Oral Liquid Nutrition Supplements
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Oral Liquid Nutrition Supplements		
MNG #: 115	☒ **CCA Senior Care Options (HMO D-SNP) (MA)** ☒ **CCA One Care (Medicare-Medicaid) (MA)**	**Prior Authorization Needed?** ☐ **Yes (always required)** ☐ **Yes (only in certain situations. See this MNG for details)** ☒ **No**
Benefit Type: ☒ **Medicare** ☐ **Medicaid**	**Original Approval Date:** 1/12/2023;	**Effective Date:** 5/15/2023; 11/24/2024; 1/1/2025
Last Revised Date: 11/14/2024; 3/26/2025	**Next Annual Review Date:** 1/12/2024; 11/14/2025	**Retire Date:**

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.

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, 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:

a. Three 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.
b. In some situations, the 'food first' approach can be sufficient to correct outcomes.

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.

DEFINITIONS:

Community Health Worker (CHW) – As defined by the American Public Health Association (APHA), a public health professional who acts as a liaison between their community and healthcare and social service providers.

Malnutrition - A deficiency of energy, protein and other nutrients that causes adverse effects on the body (shape, size and composition), the way it functions and clinical outcomes. Malnutrition can be disease-related or caused by social factors.

Malnutrition Assessment (MA) - An essential component/tool for identifying, diagnosing and 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.

Oral Nutritional Supplements (ONS) - Liquids, semi-solids or powders, which provide additional macro- and micro-nutrients.

Social Determinants of Health (SDOH) – As defined by the Centers for Disease Control (CDC), the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

DECISION GUIDELINES:

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

For the purpose of this document, the concentration will be on clinician-prescribed ONS, including any of the following:

a. Protein powder that can be mixed with food
b. Boost
c. Ensure
d. 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.

Clinical Coverage Criteria:

1. ONS should be considered in the presence of malnutrition or calorie deficit that may be related to mental health or medical conditions.
2. ONS should be given between meals and not at meal times. ONS are not usually intended as a food replacement but as a supplement.
3. Members and/or caregivers should receive education about the role of ONS in their nutrition plan.
4. A Malnutrition Assessment should be performed, to include the following (a and b):
   a. History:
      I. Weight loss (malnutrition is 5-10% unintentional body weight lost in 3-6 months and/or a BMI of <18.5)
      II. Changes in dietary intake (Reduced calorie intake or calorie deficit of <1200 calories per day)
      III. Gastrointestinal symptoms
      IV. Decrease in Functional capacity
      V. Disease and its relation to nutritional requirements
   b. Evaluation and Examination:
      I. Loss of subcutaneous fat
      II. Muscle wasting
      III. Ankle edema
      IV. Sacral edema
      V. Ascites
      VI. Cachexia
      VII. Loss of appetite
      VIII. Weakness
      IX. Fatigue
      X. Delayed Wound Healing
5. Use an initial Malnutrition Assessment/nutrition screening and malnutrition tool to determine member's eating habits, weight trends and malnutrition score to determine a malnutrition status.
6. Based on comprehensive assessment, member may have products initiated, titrated, changed or discontinued.
7. The need for continuation of an ONS should be monitored regularly and adjusted as the risk of undernourishment decreases. All of the following should be considered:
   a. Does the patient understand the role of ONS?
   b. Is the patient using the supplement? How much is ordered? How much is needed? Is there any waste?
   c. Is the ONS in addition to food or is it replacing food?
   d. Are changes in weight documented and how much weight was lost?
   e. Is there a plan to gradually replace the use of the ONS with a regular diet?
   f. Consider referral to Behavioral Health for determination of mental health factors contributing to nutrition deficit.

g. Consider CHW referral for evaluation of SDOH.
h. Preliminary *albumin to determine malnutrition. Pre albumin taken at regular intervals to determine whether ONS is effective.
i. Short term follow-up is recommended after initiation of treatment and at regular intervals to monitor for response to treatment and any necessary titration.

*NOTE: 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. 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.

LIMITATIONS/EXCLUSIONS:

Members who are not eligible for ONS include any of the following:

1. Members who are not undernourished and who are able to eat regular food
2. Members who have not experienced unintentional weight loss
3. Members who have achieved nutritional goals
4. Members that don't wish to use supplements
5. Members for whom there is/are other medical device/s comparable, available or suitable for the member requesting the services that is less costly.

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. 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.

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. 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).

This Medical Necessity Guideline is not a rigid rule. As with all 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.

REFERENCES:

1. Managing Adult Malnutrition in the Community. A guide to managing disease-related malnutrition, including a pathway for the appropriate use of Oral Nutritional Supplements (ONS) Produced by a multi-professional consensus panel. 3rd Edition: 2021. Accessed 10/22/2024. https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf
2. National Institute for Health and Care Excellence (NICE). Nutrition support in adults Quality standard [QS24] Published: 30 November 2012. Accessed 10/22/2024. https://www.nice.org.uk/guidance/qs24/resources/nutrition-support-in-adults-pdf-2098545777349
3. The British Association for Parenteral and Enteral Nutrition (BAPEN). THE'MUST'REPORT Nutritional screening of adults: a multidisciplinary responsibility. Development and use of the 'Malnutrition Universal Screening Tool' ('MUST') for adults. 2003. Accessed 10/22/2024. https://www.bapen.org.uk/pdfs/must/must-report.pdf

REVISION LOG:

REVISION DATE	DESCRIPTION
3/26/2025	Template update
11/19/2024	Utilization management Committee approval
11/14/2024	Annual review: Added to overview, definitions; Removed malnutrition ECW tool; Updated to current template; reformatting.

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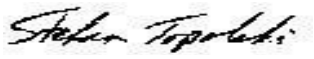
APPROVALS:

Stefan Topolski	Medical Director
CCA Clinical Lead	**Title**
	3/26/2025
Signature	**Date**

Nazlim Hagmann	Chief Medical Officer
CCA CMO or Designee	**Title**
	3/26/2025
Signature	**Date**

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