POLICY 310-GG - ATTACHMENT A – AHCCCS CERTIFICATE OF MEDICAL NECESSITY FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS, FOR MEMBERS 21 YEARS OF AGE AND OLDER – INITIAL OR ONGOING REQUESTS

NOTE: A Prior Authorization (PA) is not required for the first 30 days with members who require oral supplemental nutritional feedings on a temporary basis due to an emergent condition, (e.g., post-hospitalization).

MEMBER INFORMATION

MEMBER NAME: _____
LAST FIRST MIDDLE INITIAL

AHCCCS ID NUMBER: _____

DATE OF BIRTH: _____

MEMBER ADDRESS: _____

CONTRACTED HEALTH PLAN/FEE-FOR-SERVICES (FFS) PROGRAM: _____

ASSESSMENT INFORMATION

ASSESSMENT PERFORMED BY: _____

AHCCCS PROVIDER ID: _____

PROVIDER SPECIALTY: _____

ASSESSMENT DATE: _____

TELEPHONE NUMBER: _____

TYPE OF REQUEST

☐ INITIAL ☐ ONGOING NUTRITION SUPPLEMENT

TYPE OF NUTRITION

☐ WEANING FROM TUBE FEEDING ☐ ORAL FEEDING –SOLESOURCE

☐ ORAL FEEDING – SUPPLEMENTAL ☐ EMERGENCY

ORAL PREFERRED SUPPLEMENT TYPE: _____

SUBSTITUTION PERMISSIBLE: ☐ YES ☐ NO

ASSESSMENT: (Supporting documentation dated within three months of this request shall be submitted with the certificate of medical necessity to support each of the criteria indicated below.)

Effective Dates: 10/01/15, 11/27/18, 07/20/23, 10/31/25
Approval dates: 09/20/18, 05/25/12, 09/05/25

POLICY 310-GG - ATTACHMENT A – AHCCCS CERTIFICATE OF MEDICAL NECESSITY FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS, FOR MEMBERS 21 YEARS OF AGE AND OLDER – INITIAL OR ONGOING REQUESTS

THE MEMBER SHALL MEET EACH OF THE FOLLOWING REQUIREMENTS:

1. Currently underweight with a BMI of less than 18.5,
2. Nutritional status presents serious health consequences, or
3. Demonstrated, medically significant decline in weight,
4. Is able to consume/eat no more than 25% of his/her nutritional requirements from typical food sources,
5. Has been assessed and treated for medical conditions that could cause undernourishment and,
6. Has had a documented trial of higher caloric foods, blended foods or commonly available products that may be used as dietary supplements for a period no less than 30 days in duration.

MEDICAL DOCUMENTATION/CERTIFICATE OF MEDICAL NECESSITY

An initial and ongoing certificate of medical necessity is considered valid for a period of six months. Subsequent submissions must include a current physical assessment in the form of a clinical note or other supporting documentation that includes the member's overall response to therapy and justification for continued therapy. This must include the member's tolerance to therapy, recent hospitalizations, current height, weight, and BMI. Additionally, encouragement and assistance provided to the caregiver in weaning the member from supplemental nutritional feedings should be included within the documentation.

SUBMITTING PROVIDER SIGNATURE	DATE

PRINTED NAME	PROVIDER TYPE	CONTACT NUMBER

Effective Dates: 10/01/15, 11/27/18, 07/20/23, 10/31/25
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