Prior Authorization Requirements: Mom's Meals (IHM)

In-home meal service (IHM) is provided by iCare as a supplemental Medicare benefit to members immediately following surgery or an inpatient hospital stay, for a temporary duration of up to four weeks per enrollee per year, provided they are ordered by a physician or non-physician practitioner (physician, physician assistant, nurse practitioner, or clinical nurse specialist). This service is considered reasonable and necessary for beneficiaries meeting the conditions as stated above and for whom there

- exists a post-operative and/or post-discharge medical need for supplemental nutrition (e.g., physical exam, clinical history, and laboratory measures of nutrition and malnutrition status that may or may not include: CBC with RBC indices, iron, folate, vitamin B12 levels, serial serum albumin levels, retinol-binding protein, pre-albumin, and transferrin levels),
- the medical condition or illness has known nutritional requirements supporting the medical treatment of the condition/illness,
- the medical condition or illness is of a sufficient degree as to impair the member's ability to heal without ensuring appropriate nutritional support, and
- the member is not meeting their nutritional requirements by other means (e.g., oral nutritional supplements such as Ensure; TPN supplementation)

Other mitigating factors include social/environmental concerns; however, social/environmental factors, by themselves, do not qualify an enrollee for meal services.

Practitioner Requirements for IHM

The physician or treating practitioner must conduct a face-to-face examination of the beneficiary before writing an order for IHM. This requirement may be satisfied during an inpatient stay or by an outpatient medical visit within two weeks of discharge from an acute inpatient hospital stay.

The order must be in writing and must include the beneficiary's name, date of face-to-face examination, the diagnosis, and conditions that the meals are expected to support, a description of the type of meal required (e.g., ADA, low sodium, pureed, etc.), the length of service (with a maximum of 4 weeks per enrollee year), the practitioner's signature, and date the order is signed.

Supportive documentation must be supplied to iCare's Prior Authorization Department, including relevant portions of the member's clinical history and recent inpatient hospitalization. The documentation is incomplete if it does not support the reasoning used to order the meal service. If requested, suppliers must also submit additional documentation to support medical necessity, which may include physician records, hospital records, nursing home records, home health agency records, records from other health professionals, and/or test reports.

Selected records should be sufficient to:

- delineate the history of events that led to the request
- identify the deficits supported by the provision of meals
- document that other treatments do not obviate the need for in home meals (e.g., ensure, TPN)
- establish that the member lives in an environment that supports the ability to benefit from this service

AND

- establish that the member or a caregiver/family member/friend is capable of assisting the member in utilizing this service

Supplier (Vendor) Requirements for IHM

Unlike other DME providers, Mom's Meals will not be responsible for obtaining the necessary documentation to determine medical necessity. Medicare members who are discharging to home from an acute care inpatient hospitalization, followed by iCare Care Management discharge planning team members will collaborate with the discharge planning staff of the inpatient facility to obtain the written order, supporting documentation, and prior authorization request form. The discharge planning team members will ensure the PA request and all supporting documentation is sent to iCare's PA Department. The PA Department UM RNs will determine medical necessity based on iCare's medical necessity criteria, as outlined in this document. Approved authorization requests will be sent to Mom's Meals for benefit disbursement. All denied prior authorization requests will be reviewed by iCare's CMO/Medical Director. All organization determinations will be communicated with the member and the ordering provider, per iCare PA policy (PA-001).

Clinical Criteria for IHM Coverage

1. The member must agree to the meals, be physically capable and willing to eat the meals, understand the purpose of the meals, and be willing and able to store the meals appropriately as determined by the discharge planning staff (please see criterion 6).
2. The member must be recently discharged from an inpatient acute care facility.
3. The member must have an illness or medical condition requiring nutritional support (Example: a member who recently went inpatient for weight gain and fluid overload and for which a low sodium diet is prescribed by the physician or treating provider; a member with unexpected weight loss of 10% of their body mass during an acute illness supported by physical exam and laboratory data).
4. The nutritional supplementation provides the member with a greater opportunity to heal/support the medical treatment of their condition (Example: a member recently discharged with a swallow deficit requiring a thick liquid diet to prevent aspiration).
5. The member must not have a long-term nutritional supplementation need fulfilled by other covered services (Example: Ensure, TPN, Glucerna).

6. The member may have electricity and a refrigerator/freezer (not required but preferred) to store and warm the meals.
7. If the member requires assistance with the meals, the member must have a caregiver/family member/friend who demonstrates the capability and willingness to access and help feed the meals to the member.
8. If there are safety issues, either related to social or environmental factors that would impede the member from accessing and eating the meals provided, a means of mitigating these safety issues must be ensured prior to authorizing the benefit.

Claims Codes (required for claims processing): S5170

Copy of Practitioner Order Form (following page)

In-Home Meals Practitioner Order

Member Name: _____DOB:_____

Date of in-person examination: _____

Diagnoses requiring in-home meal service: ICD 10: _____

Clinical condition(s) for which the meals are necessary (e.g., chemotherapy-related malnutrition, non-healing diabetic ulcers, etc.) ***Please include all supporting clinical documentation*****:**

Type of meal required (choose one):

General diet

Cardiac (≤800mg sodium; ≤30% fat per meal)

ADA-compliant (≤75gm carbohydrates per meal)

Renal Diet for Dialysis

Cancer support (follows AICR guidelines)

Pureed

Gluten-free (≤20ppm gluten per meal)

Vegetarian (includes dairy, eggs, beans, plant proteins)

Low Sodium (≤600mg sodium; ≤10% sat. fat)

_____ _____

Name/Signature of physician or prescribing practitioner (MD, PA, NP, CNS) Date