

Authorization Guide for Medically Tailored Meals/Medically Supportive Food

Service is to improve member health outcomes, lower hospital readmission rates, ensure a well-maintained nutritional health status and increase member satisfaction. This service is covered up to two meals per day or weekly grocery box, for up to 12 weeks. While there is no official limit, medically tailored meals are not intended to be a permanent solution.

Members must meet the following criteria to qualify for the Medically Supportive Food and Nutrition service:

Program overview	Required documentation
Medically Supportive/Tailored Meals service includes: <ul style="list-style-type: none"> • Medically tailored meals provided to the member at home.¹ • Medically supportive groceries, healthy food vouchers, and food pharmacies.² • Behavioral, cooking, and/or nutrition education. 	Assessment is required by registered dietitian or certified nutrition professional ¹ prior to meal request. Assessment documents must be submitted with the authorization request.
Eligibility	
Member must have a chronic condition ³ in addition to one (1) of the following: <ul style="list-style-type: none"> • Member has been or is being discharged from the hospital or skilled nursing facility, or at high risk of hospitalization or nursing facility placement. • Member has extensive care coordination needs. 	
Authorization	
Initial authorization is up to two meals per day or weekly grocery box, for up to 12 weeks. Authorization Extension If a medically necessary extension is needed, a new authorization must be submitted. Typically, extensions are up to 14 additional weeks (26-week program total). However, if medical and/or nutritional support need is presented, this limit can be exceeded.	
Restrictions	State services to be avoided
<ul style="list-style-type: none"> • Member is part of a duplicative nutrition or medically supportive food program. • Meals cannot respond solely to food insecurities. • Meals cannot be eligible for or reimbursed by another food program. 	State Plan services to be avoided include but are not limited to inpatient and outpatient hospital services, emergency department services.

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Codes
<p>Please use either prepared meal code or grocery box code. A member can only receive one meal type at a time (prepared meal or grocery box). If a member would like to change meal type, a new authorization request is required.</p> <ul style="list-style-type: none">• S5170 home delivered prepared meal, U6• S9470 nutritional counseling, diet, U6• S9977 per weekly grocery box, delivered, U6 <p>Unit of Service: Per Delivered Meal/Per Weekly Grocery Box Delivered/Per Nutritional Assessment.</p>
Total lifetime maximum
N/A
Eligible providers
Providers must have experience and expertise with providing these unique services. ⁴

¹Medically Tailored Meals: meals provided to the member at home that meet the unique dietary needs of those with chronic diseases. Tailored to the medical needs of the member by a registered dietitian (RD) or other certified nutrition professional reflecting appropriate dietary therapies based on evidence-based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and/or side effects to ensure the best possible nutrition-related health outcomes.

²Medically supportive food: tailored groceries, healthy food vouchers, and food pharmacies.

³Chronic Conditions (includes but not limited to): diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.

⁴Examples: Home delivered meal providers; area agencies on aging; nutritional education services to help sustain healthy cooking and eating habits; Meals on Wheels providers; medically supportive food and nutrition providers.