Oral Liquid Nutrition Supplements
Medical Necessity Guideline

<table>
<tr><td colspan="3">Medical Necessity Guideline (MNG) Title: Oral Liquid Nutrition Supplements</td></tr>
<tr><td>MNG #: 115</td><td>☒ SCO ☒ One Care
☐ MA Medicare Premier
☐ MA Medicare Value
☐ RI Medicare Preferred
☐ RI Medicare Value
☐ RI Medicare Maximum</td><td>Prior Authorization Needed?
☐ Yes (always required)
☐ Yes (only in certain situations. See this MNG for details)
☒ No</td></tr>
<tr><td>Clinical: ☒</td><td>Operational: ☐</td><td>Informational: ☐</td></tr>
<tr><td>Benefit Type:
☒ Medicare
☐ Medicaid</td><td>Approval Date:
1/12/2023;</td><td>Effective Date:
5/15/2023;</td></tr>
<tr><td>Last Revised Date:</td><td>Next Annual Review Date:
1/12/2024;</td><td>Retire Date:</td></tr>
</table>

OVERVIEW:

Oral liquid nutrition supplements (ONS) are widely used in the home as well as residential (assisted living and skilled nursing facilities) and healthcare settings (adult day health and inpatient setting). ONS are intended for members whose nutrient requirements cannot be achieved by conventional diet. Strategies to complement dietary intake include manipulating the energy density (calories) of recipes, enhancing the flavor of foods served, adding snacks between meals, and interventions using oral liquid nutrition supplements (ONS) before and after meals. As oral nutrition supplements are considerably more expensive than foods, we need to distinguish between providing nutrition to members who are undernourished and thus appropriate for ONS and providing nutrition to members that are not appropriate for oral nutrition supplementation.

DEFINITIONS:

Oral Nutritional Supplements (ONS) are liquids, semi-solids or powders, which provide additional macro and micro nutrients. Supplements are commonly used in the acute and community healthcare settings for individuals who are unable to meet their nutritional requirements through food alone.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations, contractual requirements, and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This MNG applies to all CCA Members unless a less restrictive and applicable CMS National Coverage Determination (NCD), Local Coverage Determination (LCD), or state-specific medical necessity guideline exists.

commonwealth care alliance®

Oral Liquid Nutrition Supplements
Medical Necessity Guideline

Clinical Eligibility:

- Healthcare providers need to be concerned with issues related to a member's ability to eat and maintain weight. Causes that can contribute to the consumption of proper food may be psychological or physical. These may include but are not limited to the following: reduced locomotion, decreased ability to cook and prepare food, difficulty chewing because of poor dentition, swallowing issues, digestion issues, social isolation, depression, declining cognitive skills, limited income and alcoholism. The first step should always be to maximize a member's nutritional intake from regular food and drink – 'food first'. Nutrient rich food is by far the best solution for adequate nutrition. Examples of nutrient-rich food are: fresh fruits and vegetables, legumes, nuts and seeds, whole grains, lean meats and fish.

Healthy eating guidelines should promote consumption of healthy fats and lower sugar foods and drinks; however, patients who are undernourished or losing weight unintentionally may liberalize a diet to include foods that contain higher concentrations of fat and sugar for sources of calorie density. General suggestions for the 'food first' approach include increasing the frequency of eating, maximizing the nutrient and energy density of food and drink. For example:

  - 3 small meals with snacks between meals, addition of healthy fats (i.e. olive oil, avocado oil, nuts, seeds), low fat dairy, whole grains (i.e oats, grains), fresh fruits and vegetables, lean protein from animal or plant sources.

  - In some situations, the 'food first' approach can be sufficient to correct outcomes.
- Oral nutritional supplements (ONS) should be considered in combination with intake from regular food and drink as the next step for those patients for whom dietary measures are not sufficient to maintain a healthy weight. Oral nutritional supplements are nutritionally complete and contain a mix of macro and micronutrients.
- For the purpose of this document the concentration will be on clinician prescribed ONS.
  - Protein powder that can be mixed with food
  - Boost
  - Ensure
  - Glucerna
- Specific Formulas are designed for more specific disease states such as cancer, COPD and later stage kidney disease (i.e. Nepro, Jevity and Osmolite). These products may require consultation with a specialist.

Determination of need:

ONS should be considered in the presence of malnutrition or calorie deficit that may be related to mental health or medical conditions. ONS should be given between meals and not at meal times. ONS are not usually intended as a food replacement but as a <u>supplement</u>. Members and/or caregivers should receive education about the role of ONS in their nutrition plan.

commonwealth care alliance®

Oral Liquid Nutrition Supplements
Medical Necessity Guideline

Historically, serum proteins such as albumin and pre-albumin have been widely used by providers to determine patients' nutritional status, however, these labs alone are inadequate. Labs should be included as part of a broader assessment to determine the presence of malnutrition and the response to treatment. Malnutrition Assessment (MA) is an essential component for identifying and diagnosing malnutrition. The Malnutrition Assessment is an essential tool for assessing malnutrition status based on features of the history and physical exam and scores patients on a scale from well-nourished to severe malnourished. The value of the MA is the inclusion of the physical and neuropsychological examination in the scoring system. The MA tool can be used in conjunction with the initial nutrition evaluation and the nutrition follow up evaluation to create a comprehensive nutritional picture and determine whether ONS is effective.

