

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

Policy/Procedure Number: MPRP4061			Lead Department: Health Services	
Policy/Procedure Title: Enteral Nutrition Products			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 08/14/2014		Next Review Date: Last Review Date: 11/10/2021		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI		<input checked="" type="checkbox"/> P & T	
	<input type="checkbox"/> OPERATIONS		<input type="checkbox"/> QUAC	
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> EXECUTIVE	
	<input type="checkbox"/> CEO <input type="checkbox"/> COO		<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT	
		<input type="checkbox"/> COMPLIANCE		<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
		<input type="checkbox"/> CREDENTIALING		<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert L. Moore, MD, MPH, MBA			Archived vs. DHCS Carve-Out Effective Date: 01/01/2022	

I. RELATED POLICIES:

MPRP4056 - Pediatric Enteral Nutrition

II. IMPACTED DEPTS:

N/A

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

- A. [Documentation Requirements for Prior Authorization Requests](#)
- B. [Standard Enteral Nutrition Products](#)
- C. [Elemental and Semi Elemental Enteral Products](#)
- D. [Metabolic Enteral Products](#)
- E. [Specialized Enteral Products](#)
- F. [List of Enteral Nutrition Products](#)

V. PURPOSE:

This policy will define procedures for providing enteral nutrition products to beneficiaries greater than 21 years of age served by Partnership HealthPlan of California (PHC).

- A. This policy shall apply in scope and pursuant to APL 20-020, Governor's Executive Order N-01-19 regarding transitioning Medi-Cal Pharmacy Benefit from Managed Care to Medi-Cal Rx (the pharmacy benefit carve-out to Medi-Cal Fee-for-Service).

1. Any & all policy items pertaining to pharmacy prescription claims &/or pharmacy drug TARs shall not apply upon implementations of Medi-Cal Rx.

VI. POLICY / PROCEDURE:

- A. A prescription by a licensed provider is required.
- B. All enteral nutrition products require prior authorization through PHC pharmacy department. The required information to demonstrate that both medical criteria and product criteria are met must be supplied on or attached to the authorization request as documented in beneficiary's medical record. For enteral product criteria, refer to Attachments B, C, D, and E. Enteral products are categorized as follows; please note that product-specific criteria may also apply:
 1. Standard (contain intact macronutrients; nutritionally complete)
 2. Elemental and semi-elemental (contain partially or fully broken down macronutrients)

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3. Metabolic (indicated for inborn errors of metabolism diagnosis)
 4. Specialized (disease-specific with intact macronutrients and modulars)
 5. Specialty Infant (indicated for specific diagnosis or conditions) – See Pediatric Enteral Nutrition Policy MPRP4056
- C. Authorization Decision Timeframes
1. Emergency requests: Shall not require prior authorization when there is a bona fide emergency requiring immediate treatment as required by Welfare & Institutions (W&I) Code Section 14103.6
 2. Non-emergency requests are processed within five (5) working days when the proposed treatment meets objective medical criteria and is not contraindicated
 3. A regimen already in place shall be processed within five (5) working days as consistent with the urgency of the beneficiary's medical condition as required by Health and Safety Code Section 1367.01
 4. Expedited requests will be provided within three (3) working days when Provider or PHC determines that the standard timeframes above could seriously jeopardize life or health or ability to attain, maintain or regain maximum function.
 5. Any decision on enteral nutrition products that is beyond the mentioned time periods above is considered approved and will be immediately processed.
- D. Notification and Communication
1. Written notification is 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 what is requested by the provider.
 2. Beneficiaries shall be notified about denied or modified services
- E. Informing Providers and Beneficiaries
1. PHC will inform providers about prescription and authorization procedures for the provision of enteral nutrition products, timeliness standards, requirements of periodic physical assessment and follow-up evaluation, local referral resources, and the formulary list of available enteral nutritional products.
 2. PHC will inform beneficiaries about the process and procedure for obtaining medically necessary enteral nutrition products.
- F. Determination of Medical Necessity
1. PHC only covers nutritional supplements if they are medically necessary, as defined by the inability to eat blended foods due to a medical condition that places member nutritionally at risk.
 2. Determination of 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.
- G. Non-Coverage
1. Enteral nutrition products provided to inpatients receiving inpatient hospital services are included in the hospital's reimbursement and are not separately reimbursable.
 2. Enteral nutrition products provided to inpatients receiving Nursing Facility services are not separately reimbursable.
- The following nutrition products are not covered:
- a. Regular food, including solid, semi-solid and pureed foods
 - b. Common household items (e.g. blenders, food processors)
 - c. Non-therapeutic infant formula
 - d. Shakes, cereals, thickened products, puddings, bars, gels and non-liquid products
 - e. Nutrition-based weight loss products
 - f. Vitamins and/or mineral supplements, except for pregnancy and birth up to 7 years of age not otherwise included on the formulary

