

Health and Recovery Services Administration (HRSA)



Enteral Nutrition Billing Instructions

Chapter 388-554 WAC

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About this publication

Related programs have their own billing instructions. Services and/or equipment related to any of the programs listed below must be billed using their respective billing instructions:

- Home Health Services
- Hospice Agency Services
- Medical Nutrition Therapy
- Prescription Drug Program
- Nursing Home Program

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Washington State Department of Social and Health Services

This publication supersedes all previous Enteral Nutrition Billing Instructions published by DSHS/HRSA.

Note: The effective date and publication date for any particular page of this document may be found at the bottom of the page.

DSHS's/HRSA's Billing Instructions and Numbered Memoranda

To obtain DSHS's/HRSA's provider numbered memoranda and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These documents may be downloaded and printed.

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Important Contacts

A provider may use HRSA's toll-free lines for questions regarding its program. However, HRSA's response is based solely on the information provided to HRSA's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern HRSA's programs. [WAC 388-502-0020(2)].

How do I obtain information to become a DSHS provider, to submit a change of address or ownership, or to ask questions about the status of a provider application?

Contact Provider Enrollment:
<http://hrsa.dshs.wa.gov/provrel/> or
1-866-545-0544 (toll free)

Where do I send my claims?

Electronic Claims:
Providers who would like to access the WAMedWeb application can enroll now by contacting ACS EDI Gateway via telephone at 1-800-833-2051 (toll free) or visit <https://wamedweb.acs-inc.com/wa/general/home.do>

Hard Copy Claims:
Division of Program Support
PO Box 9247
Olympia WA 98507-9247

How can I obtain copies of billing instructions or numbered memoranda?

To view and download, visit:
<http://hrsa.dshs.wa.gov> and click on *Billing Instructions/Numbered Memoranda*.

How do I obtain prior authorization?

Fax a completed Oral Enteral Nutrition Worksheet, form DSHS 13-743 request to:

Division of Eligibility and Service
Delivery Medical and Enteral
Authorization Unit
Attn: Enteral Nutrition Program
Manager

1-360-725-1967 Fax

How do I obtain a limitation extension?

Complete the *Justification for use of B9998 Miscellaneous Enteral Nutrition Procedure Code and Limitation Extension Request*, form DSHS 13-745 and fax it to:

1-360-725-1967 Fax

How do I find the nearest Women, Infants, and Children (WIC) clinic?

To find the nearest WIC clinic, call:

1-800-236-2345

Where do I call if I have questions regarding...

Private insurance or third-party liability, other than Healthy Options?

Coordination of Benefits Section
1-800-562-3022

How do I obtain DSHS forms?

To **download** DSHS forms, visit:
<http://www1.dshs.wa.gov/msa/forms/efoforms.html>

Definitions & Abbreviations

This section defines terms and abbreviations (including acronyms) used in these billing instructions. Please refer to DSHS's/HRSA's [General Information Booklet](http://hrsa.dshs.wa.gov/download/BillingInstructions/General%20Information%20BI.pdf) ([http://hrsa.dshs.wa.gov/download/BillingInstructions/General Information BI.pdf](http://hrsa.dshs.wa.gov/download/BillingInstructions/General%20Information%20BI.pdf)) for a more complete list of definitions.

Acute - A medical condition of severe intensity with sudden onset.

Body Mass Index (BMI) - A number that shows body weight relative to height, and is calculated using inches and pounds or meters and kilograms. [WAC 388-554-200]

By Report (BR) - When a service, supply, or piece of equipment is new (its use is not yet considered standard), or it is a variation on a standard practice, or it is rarely provided, or it has no maximum allowance established, it may be designated **By Report**. Any service or item classified as **By Report** is evaluated for its medical appropriateness and maximum allowance on a case-by-case basis.

Durable Medical Equipment (DME) – Equipment that:

- (a) Can withstand repeated use;
- (b) Is primarily and customarily used to serve a medical purpose;
- (c) Generally is not useful to a person in the absence of illness or injury; and
- (d) Is appropriate for use in the client's place of residence. [WAC 388-543-1000]

Duration of Therapy - The estimated span of time that therapy will be needed for a medical problem.

Emergency Services - Services provided for care required after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Enteral Nutrition – The use of medically necessary nutrition products alone, or in combination with traditional food, when a client is unable to consume enough traditional food to meet nutritional requirements. Enteral nutrition solutions can be given orally or via feeding tubes. [WAC 388-554-200]

Enteral Nutrition Equipment - Durable medical feeding pumps and intravenous (IV) poles used in conjunction with nutrition supplies to dispense formula to a client. [WAC 388-554-200]

Enteral Nutrition Product - Enteral nutrition formulas and/or products. [WAC 388-554-200]

Enteral Nutrition Supplies - The supplies, such as nasogastric, gastrostomy and jejunostomy tubes, necessary to allow nutritional support via the alimentary canal or any route connected to the gastrointestinal system.

