

MEDICAL

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A. Subject
Nutritional Supplements

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D. Policy

I. Oral Nutrition

- A. Prior Authorization is required except for inborn error of metabolism conditions.
- B. CareSource considers oral nutrition medically necessary when the following criteria are met:
 - 1. Must be a medical food for oral feeding;
 - 2. Must be used under medical supervision;
 - 3. Member has the ability to swallow without increased risk of aspiration; and
 - 4. Documentation supports all of the following criteria:
 - a. Member's diet consists of more than 50 percent enteral nutrition and less than 50 percent standard diet for age;
 - b. Member is unable to maintain body weight and nutritional status (initial and ongoing treatment) with regular or therapeutic oral nutrition; and
 - c. Member has one of the following:
 - 01. Inborn error of metabolism conditions including but not limited to
 - (1) Phenylketonuria (PKU);
 - (2) Homocystinuria; or
 - (3) Methylmalonic academia;or
 - 02. A condition that interferes with nutrition absorption and assimilation including, but not limited to:
 - 00.(1) Allergy or hypersensitivity to cow or soy milk diagnosed through Mtd 0 B(2)000

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Style, and Conventions Used in ASPEN Board of Directors-Approved Documents.

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8. Worthington, P., Balint J., Bechtold, M., Bingham, A..... Holcombe, B. (2017) *When is Parenteral Nutrition Appropriate? Journal of Parenteral and enteral Nutrition*, 41(3), 324-377. DOI: 10.1177/0148607117695251.

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

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