

Division of Developmental Disabilities
Prior Authorization Criteria

Subject: **Nutritional Supplements**

Unit: Health Care Services

Nutritional Supplements

PURPOSE: to provide criteria for the evaluation and authorization of supplemental nutritional feedings (oral-enteral formulas) for the people eligible for ALTCS covered services through DES/DDD. The goal is to determine that supplemental nutritional feedings are medically necessary, and will improve the member's health status.

POLICY: the request for supplemental nutritional feedings must be made by the PCP (Primary Care Provider), or other providers with the PCP referral, such as a registered dietitian. These requests will be routed through the appropriate channels of the health plan or prior authorization for fee-for-service (FFS).

PROCEDURE: Requires a nutritional assessment by the PCP or a registered dietitian under PCP medical management.

- A. The nutritional assessment must include the following criteria for medical review: (see attached sample assessment form)
 - a. All current diagnoses
 - b. Current or recent (within 6 months) laboratory data: chemistry panel, iron binding studies, etc.
 - c. Growth chart with current height and weight history. A family history of unusual growth patterns, i.e., emaciated, short stature, etc. should be included, as appropriate.
 - d. History of gastrointestinal health, including history of short gut syndrome or other conditions that may limit absorption of nutrients in the digestive tract.
 - e. Current nutritional assessment and a summary of member/caregiver education by a registered dietitian.
 - f. Three (3), five (5), or seven (7) day diary of dietary intake, as appropriate.
- B. Authorization for oral-enteral formula or supplemental nutritional feedings will be granted if the following criteria are met and deemed medically necessary by the health plan medical director or the DES/DDD medical director for FFS:
 - a. 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; or
 - b. The member has reached a plateau in growth and/or nutritional status for greater than six (6)

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Issue/Revision Date: July 29, 2014

Effective Date: January 06, 2012

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- months (pre-pubescent); or
- c. The member has demonstrated a medically significant decline in weight status within the past three (3) months; and
 - d. The member is able to consume/eat no more than 25% of his/her nutritional requirements from normal food sources; and
 - e. Absorption problems as evidenced by emesis, diarrhea, dehydration, weight loss and intolerance to milk or formula products have been ruled out; and
 - f. The member requires oral supplemental nutritional feedings on a temporary basis due to an emergent condition; i.e. post-hospitalization (no PA for first 30 days).
 - g. Unsuccessful trials of alternatives such as blenderized foods or commonly available products that may be used as dietary supplements (such as "Instant Breakfast" products) have been documented.
- C. Medical necessity for oral-enteral nutritional supplements must be determined on an individual basis by the member's PCP, using at least the criteria as specified in this policy.
- D. Nutritional Supplement authorizations for chronic conditions are six months in duration. Updated documentation must be submitted each six months for continued authorization.
- a. For temporary conditions, authorizations for nutritional supplements are 90 days in duration. Updated documentation must be submitted each three months for continued authorization if needed.