



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

DATE: July 13, 2012

MMCD POLICY LETTER 12-005
SUPERSEDES POLICY LETTERS 07-006 & 07-016

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: ENTERAL NUTRITION PRODUCTS

PURPOSE:

This Policy Letter (PL) supersedes the Medi-Cal Managed Care Division's (MMCD) PLs 07-006 and 07-016, and pertains to therapeutic enteral nutrition products for all ages. Effective October 1, 2011 revisions were made to the Medi-Cal enteral nutrition product benefit. This PL clarifies the contractual requirements for Medi-Cal managed care health plans (Plans) for providing medically necessary enteral nutrition products, or formulas, as a covered Medi-Cal benefit.

BACKGROUND:

Assembly Bill 97 (Committee on Budget, Chapter 3, Statutes of 2011), amended California Welfare and Institutions (W&I) Code, Section 14132, paragraph (ab) (1-4). This amendment to W&I Code limits the enteral nutrition product benefit to those products administered through a gastric, nasogastric, or jejunostomy feeding tube, for adults 21 years of age or older, with the exception of products consumed orally for inborn errors of metabolism, and products consumed orally for intestinal malabsorption diagnoses. Beneficiaries under 21 years of age are exempt from the enteral nutrition product benefit tube feeding limitation.

STANDARD OF CARE POLICY:

I. Medically Necessary Enteral Nutrition Products

Plans are required to provide or arrange for all medically necessary covered services, and to ensure that these covered services are provided in an amount no less than what is offered to beneficiaries under Medi-Cal Fee-For-Service. Plans shall develop and implement written policies and procedures for providing medically necessary enteral nutrition products for outpatient Members that minimally meet the new Medi-Cal enteral

nutrition benefit policy outlined in the *Enteral Nutrition Products* sections of the Medi-Cal Part 2 Pharmacy Provider Manual.

II. Requirements for Medical Authorization of Enteral Nutrition Products

- A prescription by a licensed provider is required;
- Authorization procedures and review for approval of enteral nutrition products shall be supervised by qualified healthcare professionals;
- Decisions and appeals regarding enteral nutrition products shall be performed in a timely manner based on the sensitivity of medical conditions and rendered as:
 - a) Emergency requests: in no event shall prior authorization be required when there is a bona fide emergency requiring immediate treatment (W&I Code Section 14103.6);
 - b) Expedited requests: within three (3) working days for services that a provider or a Plan determines that following the standard timeframe could seriously jeopardize the Member's life or health or ability to attain, maintain, or regain maximum function;
 - c) Non-emergency requests: within five (5) working days when proposed treatment meets objective medical criteria, and is not contraindicated; and
 - d) A regimen already in place: within five (5) working days for review of a currently provided regimen as consistent with urgency of the Member's medical condition, as required by Health and Safety Code Section 1367.01;
- Any decision on enteral nutrition products that is delayed beyond these time periods is considered approved and must be immediately processed as such;
- Verbal or written notification shall be provided to any provider requesting a service by prior authorization that is denied, approved, or modified in an amount, duration or scope that is less than that requested by the provider;
- Members shall be notified about denied, deferred, or modified services; and
- Plans shall publicize the appeals procedure for both providers and Members.

III. Referrals to Women, Infants and Children's Program

- Women, Infants and Children's (WIC) Program services are not covered under the Medi-Cal enteral nutrition product benefit. However, Plans shall have

procedures to identify and refer eligible Members for WIC services.

- As part of the referral process, providers shall provide the WIC program a current, and periodically as needed, hemoglobin or hematocrit laboratory value. Providers shall also document the laboratory values and the referral in the Member's medical record.
- As part of the initial health assessment of Members, or as part of the initial evaluation of pregnant Members, providers shall refer and document the referral of pregnant, breastfeeding, or postpartum Members, or a parent/guardian of a child under the age of five to the WIC program as mandated by Title 42 Code of Federal Regulations Section 431.63(c).

IV. Informing Providers and Members

- Plans shall inform providers about prescription and authorization procedures for the provision of enteral nutrition products, timeliness standards, requirements for periodic physical assessment and follow-up evaluation, local referral resources, and the formulary list of available enteral nutrition products; and
- Plans shall inform Members about the processes and procedures for the provision of medically necessary enteral nutrition products.

DISCUSSION:

Determining the medical necessity of enteral nutrition products for medical conditions requires a thorough history, physical examination, nutrition assessment, laboratory testing, feeding observation when applicable, and evaluation of Member behavior and home environment. For this reason, Plans are strongly encouraged to work collaboratively with local county and community agencies through the Memorandum of Understanding process when available, to evaluate and meet the needs of high-risk Members.

If you have any questions regarding the requirements of this PL, please contact your MMCD contract manager.

Sincerely,

ORIGINAL SIGNED BY MARGARET TATAR

Margaret Tatar, Chief
Medi-Cal Managed Care Division