<u>Malnutrition Assessment</u>

History:

- Weight loss (malnutrition is 5-10% unintentional body weight lost in 3-6 months and/or a BMI of <18.5)
- Changes in dietary intake (Reduced calorie intake or calorie deficit of <1200 calories per day)
- Gastrointestinal symptoms
- Decrease in Functional capacity
- Disease and its relation to nutritional requirements

Evaluation and Examination:

- Loss of subcutaneous fat
- Muscle wasting
- Ankle edema
- Sacral edema
- Ascites
- Cachexia
- Loss of appetite
- Weakness
- Fatigue
- Delayed Wound Healing

Oral Liquid Nutrition Supplements
Medical Necessity Guideline

ECW Malnutrition Screening Tools:

HPI TEST, Test Oct 2, 1940 (81 yo M) Acc No. 39393362 ASK EVA ? Appt: (08/29/2022 01:39 pm,...

Pt. Info Encounter Physical Hub

Nutrition / Nutrition, Initial / 24 Hour Recall

Show pop-up for c/o Order

Search Category

- Neurology, Follow-up
- Neurosurgery consultations
- Nursing Initial Assessment
- Nursing Visit
- Nutrition
  - Adolescent Nutrition Screening
  - HIV Nutrition
  - Nutrition, Follow-up
  - Nutrition, Initial
    - 24 Hour Recall
    - Eating Habits:
    - Family History:
    - Medical History:
    - Other:
    - Physical Activity:
    - Weight History:
  - Pediatric Nutrition
  - Prenatal Nutrition

History of Pre... | 24 Hour Recall | Eating Habits: | Weight History:

Find in 24 Hour Recall

c/o	Denies	Symptom	Duration	Notes
		Breakfast		
		Lunch		
		Dinner		
		Snacks		

Denies All Clear All Custom Header Footer ··· Clr

Vitals Category Examination

Examination Notes:Malnutriti... TEST, Test Oct 2, 1940 (81 yo M) Acc No. 39393362 Appt: (08/29/2022 ...

Default Default For All Clear All

Name	Value	Notes
Does patient have unintentional weight l ...	Yes	
Has food intake declined over the past 3 ...		
Weight loss during the last 3 months		
Mobility		
Has suffered psychological stress or acu ...		
Neuropsychological problems		
BMI calculation		
Scoring		

Prev Next OK Cancel

Custom

Oral Liquid Nutrition Supplements
Medical Necessity Guideline

Use the initial nutrition screening and the malnutrition tool in ECW to determine member's eating habits, weight trends and malnutrition score to determine a malnutrition status based on the scoring below:

- 12-14 = Normal Nutrition Status
- 8-11 = At risk for Malnutrition
- 0-7 = Malnourished

Based on comprehensive assessment, member may have products initiated, titrated, changed or discontinued.

LIMITATIONS/EXCLUSIONS:

Members who are not eligible for ONS include:

- Members who are not undernourished and who are able to eat regular food
- Members who have not experienced unintentional weight loss
- Members who have achieved nutritional goals.
- Members that don't wish to use supplements.

KEY CARE PLANNING CONSIDERATIONS:

The need for continuation of an ONS should be monitored regularly and adjusted as the risk of undernourishment decreases.

- Does the patient understand the role of ONS?
- Is the patient using the supplement? How much is ordered? How much is needed? Is there any waste?
- Is the ONS in addition to food or is it replacing food?
- Are changes in weight documented and how much weight was lost?
- Is there a plan to gradually replace the use of the ONS with a regular diet?
- Consider referral to BH for determination of mental health factors contributing to nutrition deficit
- Consider CHW referral for evaluation of SDOH
- Preliminary albumin to determine malnutrition. Pre albumin taken at regular intervals to determine whether ONS is effective.
- Short term follow-up is recommended after initiation of treatment and at regular intervals to monitor for response to treatment and any necessary titration

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including

requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

Nutritional supplements do not require prior authorization but do require careful evaluation including review of documentation of an evaluation by a NP/PA demonstrating the medical necessity of the supplement.

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

1. Mass Health coverage guidelines define medical necessity as reasonably calculated to prevent, diagnose, or prevent the exacerbation of an existing problem in the member that may endanger life, or cause suffering and pain.
2. There is no other medical device comparable, available or suitable for the member requesting the services that is less costly to the Mass Health agency.

Medically necessary devices must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality.

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

RELATED REFERENCES:

This DST guide is not a rigid rule. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal DST's conditions and recommendations.

ATTACHMENTS:

Oral Liquid Nutrition Supplements
Medical Necessity Guideline

EXHIBIT A:	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

Katherine Antoniou
CCA Senior Clinical Lead [Print]

Manager, APC
Title [Print]

Katherine Antoniou
Signature

1/12/2023
Date

Click here to enter text.
CCA Senior Operational Lead [Print]

Title [Print]

Signature

Date

Debra Poskanzer, MD
CCA CMO or Designee [Print]

Medical Director
Title [Print]

Debra Poskanzer, MD
Signature

1/12/2023
Date