PARTNERSHIP HEALTHPLAN OF CALIFORNIA POLICY/ PROCEDURE

Policy/Pr	ocedur	e Number: N	MPRP4061	Lead Department: Health Services					
Policy/Pr	ocedur	e Title: Enter	al Nutrition P	⊠External Policy ☐ Internal Policy					
Original Date : 08/14/2014				Next Review Date: Last Review Date: 11/10/2021					
Applies to:		☑ Medi-Cal			☐ Employees				
Reviewing		⊠ IQI		⊠ P & T	□ QUAC	२५०ई वर्ष			
		☐ OPERATIONS		□ EXECUTIVE	☐ COMPLIANCE	1 <u> </u>			
Approving Entities:		□ BOARD		☐ COMPLIANCE	☐ FINANCE	₽ PAC			
		□ СЕО	□ соо	☐ CREDENTIALING	☐ DEPT. DIRECT	R/OFFICER			
Approval Signat		ture: Robert L. Moore, MD		O, MPH, MBA	Archived vs. DHCS Carve-Out Effective Date: 01/01/2022				
I. RELATED POLICIES: MPRP4056 - Pediatric Enteral Nutrition									
II.	IMPA N/A	ACTED DEPTS:							
III.	DEFI N/A	NITIONS:							
IV.	ATTA A. D B. St C. E D. M E. SI F. Li	BOARD COMPLIANCE FINANCE ACCUMENTATIONS CEO CO CREDENTIALING DEPT. DIRECTOR/OFFICER							
benefic arve-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. 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)									

Policy/Proced	lure Number: MPRP4061	Lead	Department: Health Services	
Policy/Proceed	lure Title: Enteral Nutrition			
1 oney/1 roced	iule Title. Efficial Nutifition	☐ Internal Policy		
Original Date: 08/14/2014		Next Review Date:		
		Last Review Date: 11/10/2021		021
Applies to:	⊠ Medi-Cal			☐ Employees

- 3. Metabolic (indicated for inborn errors of metabolism diagnosis)
- 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 14,06.6
- Non-emergency requests are processed within five (5) working days when the proposed trainment 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 the or health or ability to
- Any decision on enteral nutrition products that is beyond the mentioned time periods above is considered approved and will be immediately presented. considered approved and will be immediately processed.

D. Notification and Communication

- ification and Communication

 Written notification is provided to any provider requesting a service by prior authorization that is denied, approved or modified in an amount, duration or sope that this less than what is requested by the provider.
- Beneficiaries shall be notified about denied or most fied services

E. Informing Providers and Beneficiaries

- 1. PHC will inform providers about prescription and authorization procedures for the provision of enteral nutrition products, timeliness stangards, requirements of periodic physical assessment and follow-up evaluation, local referral researces, and the formulary list of available enteral nutritional
- 2. PHC will inform beneficiaries about the process and procedure for obtaining medically necessary enteral nutrition products.

F. Determination of Medical Necessity

- PHC only covers nutritional supplements if they are medically necessary, as defined by the inability to eat blended foods doe to a medical condition that places member nutritionally at risk.
- 2. Determination of redical 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 his pital's reimbursement and are not separately reimbursable.
- 2. Enteral nutrition products provided to inpatients receiving Nursing Facility services are not séparately reimbursable.

The following nutrition products are not covered:

- Regular food, including solid, semi-solid and pureed foods
- Common household items (e.g. blenders, food processors)
- Non-therapeutic infant formula
- Shakes, cereals, thickened products, puddings, bars, gels and non-liquid products
- Nutrition-based weight loss products
- Vitamins and/or mineral supplements, except for pregnancy and birth up to 7 years of age not otherwise included on the formulary

Policy/Proced	lure Number: MPRP4061	Le	ad Department: Health Services	
Policy/Proceed	lure Title: Enteral Nutrition	Products	⊠ External Policy	
1 oney/1 rocee	inte Title. Enteral Nutrition		☐ Internal Policy	
Original Date	08/14/2014	Next Review Date:		
Original Date	6. 08/14/2014	Last Review Date: 11/10/2021		
Applies to:	⊠ Medi-Cal		☐ Employees	

Enteral nutrition products used orally as a convenient alternative to preparing and/or consuming solid or pureed foods

VII. REFERENCES:

- A. California Department of Health Care Services (DHCS)
 - 1. Medi-Cal Provider Manuals Pharmacy, at: https://files.medical.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=* *p00*+OR+* *z00*+OR Logo=Part2+%23+Pharmacy&wPath=N
 - 2. Medi-Cal Enteral Nutrition Products Policy, available at: https://files.medical.ca.gov/pubsdoco/publications/masters-mtp/part2/enteral.pdf
- B. DHCS: April 11, 2014 MMCD Policy Letter 14-003 Subject: Enteral Nutrition Products https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetter 003.pdf
- C. DHCS All Plan Letter (APL) 20-020 Governor's Executive Order N-01-19, Regarding Transitioning Medic-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx (11/04/00)

 STRIBUTION:
 PHC Provider Manual

VIII. **DISTRIBUTION**:

- A. PHC Provider Manual
- B. PHC Department Directors

POSITION RESPONSIBLE FOR IMPLEMENTIN IX.

Director of Pharmacy Services

X. **REVISION DATES:**

Medi-Cal 10/01/15; 10/06/16; 11/17/17; *11/14/18; 11/13/19; 11/11/20; 11/10/21; Archived vs. DHCS Carve-Out Effective 01/01/2022

*Through 2017, Approval Date reflects of the Pharmacy & Therapeutics Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Healthy Kids

10/01/15; 10/06/16 (NA) (Healthy Kids program ended 12/01/2016)

POLICY DISÇLAIMER: XI.

- A. In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:
 - 1. Consistent with sound clinical principles and processes;
 - Evaluated and updated at least annually;

If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request.

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

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