

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

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5 REVIEW DATE:

6 EFFECTIVE DATE: 06/07/2023

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

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

16 **DEFINITIONS**

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

23 nutritional status. Enteral nutrition is commonly provided by
24 Jejunostomy Tube (J-Tube), Gastrostomy Tube (G-Tube) or
25 Nasogastric (N/G Tube).

26 3. "Member" means the same as "Client" as defined in A.R.S. § 36-
27 551.

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

40 5. "Responsible Person" means the parent or guardian of a minor

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

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

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52 **POLICY**

53 **A. NUTRITIONAL ASSESSMENT AND THERAPY**

54 1. The Division shall require a nutritional assessment for a Member
55 who has been identified as having a health status which may
56 improve or be maintained with nutritional interventions.

57 2. The Division shall require ~~cover a the~~ nutritional assessment as
58 determined medically necessary and as a part of health risk

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

61 ~~2.3. The Division shall require~~ Nutritional assessment services
62 provided by a registered dietitian also are covered when ordered
63 by the Member's PCP.

64 ~~3.4. The Division shall require cover nutritional assessment services~~
65 ~~provided by a registered dietitian be covered when ordered by~~
66 ~~the Member's PCP.~~

67 4. The Division shall ~~require cover~~ nutritional therapy on an enteral,
68 parenteral or oral basis when determined medically necessary to
69 provide either complete daily dietary requirements, or to
70 supplement a Member's daily nutritional and caloric intake be
71 covered.

72 5. ~~The Division shall ensure nutritional supplementation is procured~~
73 ~~and funded for any other nutritional supplementation medically~~
74 ~~necessary for Women, Infants, and Children (WIC) exempt~~
75 ~~formula. The Division shall be responsible for procurement of~~
76 ~~and the primary funding source for any other nutritional~~

77 ~~supplementation medically necessary for Women, Infants, and~~
78 ~~Children (WIC) exempt formula.~~

79 6. The Division shall implement protocols for transitioning a
80 Member who is receiving nutritional therapy to or from
81 subcontractors or providers.

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83 **B. PRIOR AUTHORIZATION**

84 1. The Division shall require Prior Authorization (PA) for commercial
85 oral nutritional supplements, enteral nutrition, and parenteral
86 nutrition unless:

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

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

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95 **C. COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS**

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

100 2. The Division shall require the PCP or specialty provider to use
101 AMPM Attachment 310-GG (A) to obtain authorization. ~~from the~~
102 ~~Division.~~

103 3. The Division shall ~~require follow specific criteria utilizing be with~~
104 AMPM Attachment 310-GG (A) ~~be used~~ when assessing the
105 medical necessity of providing commercial oral nutritional
106 supplements. ~~These criteria include the following:~~

107 3.4. ~~The Division shall require the Member meet each of the following~~
108 ~~requirements in order to obtain medically necessary oral~~
109 ~~nutritional supplements:~~

110 a. The Member is currently underweight with a Body Mass
111 Index (BMI) of less than 18.5, presenting serious health
112 consequences for the Member, or has already

- 113 demonstrated a medically significant decline in weight
114 within the past three months prior to the assessment;
- 115 b. The Member is not able to consume or eat more than 25%
116 of their nutritional requirements from typical food sources;
- 117 c. The Member has been evaluated and treated for medical
118 conditions that may cause problems with weight gain and
119 growth (e.g. feeding problems, behavioral conditions or
120 psychosocial problems, endocrine or gastrointestinal
121 problems); and
- 122 d. The Member has had a trial of higher caloric foods,
123 blenderized foods, or commonly available products that
124 may be used as dietary supplements for a period no less
125 than 30 days in duration.
- 126 5. The Division shall ~~require allow~~ the provider to submit AMPM
127 Attachment 310-GG (A), along with supporting documentation
128 from the Division's Medical Director or designee's consideration,
129 demonstrating the risk posed to the Member in approving the
130 provider's PA request, if it is determined through clinical

131 documentation and other supporting evidence that a trial of
132 higher caloric foods would be detrimental to the Member's
133 overall health.

134 6. The Division shall ~~require ensure~~ supporting clinical
135 documentation ~~that is~~ received with AMPM Attachment 310-GG
136 (A) is provided to the authorizing health plan that. ~~This~~
137 ~~documentation shall~~ demonstrates ~~that~~ the Member meets all of
138 the following required criteria: ~~and includes:~~

139 a. Initial Requests:

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

145 ii. Clinical notes or other supporting documentation
146 dated no earlier than three months prior to date of
147 the request, providing a detailed history and
148 thorough physical assessment and demonstrating

- 149 evidence of the Member meeting all of the required
150 criteria listed in AMPM Attachment 310-GG (A). The
151 physical assessment shall include the Member's
152 current and /past height, weight, and BMI;
- 153 iii. Documentation detailing alternatives that were tried
154 in an effort to boost caloric intake and/or changes in
155 food consistencies that have proven unsuccessful in
156 resolving the nutritional concern identified, as well as
157 Member adherence to the prescribed dietary
158 plan and alternatives attempted.
- 159 b. Ongoing Requests:
- 160 i. Subsequent submissions shall include a clinical note
161 or other supporting documentation dated no earlier
162 than three months prior to the date of the request
163 that includes the Member's overall response to
164 supplemental therapy and justification for continued
165 supplement use. This shall include the Member's
166 tolerance, recent hospitalizations, current height,

