



# Comprehensive Medical and Dental Program Authorization Guideline

---

**TITLE**

Medically Necessary Dietary Formula and Medical Foods Prior Authorization Guideline

**RESPONSIBLE AREA**

Health Services

**History of Review:** 12/9/18; 06/03/19

**Approval Date:** 06/03/19

**DESCRIPTION**

This guidelines intended use is as a clinical guideline for determining medical necessity in the review of prior authorizations requesting medically necessary dietary formula and medical foods.

**CLINICAL GUIDELINE****Indications for Medically Necessary Dietary Formula and Medical Foods:****A. Enteral and Parenteral Therapies**

1. Prior authorizations for enteral and parenteral nutritional therapies are processed within the Health Services Unit. For detailed prior authorization procedures, refer to the Prior Authorization Policy.

**B. Oral Nutritional Therapies**

1. Nutritional assessment and counseling is provided to the member as part of the EPSDT service package.
2. Assessment of nutritional status is provided by the member's PCP as a part of the EPSDT screenings.
3. Nutritional assessments by a registered dietitian can be requested by the primary care provider.
4. Medical necessity for commercial oral nutritional formulas must be determined on an individual basis by the member's provider according to the clinical criteria set forth in section 5 below.
  - The provider must use the AHCCCS form, *Certificate of Medical Necessity for Commercial Oral Nutritional Supplements*, to substantiate medical necessity.
  - The provider must document alternatives tried in an effort to improve caloric intake and/or change food consistencies before considering commercially available nutritional formula.



5. Formulas outside those offered by the WIC Program that are not medically necessary, such as formulas based on brand preference are not covered.
6. Prior Authorizations (PAs) are required for commercial oral nutritional therapies unless the member is also currently receiving nutrition through enteral or parenteral feedings.
  - When CMDP receives the PA request, a notification is sent to the DCS Specialist and the PCP to ensure a referral is made to WIC concurrently. CMDP assists in the care coordination with another service program (I.E. WIC) to ensure continuity of care.
  - For members under the age of five (5) requiring formula types deemed medically necessary that are not provided through the WIC Program, an AHCCCS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements is to be submitted directly to CMDP, as WIC is considered a secondary payer of specialty exempt formulas.
  - Members under one (1) year of age requiring infant formulas above the amount provided through the WIC Program, also follow this process.
  - Following a hospital discharge, a PA is not required for the first 30 days or if ordered on a temporary basis due to an emergent condition.
7. To meet medical necessity requirements, the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements must indicate which criteria were met when assessing the medical necessity of providing commercial oral nutritional supplements.
  - Member has been diagnosed with a chronic disease or condition, is below the recommended BMI percentile (or weight-for-length percentile for members less than two years of age) for the diagnosis or there are no alternatives for adequate nutrition, or;
  - At least two (2) of the following clinical criteria must be present:
    - The member is at or below the 10th percentile on the appropriate growth chart for their age and gender for three (3) months or more;
    - The member has reached a plateau in growth and/or nutritional status for more than six (6) months or more than three (3) months if member is an infant less than one (1) year of age;
    - The member has already demonstrated a medically significant decline in weight within the past three (3) months;



- The member is able to consume/eat no more than 25% of the nutritional requirements from age-appropriate food sources;
- In addition, each of the following requirements must be met:
  - The member has been evaluated and treated for medical conditions that may cause problems with growth, and
  - 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 durations. 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.
- 8. Substantiating documentation must be submitted to CMDP along with the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements Form. This includes:
  - Supporting medical documentation must be dated within three (3) months of the request.
  - Documentation must include clinical notes or other supporting documentation from the member's PCP, specialty provider, or registered dietitian.
  - Documentation demonstrating that nutritional counseling has been provided as a part of the health risk assessment and screening services by the PCP or specialty provider or through consultation with a registered dietitian.
- 9. Ongoing requests for Commercial Oral Nutritional therapies must include:
  - Clinical notes or other supporting documentation dated within three (3) months of the request, that includes:
    - the members overall response to supplemental therapy;
    - justification for continued supplement use; and
    - The member's tolerance to formula, recent hospitalizations, current weight-for-length or BMI percentile (if member is two (2) years of age or older).
  - Documentation demonstrating encouragement and assistance provided to the caregiver in weaning the member from supplemental nutritional feedings should be included, when appropriate.
- 10. Members receiving nutritional therapy must be physically assessed by the member's PCP,



specialty provider, or registered dietitian at least annually. If a member transitions out of CMDP care while receiving nutritional therapy, a warm hand off is completed for any member identified to be on supplemental nutrition or who has a complex medical condition needing further explanation. This involves the ETI Coordinator, Care Coordinator or Nurse to call the receiving ETI Coordinator and communicating verbally of the transfer and any open PAs.

- In order to ensure compliance, members are identified to be on nutritional therapy via a claims report generated monthly for care coordination purposes.
11. CMDP covers training and education of the member and the member's caregiver, through authorized Home Health Services, as deemed necessary by the provider to include assistance to the caregiver in weaning the member from the necessity for supplemental nutritional feedings. This also may include education and training (should the caregiver elect to prepare the member's food) regarding proper sanitation and temperatures required to avoid food contamination that are blended or specially prepared for the member.
  12. When developmentally and clinically appropriate, members receiving nutritional therapy will be referred to the CMDP Behavioral Health Unit for follow up with the member's assigned Regional Behavioral Health Authority (RBHA) or Children's Rehabilitative Services (CRS) provider and/or the respective Behavioral Health (BH) provider in an effort to diagnose and treat any associated mental health disorders.

#### C. Medical Foods

1. CMDP is responsible for the review and processing of all metabolic formula and/or low protein foods necessary to meet the member's nutritional needs, as determined after the initial evaluation by the member's PCP, attending physician, appropriate specialist and/or metabolic nutritionist. For detailed prior authorization procedures, refer to the Prior Authorization Policy. All necessary management and ordering of medical foods are conducted through CMDP.
2. CMDP is responsible for initial and follow-up consultations by a genetics provider and/or a metabolic nutritionist, lab tests, and other services related to the provision of medical foods for members diagnosed with a metabolic disorder.
3. Once a member is diagnosed with one of these metabolic disorders (as defined by AHCCCS policy 320-H), they are eligible for Children's Rehabilitative Services (CRS). It is the responsibility of CRS to then provide the metabolic formulas and medical foods.
4. Medical formulas and modified low protein foods must be ordered from a supplier of metabolic formula
5. Soy formula is covered only for members with Galactosemia only until they are able to eat solid lactose free foods.



6. Foods purchased through grocery or health food stores are not covered.
7. If a member is not eligible for CRS, CMDP is responsible for providing metabolic formulas and medical foods.

**PLEASE NOTE:** State and Federal law take precedence over prior authorization guidelines. CMDP reserves the right to review and update guidelines periodically.

### **REFERENCES**

Certificate of Medical Necessity for Commercial Oral Nutritional Supplements AHCCCS AMPM 430, Exhibit 430-2