Growth chart - A series of percentile curves that illustrate the distribution of select body measurements (i.e. height, weight, and age) in children published by the Centers for Disease Control (CDC) and Prevention, National Center for Health Statistics. CDC growth charts: United States. <http://www.cdc.gov/growthcharts/>.

Health and Recovery Services Administration (HRSA) - The administration within DSHS authorized by the secretary to administer the acute care portion of Title XIX Medicaid, Title XXI State Children's Health Insurance Program (SCHIP), Title XVI Supplemental Security Income for the Aged, Blind, and Disabled (SSI), and the state-funded medical care programs, with the exception of certain nonmedical services for persons with chronic disabilities.

Internal Control Number (ICN) - A 17-digit number that appears on your *Remittance and Status Report* by the client's name. Each claim is assigned an ICN when it is received by DSHS. The number identifies that claim throughout the claim's history.

Maximum Allowable - The maximum dollar amount that a provider may be reimbursed by DSHS for specific services, supplies, or equipment.

Medicaid - The state and federal funded aid program that covers the Categorically Needy (CNP) and Medically Needy (MNP) programs.

Medical Care Provider – Physician, physician assistant (PA), advanced registered nurse practitioner (ARNP), and certified dietitian.

Medical Consultant - A physician employed by DSHS.
[WAC 388-500-0005]

Medical Nutrition Therapy – Face-to-face interactions between a certified dietician and a client or the client's guardian for the purpose of evaluating the client's nutrition and making recommendations regarding the client's nutrition status or treatment.

Nonfunctioning Digestive Tract – Caused by a condition that affects the body's alimentary organs and their ability to breakdown, digest, or absorb nutrients.

Orally Administered Enteral Nutrition Products - Enteral nutrition products that a client consumes orally for nutrition support.

Provider or Provider of Service - An institution, agency, or person:

- Who has a signed agreement [Core Provider Agreement] with DSHS to furnish medical care, goods, and/or services to clients; and
- Is eligible to receive payment from DSHS. [WAC 388-500-0005]

Purchase Only (P.O.) - A type of purchase used only when either the cost of the item makes purchasing it more cost effective than renting it, or it is a personal item, such as a ventilator mask, appropriate only for a single user.

Rental - A monthly or daily rental fee paid for equipment.

Skilled Nursing Facility (SNF) - An institution or part of an institution which is primarily engaged in providing:

- Skilled nursing care and related services for residents who require medical or nursing care;
- Rehabilitation services for injured, disabled or sick clients;
- Health-related care and services to individuals who, because of their mental or physical conditions, require care which can only be provided through institutional facilities and which is not primarily for the care and treatment of mental diseases. (See Section 1919(a) of the Federal Social Security Act for specific requirements.)

Third Party - Any entity that is or may be liable to pay all or part of the medical cost of care of a federal Medicaid or state medical program client. [WAC 388-500-0005]

Total Enteral Nutrition – Enteral nutrition used to meet 100% of a client’s nutrition requirement.

Tube Delivery - The provision of **nutritional** requirements through a tube into the stomach or small intestine.

Women, infants and children (WIC) program - A special supplemental nutrition program managed by the department of health (DOH) that serves to safeguard the health of children up to age five and low-income pregnant and breastfeeding women who are at nutritional risk, by providing them with healthy, nutritious foods to supplement diets, information on healthy eating, and referral to health care.

About the Program

What Is the Purpose of DSHS's Enteral Nutrition Program?

[Refer to WAC 388-554-100]

The Department of Social and Health Services' (DSHS's) Enteral Nutrition program covers enteral nutrition products, equipment, and related supplies listed in these billing instructions subject to the limitations and requirements according to DSHS rules.

DSHS pays for enteral nutrition products, equipment and related supplies when they are:

- Covered;
- Within the scope of the eligible client's medical care program;
- Medically necessary as defined in WAC 388-500-0005;
- Authorized and billed as required in WAC 388-554-100, chapters 388-501, and 388-502 WAC, and DSHS's published billing instructions and numbered memoranda.

DSHS requires prior authorization (PA) for covered enteral nutrition products, equipment, and related supplies when the clinical criteria in 388-554-100 are not met, including the criteria associated with the expedited prior authorization (EPA) process. DSHS evaluates requests requiredng PA on a case-by case basis to determine whether they are medically necessary, according to the process found in WAC 388-501-0165.

DSHS terminates a provider's participation according to chapter 388-502 WAC.

Client Eligibility

Who Is Eligible for Enteral Nutrition?

