

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Enteral Nutrition - CA	
Effective Date 05/29/2019	Date of Last Review 04/24/2024	Date of Last Revision 05/31/2023	Dept. Approval Date 04/24/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Medicaid (Anthem) covers (when billed on a medical claim), and assists with arranging, medically necessary therapeutic enteral nutrition when ordered as a “therapeutic regimen to prevent serious disability or death in Anthem members with medically diagnosed conditions that preclude the full use of regular food” (22 California Code of Regulations (CCR) 51313.3(e)(2)). Medi-Cal RX is responsible for any therapeutic enteral nutrition that is billed on a pharmacy claim.

Anthem follows the DHCS FFS policy and procedures for enteral nutrition policy and covers the list of Enteral products as outlined in the Enteral Nutrition Products sections of the [DHCS Medi-Cal Part 2 Pharmacy Provider Manual](#).

Anthem does not require prior authorization for therapeutic enteral nutrition when being serviced by an in network provider; however, prior authorization is required when being serviced by an out-of-network provider. In this case, the request would not be reviewed for medical necessity, but for the appropriateness of use of an out-of-network provider.

DEFINITIONS:

Therapeutic Enteral Formula-- Supplements or replacements 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.

PROCEDURE:

- I. The member’s primary care provider (PCP) determines when Therapeutic Enteral Nutrition, and the equipment and supplies necessary to deliver these special foods are medically necessary.
- II. The PCP is required to ensure that members with these special needs receive appropriate referrals to specialists as needed. In addition, Providers may consider

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referral to local county public health or other community agencies to evaluate social and environmental conditions. Providers may also refer members to Anthem's Case Management (CM) program for evaluation of the need for Case Management services.

- III. Anthem's Customer Care Center and the Anthem Provider Finder online are available to assist the PCP in locating a DME (Durable Medical Equipment) provider.
- IV. Information regarding how to refer members to CM is contained within the Member Services Guide/Evidence of Coverage and the Provider Manual.

REFERENCES:

- California Code of Regulations Title 22, 51313.3(e)(2)
- California Welfare and Institutions Code, Section 14103.6
- Central Valley/Bay Area, Rural Expansion, Sacramento, San Benito, Tri-County (Fresno, Kings, & Madera), and Tulare contracts, Attachment 5
- Medi-Cal Managed Care Division (MMCD) Policy Letter 07-006, dated April 2, 2007. Retrieved from <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2007/MMCDPL07016.pdf>
- Medi-Cal Managed Care Division (MMCD) Policy Letter 14-003, dated April 11, 2014. Retrieved from <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2014/PL14-003.pdf>
- Medi-Cal RX Provider Manual https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/manuals/Medi-Cal_Rx_Provider_Manual.pdf

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization Management (UM)

Secondary Department(s):

Case Management (CM)

EXCEPTIONS:

None

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REVISION HISTORY:

Review Date	Changes
04/24/2024	<ul style="list-style-type: none"> • Annual Review, no Changes
05/31/2023	<ul style="list-style-type: none"> • Annual Review • Updated Primary department name under Primary Department section from “Case Management (CM) & Utilization Management (UM)” to “Utilization Management (UM)” to match primary department name in header • Added “Secondary Department(s)” sub-header under Responsible Departments section to match template; added “Case Management (CM)” as a secondary department
05/26/2022	<ul style="list-style-type: none"> • Annual Review • Added Medi-Cal RX language and references
05/27/2021	<ul style="list-style-type: none"> • Annual Review, no changes
05/27/2020	<ul style="list-style-type: none"> • Annual Review, no changes
05/01/2019	<ul style="list-style-type: none"> • Policy created as Policy CA_UMXX_129 will be retired