



Updates to the Medi-Cal Rx Provider Manual

August 1, 2022

The updates/additions below have been made to the *Medi-Cal Rx Provider Manual*.

For more information, see the [Medi-Cal Rx Provider Manual](#) Version 1.16 on the Medi-Cal Rx Web Portal.

Section	Update Description	Effective Date
<i>Section 4.6.15 – Medical Supply Reimbursement</i>	<p>Added the following verbiage:</p> <p>NOTE: Effective July 1, 2022, provider payment reductions will no longer be applied to the following products:</p> <ul style="list-style-type: none">• Therapeutic Continuous Glucose Monitoring (CGM) Systems (see Section 13.4 – Diabetic Supplies – Therapeutic Continuous Glucose Monitoring (CGM) Systems for information on coverage).• Inhaled Assisted Devices.• Peak Flow Meters.• Disposable Insulin Delivery Devices (DIDD) (see Section 13.3 – Diabetic Supplies – Disposable Insulin Delivery Devices for information on coverage).	July 1, 2022
<i>Section 12.3.5 – Specialty Infant Products Criteria</i>	<p>Updated the following:</p> <p>Note: Calculate 31-day supply limit based on expected infant weight gain of</p>	September 1, 2022

Section	Update Description	Effective Date
	<p>33 – 34 grams/day during an authorization term.</p> <ul style="list-style-type: none"> • For Extensively Hydrolyzed Specialty Infant (EH) products without probiotics, the beneficiary must meet one of the criteria listed below. Product specific criteria may also apply. <ul style="list-style-type: none"> – Current diagnosis of Cow’s Milk Protein Allergy (CMPA); or – Severe food allergy indicating a sensitivity to intact protein. • For Extensively Hydrolyzed Specialty Infant (EH) products with probiotics, the beneficiary must meet all of the criteria listed below. Product specific criteria may also apply. <ul style="list-style-type: none"> – Have a current diagnosis of CMPA or intolerance to breast milk or regular infant formula. – No immune function disorders. – No indwelling venous catheters. – Have a birth weight greater than 1000 grams; and – The formula is not used in the <u>prevention</u> of a chronic or acute disease or condition. <p>And updated the following:</p>	

Section	Update Description	Effective Date
	<ul style="list-style-type: none"> • For amino-based (100 percent) products with probiotics, beneficiaries must meet one of the above listed criteria (5a – d) AND all of the following: <ul style="list-style-type: none"> – No immune function disorders. – No indwelling venous catheters or post-pyloric feeding type. – Have a birth weight greater than 1000 grams. – The formula is not used in the <u>prevention</u> of a chronic or acute disease or condition. 	

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