

**Commercial Oral Supplemental Nutritional Feedings**  
**Certificate of Medical Necessity for Commercial Oral Nutritional Supplements**  
**(EPSDT Members ≤21)**

Commercial Oral Supplemental Nutritional Feedings provide nourishment and increases caloric intake as a supplement to the member's intake of other age appropriate foods, or as the sole source of nutrition for the member. Nourishment is taken orally and is generally provided through commercial nutritional supplements available without prescription.

- PA is required for commercial oral nutritional supplements unless the member is also currently receiving nutrition through enteral or parenteral feedings. PA is not required for the first 30 days if the member requires commercial oral nutritional supplements on a temporary basis due to an emergent condition.
- Medical necessity for commercial oral nutritional supplements must be determined on an individual basis by the member's PCP or attending physician, using at least the criteria specified below. An example of a nutritional supplement is an amino acid-based formula used by a member for eosinophilic gastrointestinal disorder. The PCP or attending physician must use the AHCCCS approved form, Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (see attached) to obtain PA from SCAN.
- The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements must document that the PCP or attending physician has provided nutritional counseling as a part of the EPSDT services provided to the member. The documentation must specify alternatives that were tried in an effort to boost caloric intake and/or change food consistencies before considering commercially available nutritional supplements for oral feedings, or to supplement feedings.

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements must indicate which criteria were met when assessing the medical necessity of providing commercial oral nutritional supplements. At least two of the following criteria must be met:

- The member is at or below the 10th percentile on the appropriate growth chart for their age and gender for three months or more
- The member has reached a plateau in growth and/or nutritional status for more than six months (prepubescent)
- The member has already demonstrated a medically significant decline in weight within the past three months (prior to the assessment)
- The member is able to consume/eat no more than 25% of his/her nutritional requirements from age-appropriate food sources
- Absorption problems as evidenced by emesis, diarrhea, dehydration, and/or weight loss and intolerance to milk or formula products has been ruled out
- The member requires nutritional supplements on a temporary basis due to an emergent condition; i.e. post-hospitalization (PA is not required for the first 30 days), or
- The member is at high risk for regression due to chronic disease or condition and there are no alternatives for adequate nutrition.

**EXHIBIT 430-3**

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
CERTIFICATE OF MEDICAL NECESSITY  
FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS  
(EPSDT MEMBERS)**

**SUBMITTED BY:**

Provider Name: \_\_\_\_\_

Provider AHCCCS ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

**MEMBER INFORMATION**

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Initial

Member's AHCCCS ID Number: \_\_\_\_\_ Enrollment: \_\_\_\_\_  
(Contractor)

Member's Address: \_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENT FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS**

Assessment performed by: \_\_\_\_\_

AHCCCS Provider ID: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**Assessment Findings:** (If necessary, add attachments to provide the most complete information)

1. Indicate which of the following criteria have been met to determine that oral supplemental nutritional feedings are medically necessary. (At least two of the following must be met.) Check all that apply.

a. The member is at or below the 10th percentile on the appropriate growth chart for their age and gender for 3 months or more.	
b. The member has reached a plateau in growth and/or nutritional status for more than 6 months (prepubescent).	
c. The member has already demonstrated a medically significant decline in weight within the past 3 months (prior to the assessment).	
d. The member is able to consume/eat no more than <u>25%</u> of his/her nutritional requirements from normal food sources.	
e. Absorption problems are evidenced by emesis, diarrhea, dehydration, weight loss, and intolerance to milk or formula products has been ruled out.	
f. The member requires oral supplemental nutritional feedings on a temporary basis due to an emergent condition; i.e. post-hospitalization (No PA for first 30 days).	
g. The member is at risk for regression due to chronic disease or condition.	

2. List past nutritional counseling efforts and alternative nutritional feedings which were tried (include by whom and the length of time that counseling was conducted and/or the alternative feedings that were used).

**ORAL SUPPLEMENTAL NUTRITIONAL FEEDING RECOMMENDATIONS**

<b>Type of Nutritional Feeding</b>	<b>Source of Nutrition</b>
Weaning from Tube Feeding	
Oral Feeding - Sole Source (PA required)	
Oral Feeding - Supplemental (PA Required)	
Emergency Supplemental Nutrition (No PA required for first 30 days)	

**Additional Comments:**

\_\_\_\_\_  
Nutritional Assessment Provider      Date

\_\_\_\_\_  
Member's PCP/Attending Physician      Date