

# **Medi-Cal Rx Enteral Nutrition – Frequently Asked Questions (FAQs)**

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# Enteral Nutrition Product Coverage

## 1. Which enteral nutrition products are eligible for coverage?

Enteral nutrition products are eligible for coverage consideration via Medi-Cal Rx if all of the following requirements are met:

- Product is for outpatient use.
- Product requests meet the established requirements.
- Product is a contracted enteral nutrition product.
- Product is prescribed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant within the scope of their practice.

Contracted enteral nutrition products are subject to the [List of Contracted Enteral Nutrition Products](#). To review the *List*, navigate to the [Medi-Cal Rx Web Portal](#) and select **Contract Drugs & Covered Products Lists** from the Tools & Resources drop-down menu. Certain products (specific Medi-Cal 11-digit billing numbers [NDCs]) have additional requirements that must be met, which can be found in the product-specific criteria column within the published *List*. For additional coverage and prior authorization (PA) information, refer to the *Enteral Nutrition Products* section in the [Medi-Cal Rx Provider Manual](#).

## 2. Who can submit a prescription for enteral nutrition products?

The member's physician, nurse practitioner, clinical nurse specialist, or physician assistant, within the scope of their practice, may submit a written or electronic prescription for enteral nutrition products.

**Note:** The prescriber's full name, address, and telephone number must be clearly supplied if not preprinted on the prescription form.

## 3. How does feeding status impact claim submissions for Medicare Part B dual eligible beneficiaries?

Claims for dual eligible beneficiaries receiving the product via a device (tube fed) should be submitted as a coordination of benefits (COB) claim to Medicare Part B and Medi-Cal Rx. For dual eligible beneficiaries receiving the product orally, claims should be submitted directly to Medi-Cal Rx. These claims will deny with Reject Code A6 – Product/Service May Be Covered Under Medicare Part B Drug Use Review (DUR) codes. For assistance, refer to the [How to Resolve Reject Code A6 for Orally Administered Enteral Nutrition Claims](#) alert.

**Note:** Medi-Cal Rx PA requirements apply for enteral nutrition claims submitted for dual eligible beneficiaries receiving the product orally.

## 4. If providers have questions regarding enteral nutrition coverage, what is the best route to contact Medi-Cal Rx for assistance with specific claims and PA requests?

Providers can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

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## Prior Authorization Requests

### 5. Does Medi-Cal Rx have a preferred channel for submitting PA requests for enteral nutrition products (such as CoverMyMeds® or the *Medi-Cal Rx Enteral Nutrition Prior Authorization Request* form)?

Providers can submit a PA request using any of the five approved PA request submission methods:

- [CoverMyMeds](#)
- [Medi-Cal Rx Secured Provider Portal](#)
- NCPDP P4 Transaction
- Fax
- U.S. Mail

When submitting a PA request via fax or U.S. mail, the [Medi-Cal Rx Enteral Nutrition Prior Authorization Request](#) form is preferred.

### 6. What is the turnaround time for enteral nutrition PA requests?

For all PA requests, Medi-Cal Rx ensures that within 24 hours the PA submitter will receive a confirmation and/or notice of approval, deferral, modification (change in therapy), and/or denial, as directed by the Department of Health Care Services (DHCS).

### 7. Does the Emergency Dispensing of a 14-day supply apply during Pediatric Integration?

Yes. Dispensing of a 14-day emergency supply for all products that are a Medi-Cal Rx benefit for which delays in access to therapy due to utilization management (UM) claim edits would withhold a medically necessary service is permitted electronically and via paper claim.

Refer to the *Emergency Fills* section in the [Medi-Cal Rx Provider Manual](#) for more information.

