

MEDICAL POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Nutritional Supplements-MP-MM-1330	11/01/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction

plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):

Georgia	Indiana	Kentucky	Ohio	West Virginia
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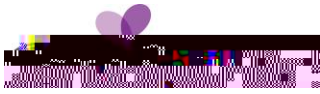
- **Total Enteral Nutrition (TEN)** – The majority of daily calories are supplied by enteral nutrition products.
- **Human Milk Bank** – A service which recruits human breast milk donors, collects, pasteurizes, and stores donor human milk, tests the donor milk for bacterial contamination, and distributes donor human milk to recipient infants in need.
- **Inborn Errors of Metabolism (IEM)** – Inherited biochemical disorders resulting in enzyme defects that interfere with normal metabolism of protein, fat, or carbohydrate.
- **Malnutrition** – Deficiencies, excesses, or imbalances in an individual's intake of energy and/or nutrients, measured by z-scores, which are statistical measurements of standard deviation from WHO and CDC growth charts, calculated from weight for length or BMI by age.
 - **Mild Malnutrition:** z score equals -1 to -1.9 or z score decrease of 1 over time.
 - **Moderate Malnutrition:** z score equals -2 to -2.9 or z score decrease of 2 over time.
 - **Severe Malnutrition:** z score equals -3 or less or z score decrease of 3 over time.
- **Medical Food** – Specially formulated and processed for individuals who are seriously ill or who require the product as a major treatment modality. This term does not pertain to all foods fed to ill individuals. Medical foods are intended solely to meet the nutritional needs of individuals who have specific metabolic or physiological limitations restricting their ability to digest regular food. This can include specially formulated infant formulas. According to the Food and Drug Administrations (FDA), a product must meet all the following minimum criteria to be considered a medical food:
 - The product must be a food for oral or tube feeding.
 - The product must be labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements.
 - The product must be used under the supervision of a physician.
- **Oral Nutrition (Oral Feeding)** – Nutritional support given via the oral route.
- **Ordinarily Prepared Food** – Regular grocery products including typical, not specially formulated, infant formulas.
- **RELIZORB** – An FDA-approved digestive enzyme cartridge indicated for use in pediatric patients (ages 5 years and older) and adult patients to treat exocrine pancreatic insufficiency.
- **Therapeutic Oral Non-Medical Nutrition:**
 - **Food Modification** – Some conditions may require adjustment of carbohydrate, fat, protein, and micronutrient intake or avoidance of specific allergens (e.g., diabetes mellitus, celiac disease).
 - **Fortified Food** – Food products that have additives to increase energy or nutrient density.
 - **Functional Food** – Food that is fortified to produce specific beneficial health effects.
 - **Texture Modified Food and Thickened Fluids** – Liquidized/thin puree, thick puree, finely minces, or modified normal.

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



05. Diarrhea or vomiting resulting in clinically significant dehydration requiring treatment by a medical provider.
 06. Malabsorption unresponsive to standard age-appropriate interventions when associated with failure to gain weight or meet established growth expectations.
 07. Malnutrition (as defined by Nelson's Textbook of Pediatrics and not iatrogenically- or medication-induced) (formerly failure to thrive) that is moderate to severe and unresponsive to standard age-appropriate interventions (eg, commercial shakes, protein bars) when associated with weight loss, failure to gain weight, or to meet established growth expectations, including but not limited to:
 - (1). Premature infants who have not achieved the 25th percentile for weight based on their corrected gestational age.
 - (2). Individuals with end-stage renal disease and hypoalbuminemia (albumin less than 4gm/dl).
 8. Approval duration can be up to 12 months for all oral nutrition products.
- C. **Supplemental oral nutrition** is considered medically necessary when **ALL** the following apply:
1. The product is being used to supplement the member's primary source of nutrition.
 2. The product is used as part of a defined and limited plan of care (eg, member transitioning from total enteral nutrition to standard diet for age, member undergoing cancer treatment);
 3. Documentation of a medical basis for the member's inability to maintain appropriate body weight and nutritional status (initial and ongoing) with normal or therapeutic oral nutrition. For example, malnutrition that is moderate to severe and unresponsive to standard age-appropriate interventions.
 4. There is documentation of ongoing evidence of member's positive response to the oral nutrition. For example, individuals who have improved from moderate to severe malnutrition to mild malnutrition or normal health status may require documentation/evidence indicating that without the supplementation there is a risk of decline in nutritional status.
 5. The product must be used under the supervision of a physician, physician's assistant, or nurse practitioner, or ordered by a registered dietician upon referral by a health care provider authorized to prescribe dietary treatments.
 6. The primary reason is not for convenience of the member or caregiver.
 7. All avenues of coverage available must be exhausted first. For example, members eligible for their county Women, Infant, and Children (WIC) program must apply for an eligibility evaluation before supplemental nutrition coverage will be considered.
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8. Approval duration can be up to 12 months for all supplemental enteral nutrition products.

III. **Donor human milk:** prior authorization is required. See Section E for additional criteria for Kentucky and Georgia.

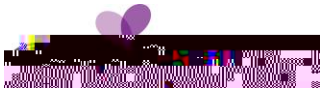
A.



1. Additional donor milk coverage criteria: As per the evidence of coverage, a benefit is provided for “100% human diet, if the 100% human diet and supplemented milk fortifier products are prescribed for the prevention of necrotizing enterocolitis and associated co-morbidities and administered under the direction of a physician. 100% human diet means the supplementation of a mother’s expressed breast milk or donor milk with a milk fortifier”.
 2. Evidence of Coverage and Health Insurance Contract. Marketplace Plan, Georgia (2023). Accessed July 27, 2023. www.caresource.com
- B. Indiana
Evidence of Coverage and Health Insurance Contract. Marketplace Plan, Indiana (2023). Accessed July 27, 2023. www.caresource.com
- C. Kentucky
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2. Evidence of Coverage and Health Insurance Contract. Marketplace Plan, Kentucky (2023). Accessed July 27, 2023. www.caresource.com
- D. Ohio
Evidence of Coverage and Health Insurance Contract. Marketplace Plan, Ohio (2023). Accessed July 27, 2023. www.caresource.com
- E. West Virginia
Evidence of Coverage and Health Insurance Contract. Marketplace Plan, West Virginia (2023). Accessed July 27, 2023. www.caresource.com
- F. Conditions of Coverage
NA
- G. Related Policies/Rules
NA
- H. Review/Revision History

DATE

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17. U.S. Social Security Administration (SSA). *Disability Evaluation Under Social Security - 105.00 Digestive System Childhood*. Accessed January 31, 2023. www.secure.ssa.gov
18. U.S. Social Security Administration (SSA). *Program Operations Manual System (POMS) - DI 24598.002. Failure to Thrive (FTT)*. February 9, 2016. Accessed July 10, 2023. www.secure.ssa.gov
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