

Medical Supplies and Enteral Nutrition Coverage Reminder

September 19, 2022

This alert is a reminder not all medical supplies nor nutrition products are covered Medi-Cal Rx pharmacy-billed benefits. Some products are restricted from coverage by state law. Products exempt from coverage include items such as common household items, supplies not primarily medical in nature, and articles of clothing. Medical supplies provided in renal dialysis centers are included in the all-inclusive rate and are not separately billable. Medical supplies commonly used in providing Skilled Nursing Facility- and Intermediate Care Facility-level of care are not separately billable. Solid and semi-solid foods are excluded from coverage.

Some specific benefits are Medi-Cal benefits but should be billed on a medical claim through the California Medicaid Management Information Systems (CA-MMIS) fiscal intermediary. The following medical supplies are covered Fee-for-Service Medi-Cal benefits and should be billed on a medical claim via a Healthcare Common Procedure Coding System (HCPCS) code on a CMS-1500 Claim Form through CA-MMIS or through the individual managed care plan (MCP).

- Incontinence supplies
- Ostomy supplies
- Wound care supplies
- Tracheostomy supplies
- Respiratory supplies
- Enteral feeding supplies
- Durable Medical Equipment (DME) supplies
- Other medical supplies commonly billed by HCPCS code (refer to the <u>Medical Supplies</u>
 <u>Billing Codes, Units, and Quantity Limits List</u>)

For claims paid for non-covered Medi-Cal Rx benefits prior to the date of this alert, these claims are considered erroneously paid and should be billed, if covered, with a medical claim through the correct Department of Health Care Services (DHCS) program.

Refer to the <u>Medical Supplies Billing Codes, Units, and Quantity Limits List</u> in the <u>Medical</u> Supplies (mc sup) section or one of the DME sections of the <u>Medi-Cal Pharmacy Manual</u> on the <u>Medi-Cal website</u> or contact the MCP for specific billing and restriction guidelines.

For beneficiaries with coverage in an additional DHCS program such as California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), additional coverage of Medi-Cal-excluded products could vary. Please refer to the individual program for coverage criteria and guidance.

Helpful Links:

- EPSDT Program: <u>EPSDT</u>
- CCS/GHPP Programs: CCS, GHPP
- Fee-for-Service Medi-Cal Pharmacy Manual (non-pharmacy billed benefits):
 Part 2 Pharmacy
- Lists of Medi-Cal Rx-covered medical supplies and enteral nutrition pharmacy benefits:
 Medi-Cal Rx Providers | Forms and Information

Contact Information

You 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.

For other questions, please email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@magellanhealth.com.