### 8. When submitting a PA request, what information is needed to meet the PA documentation requirements?

All of the following clinical and product information, as documented in the member's medical record, must be clearly supplied on the PA request or as an attachment within the PA request. The following information is required:

- Medical diagnosis code related to the product requested.
  - *International Classification of Diseases – 10th Revision, Clinical Modification* (ICD-10-CM) codes are required for certain product category types and/or diagnoses. Refer to the [Medi-Cal Rx Provider Manual](#) for each product category for additional information on ICD-10-CM code requirements.
  - **Note:** If the ICD-10-CM code is not listed in the product category specific diagnosis tables in the [Medi-Cal Rx Provider Manual](#), but the prescriber has

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determined the Medi-Cal member meets the product-specific requirements, documentation should be included supporting the request of the non-listed ICD-10-CM code.

- Daily caloric requirements of the requested enteral nutrition product.
  - This information (along with other medical measurements and labs) must be dated within 365 days (12 months) of the request, with the exception of infant products, which must be dated within 120 days (4 months) of the request.
- Indication if member is tube fed or orally fed.
- 11-digit product NDC.
- Optional: height (length) and weight.
  - If provided, height (length) and weight may assist with the evaluation of quantities requested that exceed the applicable maximum caloric limits.

**Note:** Providers are encouraged to use the [Medi-Cal Rx Enteral Nutrition Prior Authorization Request](#) form when submitting requests via fax or U.S. mail.

## **9. What information should be included when completing an enteral nutrition PA request?**

Pharmacy providers and prescribers should provide all information to meet the PA documentation requirements, as well as provide relevant clinical information to establish medical necessity. This also includes ensuring the PA request addresses any product category and product-specific requirements. Refer to the *Enteral Nutrition Products* section in the [Medi-Cal Rx Provider Manual](#) to ensure all prescription, billing requirements/limitations, and documentation requirements are met.

**Note:** The [Medi-Cal Rx Enteral Nutrition Prior Authorization Request](#) form was specifically designed to gather essential information to streamline the review process when submitting a PA request via fax or U.S. mail.

## **10. Does the Medi-Cal Rx PA request process differentiate between members receiving enteral nutrition products via feeding tube and those that are orally fed?**

Yes, the PA request review process takes into account the member's feeding status as it impacts the maximum daily caloric limits for all enteral nutrition products, with the exception of infant products.

**Note:** The member's feeding status is required information when submitting a PA request as this information may assist with establishing medical necessity for members exceeding the maximum daily caloric limits. All PA requests are reviewed on a case-by-case basis for medical necessity.

## 11. What are the daily caloric limits for enteral nutrition products?

The maximum daily caloric limits are based on feeding status, age, and product category/type as follows:

- **Tube Fed:** Up to 2,000 calories/day for all products except infant products.
- **Orally Fed and 22 years of age and older:** Up to 1,200 calories/day.
- **Orally Fed and 21 years of age and younger:** Up to 1,000 calories/day.
- **Infant Products and younger than 1 year of age:** Up to 800 calories/day regardless of feeding status.

**Note:** Daily caloric requirements will be assessed during the PA request review. Enteral nutrition products are restricted to a maximum quantity limit based on the maximum daily caloric limit for each product for a maximum of a 31-day supply. Refer to the [List of Contracted Enteral Nutrition Products](#) for product-specific quantity limits.

## 12. If a member's enteral nutrition PA is expiring, how can I ensure there are no gaps in coverage for the enteral nutrition product?

Providers can submit a PA renewal request 100 days before the previous PA approval period ends.

**Note:** For members younger than 1 year of age, pharmacy providers and prescribers should submit the PA request with the prescription.

## 13. When will PA requirements for enteral nutrition products be reinstated for members 21 years of age and younger?

As of January 31, 2025, Medi-Cal Rx implemented claim UM edits and PA requirements for members 21 years of age and younger for new start drugs/products. However, at this time continuation of therapy claims will not deny with Reject Code 75 – Prior Authorization Required.

On April 25, 2025, Medi-Cal Rx will complete implementation of claim UM edits and PA requirements for all members, including members 21 years of age and younger, for all drugs/products. As a result, claims for continuing therapy prescriptions for pediatric members 21 years of age and younger will be subject to Reject Code 75.

