

310-GG NUTRITIONAL THERAPY, METABOLIC FOODS, AND TOTAL PARENTERAL NUTRITION

REVISION DATE: 2/7/2024

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EFFECTIVE DATE: 06/07/2023

REFERENCES: A.R.S. § 20-2327, AMPM 310-GG, AMPM Policy 430, AMPM 520, AMPM Policy 820

PURPOSE

This policy describes coverage of and requirements for nutritional therapy, metabolic foods and Total Parenteral Nutrition (TPN) for Division of Developmental Disability (DDD) Members, 21 years of age and older, who are eligible for Arizona Long Term Care System (ALTCS).

DEFINITIONS

1. “Commercial Oral Supplemental Nutrition” means nourishment available without a prescription that serves as sole caloric intake or additional caloric intake.
2. “Enteral Nutrition” means 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 Jejunostomy Tube (J-Tube), Gastrostomy Tube (G-Tube) or Nasogastric (N/G Tube).

3. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
4. "Metabolic Medical Food Formulas" or "Medical Foods" means 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 substances that cannot be metabolized by the Member.
5. "Responsible Person" means the parent or guardian of a minor

with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a client or an applicant for whom no guardian has been appointed.

6. "Total Parenteral Nutrition", "TPN" means 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.

POLICY

A. NUTRITIONAL ASSESSMENT AND THERAPY

1. The Division shall require a nutritional assessment for a Member who has been identified as having a health status which may improve or be maintained with nutritional interventions.
2. The Division shall require a nutritional assessment as determined medically necessary and as a part of health risk assessment and

screening services provided by the Member's Primary Care Provider (PCP) be covered.

3. The Division shall require Nutritional assessment services provided by a registered dietitian also are covered when ordered by the Member's PCP.
4. The Division shall require 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 be covered.
5. The Division shall ensure nutritional supplementation is procured and funded for any other nutritional supplementation medically necessary for Women, Infants, and Children (WIC) exempt formula.
6. The Division shall implement protocols for transitioning a Member who is receiving nutritional therapy to or from subcontractors or providers.

B. PRIOR AUTHORIZATION

1. The Division shall require Prior Authorization (PA) for commercial oral nutritional supplements, enteral nutrition, and parenteral nutrition unless:
 - a. The Member is currently receiving nutrition through enteral or parenteral feedings for which PA has already been obtained; or
 - b. 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.

C. COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS

1. The Division shall require the Member's PCP or specialty provider to determine the medical necessity for commercial oral nutritional supplements on an individual basis using the criteria specified in this policy.
2. The Division shall require the PCP or specialty provider to use AMPM Attachment 310-GG (A) to obtain authorization.

3. The Division shall require AMPM Attachment 310-GG (A) be used when assessing the medical necessity of providing commercial oral nutritional supplements.
4. The Division shall require the Member meet each of the following requirements in order to obtain medically necessary oral nutritional supplements:
 - a. The Member is currently underweight with a Body Mass Index (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 not able to consume or eat more than 25% of their nutritional requirements from typical food sources;
 - c. The Member has been evaluated and treated for medical conditions that may cause problems with weight gain and growth (e.g. feeding problems, behavioral conditions or psychosocial problems, endocrine or gastrointestinal

- problems); and
- d. 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.
5. The Division shall require the provider to submit AMPM Attachment 310-GG (A), along with supporting documentation from the Division's Medical Director or designee's consideration, demonstrating the risk posed to the Member in approving the provider's PA request, 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.
 6. The Division shall require supporting clinical documentation received with AMPM Attachment 310-GG (A) is provided to the authorizing health plan that demonstrates the Member meets all of the following required criteria:
 - 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 AMPM Attachment 310-GG (A). The physical assessment shall include the Member's current and past height, weight, and BMI;
- iii. Documentation detailing alternatives that were tried in an effort to boost caloric intake or changes in food consistencies that have proven unsuccessful in resolving the nutritional concern identified, as well as Member adherence to the prescribed dietary

plan and alternatives attempted.

b. Ongoing Requests:

- 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 Member's overall response to supplemental therapy and justification for continued supplement use. This shall include the Member's tolerance, recent hospitalizations, current height, weight, and BMI;
- ii. Documentation demonstrating encouragement and assistance provided to the caregiver in weaning the Member from supplemental nutritional feedings should be included, when appropriate;
- iii. Members receiving nutritional therapy shall be physically assessed by the Member's PCP, specialty provider, or registered dietitian at least annually; and
- iv. Initial and ongoing certificate of medical necessity is

considered valid for a period of six months.

D. METABOLIC MEDICAL FOODS

1. The Division shall require metabolic formulas and medical foods are covered for Members diagnosed with metabolic conditions that are screened for using the Newborn Screening Panel authorized by the Arizona Department of Health Services.

p. The Division shall require Metabolic formulas and medical foods are covered as specified in A.R.S. § 20-2327 and within the following limitations:

- a. Metabolic formula or modified low protein foods shall be:
- i. Processed or formulated to be deficient in the nutrients specific to the Member's metabolic condition;
 - ii. Meet the Member's distinctive nutritional requirements;
 - iii. Determined to be essential to sustain the Member's optimal growth within nationally recognized height,

- weight, BMI and metabolic homeostasis;
- iv. Obtained under physician order; and
 - v. The Member's medical and nutritional status is supervised by the Member's PCP, attending physician or appropriate specialist.
- b. Modified low protein foods shall 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;
 - c. Soy formula is covered only for Members receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, and only until the Member is able to eat solid lactose-free foods;
 - d. Foods that are available in the grocery store or health food store are not covered as a metabolic food; and
 - e. Education and training is required regarding proper

sanitation and temperatures to avoid contamination of foods which are blended or specially prepared for the Member if the Responsible Person elects to prepare the Member's food.

E. TOTAL PARENTERAL NUTRITION

1. The Division shall follow Medicare requirements for the provision of Total Parenteral Nutrition (TPN) services.
2. The Division shall require TPN is covered for Members over age 21 when it is medically necessary and the only method to maintain adequate weight and strength.
3. The Division shall require TPN when medically necessary, is covered for members receiving EPSDT.

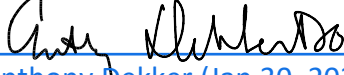
F. DIVISION OVERSIGHT

1. The Division shall oversee the AdSS utilizing the following methods to ensure compliance with policy:
 - a. Annual Operational Review of each AdSS,

- b. Review and analyze deliverable reports submitted by the AdSS, and
- c. Conduct oversight meetings with the AdSS for the purpose of:
 - i. Reviewing compliance,
 - ii. Addressing concerns with access to care or other quality of care concerns,
 - iii. Discussing systemic issues, and
 - iv. Providing direction or support to the AdSS as necessary.

G. SUPPLEMENTAL INFORMATION

For a listing of metabolic conditions and the Newborn Screening Panel refer to the Arizona Department of Health Services at <https://www.azdhs.gov/documents/preparedness/state-laboratory/newborn-screening/providers/az-newborn-screening-panel-of-conditions.pdf?v=20230504>.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Jan 30, 2024 14:06 MST\)](#)
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