310-GG NUTRITIONAL ASSESSMENTS AND NUTRITIONAL THERAPY

INITIAL
EFFECTIVE DATE: 10/01/2015

DESCRIPTION

Nutritional assessments and nutritional therapy apply to all members whose health status may improve or be maintained with nutrition intervention. Specific policy requirements related to nutritional assessments and nutritional therapy within this Manual are as follows:

1. AMPM Chapter 400, Policy 430, *EPSDT Services* – Provides language and requirements specific to nutritional assessments and nutritional therapy for all members 20 years of age and under (Acute and ALTCS members).

2. AMPM Chapter 300, Policy 320-H, *Medical Foods* – Provides language and requirements specific to members with specific metabolic diseases.

The following services described in this policy apply to all members 21 years of age and older.

NOTE: Refer to the CDC website at http://www.cdc.gov/healthyweight/assessing/bmi/ for Body Mass Index (BMI) related information and tools.

AMOUNT, DURATION AND SCOPE

Nutritional Assessments – Nutritional assessments are conducted to assist members, 21 years of age and older, whose health status may improve with nutritional intervention. AHCCCS covers the assessment of nutritional status, as determined necessary and as a part of health risk assessment and screening services provided by the member's Primary Care Provider (PCP). Nutritional assessment services provided by a registered dietitian also covered when ordered by the member's PCP. To initiate the referral for nutritional assessment, the PCP must comply with Managed Care Contractor protocols or AHCCCS Administration protocols for FFS members.

AHCCCS covers 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.

1. Enteral Nutritional Therapy – Provides liquid nourishment 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 J-tube, G-tube or N/G tube.

Refer to the specific Managed Care Contractor for managed care members or to Chapter 800 of this Manual, as well as the AHCCCS Care Management Systems Unit (CMSU) Unit, for Fee-For-Service (FFS) members regarding information on prior authorization requirements.

2. Parenteral Nutritional Therapy – Provides nourishment 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.

   Refer to the specific Managed Care Contractor for managed care members or to Chapter 800 of this Manual, as well as the AHCCCS CMSU Unit, for FFS members regarding information on prior authorization requirements.

3. Commercial Oral Supplemental Nutritional Feedings – Provides nourishment and increases caloric intake as a supplement to the member's intake of other age appropriate foods, or as the sole source of nutrition for the member. Nourishment is taken orally and is generally provided through commercial nutritional supplements available without prescription.

A. Authorization from the member's Managed Care Contractor or the AHCCCS Administration for FFS members is required for commercial oral nutritional supplements, unless the member is also currently receiving nutrition through enteral or parenteral feedings.

B. Medical necessity for commercial oral nutritional supplements must be determined on an individual basis by the member's PCP or specialty provider, using the criteria specified in this Policy. The PCP or specialty provider must use the AHCCCS approved form, Chapter 300 Attachment C, *Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (Members 21 Years of Age or Greater – Initial or Ongoing Requests)* to obtain authorization from the member's Managed Care Contractor (and ALTCS case manager, if applicable) or the AHCCCS Administration for FFS members.

C. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements must indicate specific criteria were met when assessing the medical necessity of providing commercial oral nutritional supplements. These criteria include the following:

   1. The Member is currently underweight with a 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).

   2. The member is able to consume/eat no more than 25% of his/her nutritional requirements from typical food sources.

3. The member has been evaluated and treated for medical conditions that may cause problems with weight gain (such as feeding problems, behavioral conditions or psychosocial problems, endocrine or gastrointestinal problems, etc.), and

4. 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. 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, the provider may submit Exhibit 430-2, *Certificate of Medical Necessity for Commercial Oral Nutritional Supplements* along with supporting documentation demonstrating the risk posed to the member for the Contractor's Medical Director or Designee's consideration in approving the provider's prior authorization request.

D. Supporting documentation must accompany Chapter 300, Attachment C, *Certificate of Medical Necessity for Commercial Oral Nutritional Supplements*. This documentation must demonstrate that the member meets all of the required criteria and includes:

1. Initial Requests
   a. 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.
   b. 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, as indicated on the Certificate of Medical Necessity. The physical assessment must include the member's current/past height, weight, and BMI.
   c. Documentation detailing alternatives that were tried in an effort to boost caloric intake and/or change food consistencies that have proven unsuccessful in resolving the nutritional concern identified, as well as member adherence to the prescribed dietary plan/alternatives attempted.

2. Ongoing Requests
   a. Subsequent submissions must include a clinical note or other supporting documentation dated no earlier than three months prior to the date of the request, that includes the members overall response to supplemental therapy and justification for continued supplement use. This must include the member's tolerance to formula, recent hospitalizations, current height, weight, and BMI.

NOTE: Members receiving nutritional therapy must be physically assessed by the member's PCP, specialty provider, or registered dietitian at least annually.

b. Additionally, documentation demonstrating encouragement and assistance provided to the caregiver in weaning the member from supplemental nutritional feedings should be included, when appropriate.

Refer to the specific Managed Care Contractor for managed care members or to Chapter 800 of this Manual, as well as the AHCCCS CMSU Unit, for FFS members regarding information on prior authorization requirements.

CONTRACTOR REQUIREMENTS

1. Contractors must develop guidelines for use by the PCP in providing the following:
   a. Information necessary to obtain Prior Authorization for commercial oral nutritional supplements,
   b. Encouragement and assistance to the member and/or caregiver in weaning the member from the necessity for supplemental nutritional feedings, including consultation by a Registered Dietitian/Nutritionist when determined medically necessary, and
   c. Education and training regarding proper sanitation and temperatures to avoid contamination of foods that are blenderized or specially prepared for the member, if the member and/or caregiver elects to prepare the member's food.

2. Contractors must implement protocols for transitioning a member who is receiving nutritional therapy, to or from another Contractor or another service program.

3. Contractors must implement a process for verifying medical necessity of nutritional therapy, through the receipt of supporting medical documentation dated within 3 months of the request, prior to giving initial or ongoing authorizations for nutritional therapy. Documentation must include clinical notes or other supporting documentation from the member's PCP, specialty provider, or registered dietitian including a detailed history and thorough physical assessment that provides evidence of member meeting all of the required criteria, as indicated on the Certificate of Medical Necessity.

PROVIDER REQUIREMENTS

When requesting initial or ongoing Prior Authorization (PA) for commercial oral nutritional supplements, providers must ensure the following:

1. Documents are submitted with the completed Certificate of Medical Necessity to support all of the necessary requirements for Commercial Oral Nutritional Supplements as detailed above.

2. If the member/caregiver elects to prepare the member's food, education and training regarding proper sanitation and temperatures to avoid contamination of foods that are blended or specially prepared for the member is provided.

3. Ongoing monitoring is conducted to assess member adherence/tolerance to the prescribed nutritional supplement regimen and determine necessary adjustments to the prescribed amount of supplement are appropriate based on the member's weight loss/gain.

4. Documentation demonstrating encouragement and assistance provided to the member/caregiver in weaning the member from the necessity for supplemental nutritional feedings, when appropriate.