- 167 weight, and BMI;
- 168 ii. Documentation demonstrating encouragement and
169 assistance provided to the caregiver in weaning the
170 Member from supplemental nutritional feedings
171 should be included, when appropriate;
- 172 iii. Members receiving nutritional therapy shall be
173 physically assessed by the Member's PCP, specialty
174 provider, or registered dietitian at least annually;
175 and
- 176 iv. Initial and ongoing certificate of medical necessity is
177 considered valid for a period of six months.

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180 **D. METABOLIC MEDICAL FOODS**

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

- 185 ~~1. The Division shall require Metabolic formulas and medical foods~~
186 ~~are covered as specified in A.R.S. § 20-2327 and within the~~
187 ~~following limitations: within limitations specified in this policy for~~
188 ~~members diagnosed with the following metabolic conditions:~~
- 189 a. ~~Phenylketonuria,~~
 - 190 b. ~~Homocystinuria,~~
 - 191 c. ~~Maple Syrup Urine Disease,~~
 - 192 d. ~~Galactosemia (requires soy formula),~~
 - 193 e. ~~Beta Keto Thiolase Deficiency,~~
 - 194 f. ~~Citrullinemia,~~
 - 195 g. ~~Glutaric Acidemia Type I,~~
 - 196 h. ~~Isovaleric Acidemia,~~
 - 197 i. ~~Methylmalonic Acidemia,~~
 - 198 j. ~~Propionic Acidemia,~~
 - 199 k. ~~Argininosuccinic Acidemia,~~
 - 200 l. ~~Tyrosinemia Type I,~~
 - 201 m. ~~HMG CoA Lyase Deficiency,~~
 - 202 n. ~~Very long chain acyl CoA Dehydrogenase deficiency~~
 - 203 o. ~~(VLCAD), and~~

204 ~~a.p. Long Chain acyl CoA dehydrogenase deficiency (LCHAD).~~

205 ~~a. The Division shall require that the AdSS is responsible for~~
206 ~~the initial and follow-up consultations by a genetics~~
207 ~~physician and/or a metabolic nutritionist.~~

208 ~~b.a. The Division shall require that the AdSS is responsible for~~
209 ~~all medically necessary laboratory tests and other services~~
210 ~~related to the provision of medical formulas or /foods for~~
211 ~~Members diagnosed with an inherited metabolic disorder.~~

212 ~~c.a. The Division shall ensure m~~Metabolic formula or modified
213 low protein foods ~~shall be~~ are:

214 i. Processed or formulated to be deficient in the
215 nutrients specific to the Member's metabolic
216 condition;

217 ii. Meet the Member's distinctive nutritional
218 requirements;

219 iii. Determined to be essential to sustain the Member's
220 optimal growth within nationally recognized height/
221 weight, BMI and metabolic homeostasis;

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

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

242

243 **E. TOTAL PARENTERAL NUTRITION**

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

246 2. The Division shall ~~require cover~~ TPN is covered for Members over
247 age 21 when it is medically necessary and the only method to
248 maintain adequate weight and strength.

249 3. The Division shall ~~require cover~~ TPN when medically necessary,
250 is covered for members receiving EPSDT, ~~when medically~~
251 ~~necessary.~~

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253 **F. DIVISION OVERSIGHT**

254 1. **The Division shall oversee the AdSS utilizing the following**
255 **methods to ensure compliance with policy:**

256 **a. Annual Operational Review of each AdSS,**

257 **b. Review and analyze deliverable reports submitted by**
258 **the AdSS, and**

259 **c. Conduct oversight meetings with the AdSS for the**
260 **purpose**

261 **of:**

262 **i. Reviewing compliance,**

263 **ii. Addressing concerns with access to care or**
264 **other quality of care concerns,**

265 **iii. Discussing systemic issues, and**

266 **iv. Providing direction or support to the AdSS as**
267 **necessary.**

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269 **G. SUPPLEMENTAL INFORMATION**

270 **For a listing of metabolic conditions and the Newborn Screening Panel**

271 **refer to the Arizona Department of Health Services at**

272 **[273 **\[274 **\\[of-conditions.pdf?v=20230504.\\]\\(https://www.azdhs.gov/documents/preparedness/state-laboratory/newborn-screening/providers/az-newborn-screening-panel-of-conditions.pdf?v=20230504\\)**\]\(https://www.azdhs.gov/documents/preparedness/state-laboratory/newborn-screening/providers/az-newborn-screening-panel-</u></p></div><div data-bbox=\)**](https://www.azdhs.gov/documents/preparedness/state-</u></p></div><div data-bbox=)**

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280 Signature of Chief Medical Officer:

Draft Policy for Public Comment