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**MSSP ADVISORY AND GUIDANCE LETTER – 11-03**

DATE: November 15, 2011

TO: Multipurpose Senior Services Program (MSSP) Site Directors

FROM: Mary Sibbett, Operations Manager *M Sibbett*

SUBJECT: Oral Nutritional Supplements (ONS)
(Also referred to as Enteral Nutrition Products)

Background Historically the MSSP has obtained ONS by following the criteria outlined in the MSSP Site Manual, Chapter 3, Section 3.1430-Waiver Services (7.3).

Effective **October 1, 2011**, the Medi-Cal ONS benefit is limited to products administered through a feeding tube and in some case for individuals with a diagnosis of malabsorption and inborn errors of metabolism.

The following website outlines the policy changes in detail:

<http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/ph201109r.asp>

Guidance If an MSSP client can benefit from the purchase of ONS and waiver services will be used to purchase the supplement, the following actions must occur and be documented in the client record:

- The Nurse Care Manager (NCM) must assess the client's nutritional needs and determine that an ONS is advisable.
- The use of home-prepared drinks/supplements did not benefit the client's health.
- All other options for payment of ONS have been exhausted (client, family, etc.).

If all three criteria have been satisfied, ONS may be purchased initially for a period of three months. If ONS needs to be continued beyond the three month timeframe, a physician order must be obtained.

Since ONS is no longer a covered Medi-Cal benefit for most clients, sites are **not** required to submit a TAR or obtain a denial. The physician order must be renewed on an annual basis or as needed.

Questions?

Please contact your assigned program analyst.



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1. Enteral Nutrition Product Benefit Policy Change

Effective October 1, 2011, the enteral nutrition product benefit is limited to products administered through a feeding tube, including, but not limited to, a gastric, nasogastric or jejunostomy tube. Recipients under the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)* are exempt from this limitation. The Department of Health Care Services (DHCS) may deem an enteral nutrition product not administered through a feeding tube a benefit for patients with diagnoses, including, but not limited to, malabsorption, and inborn errors of metabolism, if the product has been shown to be neither investigational nor experimental when used as part of a therapeutic regimen to prevent serious disability or death.

An approved *Treatment Authorization Request* (TAR) or *Service Authorization Request* (SAR) is required for enteral nutrition products billed to Medi-Cal, and products billed must be identical to products authorized on the TAR or SAR. See the *Enteral Nutrition: List of Available Products* section of the Pharmacy and Allied Health Provider Manuals for the Enteral Nutrition Products List and related terms and definitions.

Initial and reauthorization TARs approved before October 1, 2011 for enteral nutrition products will be valid for the number of days specified on the TAR; the product must be dispensed during the valid "from-through" period.

* EPSDT-eligible patients/beneficiaries will be exempt from the new limitation and will continue to have authorizations considered via Medi-Cal TAR and SAR field offices, when they meet medical and documentation criteria.

Medi-Cal recipients denied enteral nutrition products who believe the denial was in error may ask for a state hearing by contacting the California Department of Social Services at 1-800-743-8525 or 1-800-952-5253, or sending a written request to:

CDSS, State Hearing Division
744 P Street, M.S. 09-17-37
Sacramento, CA 95814

Medical Criteria

Pursuant to *Welfare and Institutions Code* (W&I Code), Section 14132, coverage is limited to **products administered through a feeding tube** (recipients under EPSDT are exempt).

Feeding tubes include a gastric, nasogastric or jejunostomy tube. Only products solely administered through a feeding tube are covered. Products administered through a syringe or other device into the mouth or esophagus

are not covered. See the *Medical Supply Products: Miscellaneous* section of the Pharmacy and Allied Health Provider Manuals for the feeding tubes codes and claim information.

The Department deems an enteral nutrition product not administered through a feeding tube a benefit for patients with diagnoses of malabsorption or inborn errors of metabolism (IEM) when published to the provider manual (see below), and if the product has been shown to be neither investigational nor experimental when used as part of a therapeutic regimen to prevent serious disability or death.

Only products on the *Enteral Nutrition Metabolic Product List*** are applicable for patients with documented IEM. Diagnosis must be documented by licensed prescriber in the medical record, and is limited to the following:

| CODE | DIAGNOSIS (IEM) |
|-------------|--|
| 270 | Disorders of amino-acid transport and metabolism |
| 270.0 | Disturbances of amino-acid transport |
| 270.1 | Phenylketonuria [PKU] Definition : inherited metabolic condition causing excess phenylpyruvic and other acids in urine; results in mental retardation, neurological manifestations, including spasticity and tremors, light pigmentation, eczema and mousy odor. |
| 270.2 | Other disturbances of aromatic amino-acid metabolism |
| 270.3 | Disturbances of branched-chain amino-acid metabolism |
| 270.4 | Disturbances of sulphur-bearing amino-acid metabolism |
| 270.5 | Disturbances of histidine metabolism |
| 270.6 | Disorders of urea cycle metabolism |
| 270.7 | Other disturbances of straight-chain amino-acid metabolism |
| 270.8 | Other specified disorders of amino-acid metabolism |
| 270.9 | Unspecified disorder of amino-acid metabolism |
| 271 | Disorders of carbohydrate transport and metabolism |
| 271.0 | Glycogenosis Definition : excess glycogen storage; rare inherited trait affects liver, kidneys; causes various symptoms depending on type, though often weakness and muscle cramps. |
| 271.1 | Galactosemia Definition : any of three genetic disorders due to defective galactose metabolism; symptoms include failure to thrive in infancy, jaundice, liver and spleen damage, cataracts and mental retardation. |
| 271.8 | Other specified disorders of carbohydrate transport and metabolism (lactose intolerance alone, excluded) |
| 277 | Other unspecified disorders of metabolism |
| 277.0 | Cystic Fibrosis Definition : genetic disorder of infants, children and young adults marked by exocrine gland dysfunction; characterized by chronic pulmonary disease with excess mucus production, pancreatic deficiency and high levels of electrolytes in the sweat. |
| 277.00 | Without mention of meconium ileus |
| 277.01 | With meconium ileus |
| 277.02 | With pulmonary manifestations |
| 277.03 | With gastrointestinal manifestations |
| 277.09 | With other manifestations |
| 277.8 | Other specified disorders of metabolism |
| 277.82 | Carnitine deficiency due to inborn errors of metabolism |
| 277.85 | Disorders of fatty acid oxidation |
| 277.86 | Peroxisomal disorders |