



# 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><b>NOTE:</b> Effective July 1, 2022, provider payment reductions will no longer be applied to the following products:</p> <ul style="list-style-type: none"><li>• Therapeutic Continuous Glucose Monitoring (CGM) Systems (see <a href="#">Section 13.4 – Diabetic Supplies – Therapeutic Continuous Glucose Monitoring (CGM) Systems</a> for information on coverage).</li><li>• Inhaled Assisted Devices.</li><li>• Peak Flow Meters.</li><li>• Disposable Insulin Delivery Devices (DIDD) (see <a href="#">Section 13.3 – Diabetic Supplies – Disposable Insulin Delivery Devices</a> for information on coverage).</li></ul>	July 1, 2022
<i>Section 12.3.5 – Specialty Infant Products Criteria</i>	<p>Updated the following:</p> <p><b>Note:</b> 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"> <li>• 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"> <li>– Current diagnosis of Cow’s Milk Protein Allergy (CMPA); or</li> <li>– Severe food allergy indicating a sensitivity to intact protein.</li> </ul> </li> <li>• 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"> <li>– Have a current diagnosis of CMPA or intolerance to breast milk or regular infant formula.</li> <li>– No immune function disorders.</li> <li>– No indwelling venous catheters.</li> <li>– Have a birth weight greater than 1000 grams; and</li> <li>– The formula is not used in the <u>prevention</u> of a chronic or acute disease or condition.</li> </ul> </li> </ul> <p>And updated the following:</p>	

Section	Update Description	Effective Date
	<ul style="list-style-type: none"> <li>• 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"> <li>– No immune function disorders.</li> <li>– No indwelling venous catheters or post-pyloric feeding type.</li> <li>– Have a birth weight greater than 1000 grams.</li> <li>– The formula is not used in the <u>prevention</u> of a chronic or acute disease or condition.</li> </ul> </li> </ul>	

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