


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
4/14/2004	7/2012	11/2011
Author		
James Foster, MD		



CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which 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 of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Nutritional Supplement

B. BACKGROUND

This document is to establish a policy to review the medical necessity for coverage of nutritional supplements.

Nutritional and medical food products include nutritional formulas or nutritional supplements and may be indicated for patients with physiologic or pathologic inability to swallow or those who are being treated for a medical condition that are unable to receive appropriate nutrition provided by conventional or altered conventional diets. Nutritional and medical food products are covered when no other means of nutrition is feasible or reasonable.

C. POLICY

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD).

1. Nutritional or medical food products will be considered for children >3 years of age or adults who are being treated for a medical condition, have undergone nutritional evaluation and whose nutritional products are being prescribed by a physician as part of a comprehensive treatment plan with medical goals.
2. CSMG will review and consider any nutritional or medical food product not provided by WIC either due to amount limitations, product limitations or processing delays.
3. Amino acid modified preparations or low-protein modified food products will be considered for infants over 12 months of age for the treatment of metabolic disorders must be prescribed by the appropriate specialist and diagnosis confirmed by testing for any of the disorders listed below:
 - a. Phenylketonuria (PKU)
 - b. Hyperphenylalaninemia
 - c. Tyrosinemia (Types I, II and III)
 - d. Maple Syrup Urine Disease
 - e. A-Ketoacid Dehydrogenase Deficiency

- f. Isovaleryl-CoA Dehydrogenase
- g. 3-Methylcrotonyl-CoA Carboxylase Deficiency
- h. 3-Methylglutaconyl Co-A Hydratase Deficiency
- i. 3-hydroxy-3-methylglutaryl-CoA Lyase Deficiency (HMG-CoA Lyase Deficiency)
- j. B-Ketothiolase Deficiency
- k. Homocystinuria
- l. Glutaric Aciduria (Types I, II)
- m. Lysinuric Protein Intolerance
- n. Non-Ketonic Hyperglycinemia
- o. Propionic Acidemia
- p. Gyrate Atrophy
- q. Hyperomithinemia/Hyperammonemia/Homocitrulinuria Syndrome
- r. Carbomoyl Phosphate Synthetase Deficiency
- s. Ornithine Carbomoyl Transferase Deficiency
- t. Citrulinemia
- u. Arginosuccinic Aciduria
- v. Methylmalonic Acidemia
- w. Swallowing Dysfunctions (mechanical)

Limitations:

1. Benefits are not available for formulas covered by the Federal WIC program
2. Benefits are not available for food or food supplements
3. Benefits are not available for infant formulas in cases of routine or ordinary nutritional needs or if the formula is for the convenience of the member or the member's caregiver
4. Benefits are not available if the member resides in a long term care facility or ICF/MR
5. Benefits are not available for uses other than nutritional purposes

For Medicare LCD/NCD:

[Local Coverage Determination for Enteral Nutrition \(L27214\)](#)

[National Coverage Determination \(NCD\) for Enteral and Parenteral Nutritional Therapy \(180.2\)](#)

D. REVIEW / REVISION HISTORY

Date Issued: 4/14/2004

Date Revised: 9/2005, 4/2008, 7/2009, 11/2011

Date Reviewed: 7/1/2009, 7/1/2011, 11/2011

E. REFERENCES

1. American Academy of Pediatrics(2003) Policy Statement
2. Reimbursement for Foods for Special Dietary Use. Pediatrics;111(5):117-9
3. Ohio Administrative Code (OAC) 5101:3-1-01

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