### Notes:

- “New start” claims are defined as new to therapy or absence of paid claims in the past 15 months prior to the current claim’s date of service (DOS).
- “Continuation of therapy” claims are defined as claims that are submitted for the same product found in previous paid claims within 15 months prior to the current claim’s DOS.
- The California Children’s Services (CCS) Panel Authority policy will apply to prescriptions written by CCS Panel Providers. Refer to the [30-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger](#) alert for more information.

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**14. Will new start enteral nutrition claims for members who are 21 years of age and younger deny for Reject Code 75 – Prior Authorization Required?**

As of January 31, 2025, new start claims for members 21 years of age and younger were subject to Reject Code 75.

Effective April 25, 2025, continuation of therapy claims for members 21 years of age and younger will be subject to Reject Code 75.

**Note:** The CCS Panel Authority policy will override Reject Code 75, unless the product is excluded from the CCS Panel Authority policy.

**15. Will continuation of therapy enteral nutrition claims for members 21 years of age and younger deny with Reject Code 75 – Prior Authorization Required?**

For all claims submitted prior to January 31, 2025, claims for members 21 years of age and younger will not deny with Reject Code 75.

For claims submitted on and after January 31, 2025, continuation of therapy claims for members 21 years of age and younger will not deny with Reject Code 75 at this time. However, providers are encouraged to submit a PA request in advance of Reject Code 75 being reinstated. Due to stakeholder feedback, reinstatement of Reject Code 75 for continuation of therapy claims will occur at least 60 days after January 31, 2025.

“Continuation of therapy” claims are defined as claims that are submitted for the same product found in previous paid claims within 15 months prior to the current claim’s DOS.

**16. If a new start claim is submitted for a member 21 years of age and younger for a quantity that exceeds the product-specific maximum quantity limit, does a provider need to submit a PA request?**

Yes. Providers need to submit PA requests for quantities that exceed the maximum quantity limit for all new start claims regardless of the DOS.

“New starts” are defined as new to therapy or absence of paid claims in the past 15 months prior to the current claim’s DOS.

**Note:** Maximum quantity limits are provided in the [List of Contracted Enteral Nutrition Products](#). Providers should include clinical justification for why additional calories are needed to meet the medical needs of the member.

**17. If a continuation of therapy claim is submitted for a member 21 years of age and younger for a quantity that exceeds the product-specific maximum quantity limit, does a provider need to submit a PA request?**

For claims submitted prior to January 31, 2025, claims for members 21 years of age and younger with paid claim history in which the quantity limit is exceeded will not deny with Reject Code 76 – Plan Limitations Exceeded. Providers will not need to submit a PA request.

The Medi-Cal Rx Pharmacy Transition Policy was retired on January 31, 2025. As a result, for claims submitted on or after January 31, 2025, claims for members 21 years of age and younger with paid claim history in which the quantity limit is exceeded will deny with Reject Code 76. Providers will need to submit a PA request.

**Note:** Maximum quantity limits are provided in the [List of Contracted Enteral Nutrition Products](#). Providers should include clinical justification for why additional calories are needed to meet the medical needs of the member.

**18. If a claim is submitted for a member 22 years of age and older for a quantity that exceeds the product-specific maximum quantity limit, does a provider need to submit a PA request?**

Yes. Providers need to submit PA requests for quantities that exceed the maximum quantity limit, as provided in the [List of Contracted Enteral Nutrition Products](#), when the claim denies with Reject Code 76 – Plan Limitations Exceeded. Providers should include clinical justification for why additional calories are needed to meet the medical needs of the member.

**19. Are separate PA requests required to get two flavors of a single product (for example, chocolate and vanilla for Product A)?**

No, the approved PA request will be authorized for the product based on the product's category and type. If the products are within the same product category and type and on the [List of Contracted Enteral Nutrition Products](#), then a separate PA request will not be needed.

