

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

**LINES OF BUSINESS:**

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

**PROVIDER TYPES:** **Medical Group/ IPA/MSO****Primary Care**

- IPA/MSO
- Directs

**Specialists**

- Directs
- IPA

 **Hospitals****Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

**FOR QUESTIONS CALL****PROVIDER SERVICES:**

(855) 322-4075, Extension:

**Los Angeles/Orange Counties**

X111113	X123071
X127657	X123007

**Riverside/San Bernardino Counties**

X127684	X128010
X120618	

**Sacramento County**

X126232	X121360
---------	---------

**San Diego County**

X121805	X121401
X127709	X121413
X123006	X121599

**Imperial County**

X125682	X125666
---------	---------

## Enteral Nutrition Products and Formulas

This is an advisory notification to Molina Healthcare of California (MHC) network providers.

### Purpose

MHC provides or arranges for all medical necessary enteral nutrition products or formulas, as a covered Medi-Cal and Cal MediConnect benefit. Purchase of prescribed enteral nutrition products is covered based on Section 14132.86 of the Welfare and Institutions (W&I) code; and is subject to the Medi-Cal list of enteral nutrition products pursuant to Section 14105.8 and utilization controls pursuant to Section 14105.395 and effective May 2, 2014 Section 14132.86. This is a reminder notification to PL 14-003 Enteral Nutrition Products.

### Background

Requirements for Medical Authorization of Enteral Nutrition Products:

- The enteral nutrition product must be prescribed by a licensed provider;
- A qualified healthcare professional supervises the medical authorization procedures and review for approval of enteral nutrition products.

Molina Preferred Drug List (Formulary), provides definition and billing procedures. The list of Medi-Cal Enteral Nutrition Products may be accessed here: <https://www.molinahealthcare.com/members/ca/en-US/PDF/Medi-Cal/formulary.pdf>

### Enteral Nutrition Products and Formulas

Enteral nutrition supplements or replacements are covered when used as a medically necessary "therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food" (22 CCR 51313.3(e) (2)).

- A therapeutic "medical" food is one that is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.
- Therapeutic formula feedings used to boost normal growth and development in certain infants and children or to prevent serious disability and death may be administered orally or by means of an enteral feeding tube.

- Assembly Bill 82, through the amended W&I Code, Section 14132.86 , removes the restriction (with some exceptions) limiting 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. The exception being for products consumed orally for inborn errors of metabolism, and products consumed orally for intestinal malabsorption diagnoses. Members under 21 years of age continue to be exempt from the enteral nutrition product benefit tube feeding limitation.

Indications for appropriate use of therapeutic formulas include physical, physiologic, or pathologic conditions resulting in inadequate nutrition, inherited metabolic disorders, including but not limited to disorders of carbohydrate, lipid, vitamin, mineral, or amino acid and nitrogen metabolism and conditions resulting in impairment of oral intake affecting normal development and growth. (American Academy of Pediatrics, Policy Statement, *Pediatrics* Vol. 111, No. 5, May 2003).

Service request forms (SRF) for authorization of medically necessary therapeutic enteral formulas and the equipment and/or supplies necessary for delivery of these special foods should be submitted to Molina UM Department by ePortal or faxed to: **800-811-4804**.

Molina maintains a specific list of priorauthorization requirements that is available to all Molina contracted providers. The PA Code Matrix and Prior Authorization Guide may be found on the Molina website:

<https://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx>

Health plan coverage is not authorized until the request has been reviewed and approved by MHC. Certain services do not require prior authorization.

- Emergency requests: No prior authorization is required for services where there is a bona fide emergency requiring immediate treatment as required by W&I Code Section 14103.6;
- Non-emergency requests and regimen's already in place will be processed in 5 business days for Medi-Cal and within 14 calendar days for CalMediconnect.
- Expedited requests on services are processed within seventy-two (72) hours when a provider or MHC determines the standard timeframes above could seriously jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function.

Please refer to the following link for the Medi-Cal Part 2 Pharmacy Provider Manual:

[https://files.medi-cal.ca.gov/pubsdoco/manual/man\\_query.asp?wSearch=%28%23filename+%2A %2Ap00%2A%2Edoc+OR+%23filename+%2A %2Ap00%2A%2Ezip+OR+%23filename+%2A %2Az00%2A%2Edoc+OR+%23filename+%2A %2Az00%2A%2Ezip+OR+%23filename+%2A %2Az02%2A%2Edoc+OR+%23filename+%2A %2Az02%2A%2Ezip%29&wFLogo=Part+2+%26%23150%3B+Pharmacy&wFLogoH=52&wFLogoW=516&wAlt=Part+2+%26%23150%3B+Pharmacy&wPath=N](https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=%28%23filename+%2A %2Ap00%2A%2Edoc+OR+%23filename+%2A %2Ap00%2A%2Ezip+OR+%23filename+%2A %2Az00%2A%2Edoc+OR+%23filename+%2A %2Az00%2A%2Ezip+OR+%23filename+%2A %2Az02%2A%2Edoc+OR+%23filename+%2A %2Az02%2A%2Ezip%29&wFLogo=Part+2+%26%23150%3B+Pharmacy&wFLogoH=52&wFLogoW=516&wAlt=Part+2+%26%23150%3B+Pharmacy&wPath=N)

Please refer to the following link to PL 14-003 Enteral Nutrition Products:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/PL2014/PL14-003.pdf>

Link to list of Enteral Medi-Cal nutrition Products: [List of Enteral Nutrition Products](#)

## **QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.