



MEDICAL POLICY STATEMENT ARKANSAS PASSE

Policy Name	Policy Number	Date Effective
Nutritional Supplements – Commercial Thickeners Administered Orally	MM-1149	01/01/2022-07/14/2022
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

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 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. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the 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.

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A. Subject

Nutritional Supplements – Commercial Thickeners Administered Orally

B. Background

Commercial thickeners can help member’s consume food and liquids safely, thus preventing aspiration/associated complications and reducing nutritional deficits. Thickeners can be mixed with pureed foods or liquids to thicken to the desired consistency.

C. Definitions

- **Commercial Thickeners** – Are considered therapeutic non-medical nutrition. This includes “Thick-it”, “Simple Thick”, “Thick and Easy” and “Thick and Clear”.
- **Units** – Total units are to be calculated to the nearest full ounce. Partial units may be rounded up. One unit equals one ounce.

D. Policy

- I. CareSource considers commercial thickeners that are greater than 16 units per day medically necessary when the following criteria are met:
 - A. A practitioner indicates on submission that thickener is medically necessary and is part of the treatment plan.
 1. Acceptable medical necessity reasons for use include, but are not limited to, risk of aspiration and association complications.

NOTE: Commercial thickeners with xanthan gum should not be used in preterm infants due to a possible link with necrotizing enterocolitis.

- II. Commercial thickeners are considered **not medically necessary** when use of a product is based on the convenience or preference of the individual or provider.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

07/14/2022		DATE	ACTION
Date Issued	03/17/2021		
Date Revised			
Date Effective	01/01/2022		
Date Archived	07/14/2022		This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.



H. References

1. Das, S. & Boesch, R. (2020, November). Aspiration due to swallowing dysfunction in children. Retrieved December 21, 2020 from www.uptodate.com

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

Independent medical review – 1/2021

Archived