**Note:** Enteral nutrition claims submitted for the same DOS for additional flavors of a single product will not deny with Reject Code 83 – Duplicate Paid/Captured Claim. For additional information, refer to the [NCPDP Reject Code 83 – Duplicate Paid/Captured Claim](#) alert.

## CCS Panel Authority

**20. Are enteral nutrition products included in the CCS Panel Authority policy?**

Yes. The CCS Panel Authority policy will bypass Reject Code 75 – Prior Authorization Required and Reject Code 83 – Duplicate Paid/Captured Claim for contracted enteral nutrition products.

Refer to the [Advancing Medi-Cal Rx: Pediatric Utilization Management \(UM\) Integration](#) slide deck for additional information.

**21. Are thickeners included in the CCS Panel Authority policy?**

Thickeners are excluded from Medi-Cal coverage in accordance with the California State Plan Amendment 7c.3 Enteral Formulae and *Welfare and Institution Code* (W&I Code) Section 14105.39.

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However, these products are eligible for coverage consideration for CCS and Genetically Handicapped Persons Program (GHPP) members or for members who qualify under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit upon PA submission to Medi-Cal Rx.

Refer to the [Advancing Medi-Cal Rx: Pediatric Utilization Management \(UM\) Integration](#) slide deck for additional information.

**22. When are enteral nutrition product claims excluded from the CCS Panel Authority policy?**

Claims submitted for non-contracted enteral nutrition products and claims exceeding the product-specific maximum dispense quantity per claim or the maximum 31-day supply per claim are excluded from the CCS Panel Authority policy.

Refer to the [Advancing Medi-Cal Rx: Pediatric Utilization Management \(UM\) Integration](#) slide deck for additional information.

## Shortage Guidance

**23. How are substitutions managed in the event of a shortage?**

In 2022, enteral nutrition coverage policy was temporarily updated to allow substitution of contracted enteral nutrition products without the need for a new PA request from the prescriber due to a national formula shortage. The national formula shortage has not resolved. As a result, this policy will continue and allow for interchangeability among contracted enteral nutrition products within the same product category and type which are therapeutically equivalent (same category, same caloric density, same indication). Interchange between products in a different category and type and non-therapeutically equivalent products will require submission of a PA request.

**Note:** Enteral nutrition prescription requirements remain unchanged. Pharmacy providers and prescribers must meet all prescription requirements when interchanging products. Refer to the *Shortages and Product Interchangeability* section in the [Medi-Cal Rx Provider Manual](#) for additional information.

**24. In the event a substitution is required, must the prescription reflect the change in product?**

If the substitution is considered therapeutically equivalent (same category, same caloric density, same indication), the dispensing pharmacist, upon clinical discretion, may submit a claim for a therapeutically equivalent substitution without a change in the prescription.

If the substitution is not therapeutically equivalent (same category, same caloric density, same indication), the prescription must reflect the change in product.

**Note:** Enteral nutrition prescription requirements remain unchanged. Pharmacy providers and prescribers must meet all prescription requirements when interchanging products.

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Refer to the *Shortages and Product Interchangeability* section in the [Medi-Cal Rx Provider Manual](#) for additional information.

**25. If the provider has an approved PA for Product A, but needs to request a substitution (Product B) due to unavailability, must the provider resubmit documentation and a new PA request for that alternate Product B?**

If Product B is considered therapeutically equivalent (same product category and type, same caloric density, same indication) and also a contracted product, a new PA request will not be required.

**26. Product A was approved for two flavors, but it is on shortage. I submitted a claim for Product B (therapeutically equivalent to Product A); the first claim did not reject, but when I try to dispense another flavor of Product B I get a Reject Code 83 – Duplicate Paid/Captured Claim. Why?**

Enteral nutrition claims submitted for the same DOS for additional flavors of the enteral nutrition product that is different than the one originally approved will deny with Reject Code 83. For assistance, refer to the [NCPDP Reject Code 83 – Duplicate Paid/Captured Claim](#) alert.

**Note:** The CCS Panel Authority policy will apply to enteral nutrition claims if impacted by Reject Code 83.