## **AHCCCS MEDICAL POLICY MANUAL**



POLICY 310 – GG – ATTACHMENT A - AHCCCS CERTIFICATE OF MEDICAL NECESSITY FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS, FOR MEMBERS 21 YEARS OF AGE AND OLDER – INITIAL OR ONGOING REQUESTS

**NOTE**: A Prior Authorization is not required for the first 30 days with members who require oral supplemental nutritional feedings on a temporary basis due to an emergent condition, i.ee.g.. post-hospitalization.

MEMBER INFORMATION		
MEMBER NAME:		AHCCCS ID NUMBER:
LAST	FIRST MIDDLE INITIAL	DATE OF BIRTH:
MEMBER ADDRESS:		
CONTRACTED HEALTH PLAI	N:	
ASSESSMENT PERFORMED	BY:	AHCCCS PROVIDER ID:
PROVIDER SPECIALTY:		ASSESSMENT DATE:
TELEPHONE NUMBER:		
TYPE OF REQUEST	TYPE OF NUTRIT	ION
☐ Initial	☐ Weaning from Tube Feeding	☐ Oral Feeding –Sole Source
☐ Ongoing	☐ Oral Feeding – Supplemental	☐ Emergency Supplemental Nutrition
ORAL PREFERRED SUPPLEMI	ENT Type:	
Substitution Permissible:	l Yes □ No	
ASSESSMENT: (Supporting documentation dated within three months of this request must be submitted with the		
<u>c</u> Certificate of <u>m</u> Medical <u>n</u> Necessity to support each of the criteria indicated below.)		

- 1. Currently underweight with a BMI of less than 18.5,
- 2. Nutritional status peresents serious health consequences,
- 3. Demonstrated, medically significant decline in weight,
- 4. Is able to consume/eat no more than 25% of his/her nutritional requirements from typical food sources,

THE MEMBER SHALL MEET EACH OF THE FOLLOWING REQUIREMENTS:

- 5. Has been assessed and treated for medical conditions that could cause undernourishment and/or,
- 6. Has had a documented trial of higher caloric foods, blended foods or commonly available products that may be used as dietary supplements for a period no less than 30 days in duration.

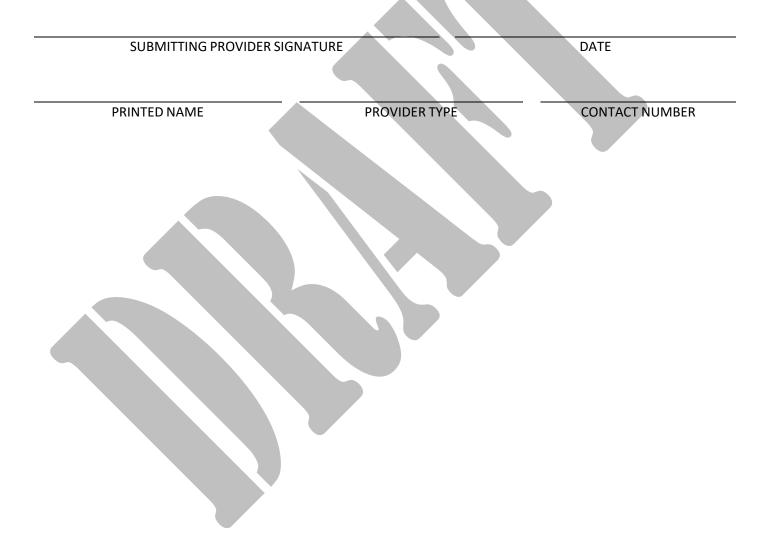
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## MEDICAL DOCUMENTATION/CERTIFICATE OF MEDICAL NECESSITY

Initial and oongoing certificate of medical necessity is considered valid for a period of six months. Subsequent submissions must include a current physical assessment in the form of a clinical note or other supporting documentation that includes the members overall response to therapy and justification for continued therapy. This must include the member's tolerance to therapy, recent hospitalizations, current height, weight, and BMI. Additionally, encouragement and assistance provided to the caregiver in weaning the member from supplemental nutritional feedings should be included within the documentation, when appropriate.



Effective Dates: 11/27/18, 10/01/23