician order; and
  - 3. Supervised by the member's PCP, attending physician or appropriate specialist for the medical and nutritional management of a member who has:
    - a. Limited capacity to metabolize typical foods or certain nutrients contained in typical food; or
    - b. Other specific nutrient requirements as established by medical evaluation.
- C. Metabolic formulas ordered for a member must be processed for the specific dietary management of the member's metabolic condition. The formula must meet the member's distinctive nutritional requirements that are established through medical evaluations by the member's PCP, attending physician or appropriate specialist, and/or the metabolic nutritionist.
- D. Modified low-protein foods must be formulated to contain less than one 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, who are diagnosed with galactosemia, only until they are able to eat solid lactose-free foods.
- F. The Division provides both necessary metabolic formula and modified low protein foods for members who have been diagnosed with one of the inherited metabolic disorders included in this Policy.
- G. The AdSS is responsible for initial and follow-up consultations by a genetics physician and/or a metabolic nutritionist, lab tests and other services related to the provision of medical foods for enrolled members diagnosed with a metabolic disorder included in this Policy.
- H. Medical foods must be ordered from a supplier of metabolic formula, modified low-protein foods or soy formula that is approved by the AdSS. Foods purchased through grocery or health food stores are not covered.