[Refer to WAC 388-554-300]

To receive oral or tube-delivered enteral nutrition products, equipment, and related supplies, clients must present a current medical ID card with one of the following identifiers:

Medical ID Identifier	Medical Program
CN or CNP	Categorically Needy Program
CNP - SCHIP	Categorically Needy Program – State Children’s Health Insurance Program
LCP - MNP	Limited Casualty Program-Medically Needy Program
GA-U/ADATSA Within Washington State or designated border cities	General Assistance/ADATSA Emergency Medical Only Programs: when services are necessary to treat the clients emergency medical condition.

Note: Effective for dates of service on and after July 1, 2009, oral enteral nutrition is not covered for clients 21 years of age and older.

Enteral nutrition products, equipment, and related supplies are provided as follows:

- Clients who are enrolled in a DSHS-contracted managed care organization (MCO) must arrange for enteral nutrition products, equipment, and related supplies directly through a DSHS-contracted MCO.
- For clients who reside in a nursing facility, adult family home, assisted living facility, boarding home, or any other residence where the provision of food is included in the daily rate, are not eligible for oral enteral products. [See WAC 550-554-300(4)] As appropriate, nutrition is the responsibility of the facility to provide. [See chapters 388-76, 388-97 and 388-78A WAC].
- For clients who reside in a state-owned facility (i.e. state school, developmental disabilities (DD) facility, mental health facility, Western State Hospital, and Eastern State Hospital), enteral nutrition products, equipment, and related supplies are the responsibility of the state-owned facility.

Enteral Nutrition

- Clients who have elected and are eligible to receive DSHS's hospice benefit must arrange for enteral nutrition products, equipment and related supplies directly through the hospice provider.
- Children who qualify for supplemental nutrition from the Women, Infants, and Children (WIC) program must receive supplemental nutrition directly from that program unless the client meets the limited circumstances in WAC 388-554-500(1)(d).

Provider Requirements

Who Is Eligible To Bill for Enteral Nutrition?

[Refer to WAC 388-554-400]

The following providers are eligible to enroll/contract with the Department of Social and Health Services (DSHS) to provide orally administered enteral nutrition products and tube-delivered enteral nutrition products, equipment, and related supplies:

- Pharmacy provider; or
- Durable medical equipment (DME) provider.

To receive payment for orally administered enteral nutrition products and tube-delivered enteral nutrition products, equipment and related supplies, a provider must meet all the requirements in chapters 388-501 and 388-502 WAC as follows:

- Provide only services that are within the scope of the provider's license.
- Obtain prior authorization (PA) from DSHS, if required, before:
 - ✓ Delivery to the client; and
 - ✓ Billing DSHS.
- Deliver enteral nutrition products in quantities sufficient to meet the client's authorized needs, not to exceed a one-month supply.
- Confirm with the client or the client's care giver that the next month's delivery of authorized orally-administered enteral nutrition products is necessary. Document the confirmation in the client's file.
- Furnish clients with new or used equipment that includes full manufacturer and dealer warranties for at least one year.
- Notify the client's physician if the client has indicated the product is not being used as prescribed and document the notification in the client's file.

Note: DSHS does not pay for automatic periodic delivery of products.

Notifying Clients of Their Rights (Advance Directives) (42 CFR, Subpart I)

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give *all adult clients* written information about their rights, under state law, to make their own health care decisions.

Clients have the right to:

- Accept or refuse medical treatment;
- Make decisions concerning their own medical care; and
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care.

Coverage

What Orally Administered Enteral Nutrition Products Are Covered? [Refer to WAC 388-554-500]

Note: DSHS does not cover oral enteral nutrition is non covered for clients 21 years of age and older.

DSHS covers orally-administered enteral nutrition products and related supplies for *clients twenty years of age and younger* as follows:

- The client's nutritional needs cannot be met using traditional foods, baby foods, and other regular grocery products that can be pulverized or blenderized and used to meet the client's caloric and nutritional needs.
- The client is able to manage their feedings in one of the following ways:
 - ✓ Independently; or
 - ✓ With a caregiver who can manage the feedings.
- The client meets one of the following clinical criteria:

Acquired immune deficiency syndrome (AIDS).

- ✓ Providers must obtain PA to receive payment. The client must:
 - ✓ Be in a wasting state;
 - ✓ Have a weight-for-length less than or equal to the fifth percentile if the client is three years of age or younger; or
 - ✓ Have a body mass index (BMI) of:
 - Less than or equal to the fifth percentile if the client is four through seventeen years of age; or
 - Less than or equal to 18.5 if the client is eighteen through twenty years of age; or

- Have a BMI of:
 - Less than or equal to twenty-five; and
 - An unintentional or unexplained weight loss of five percent in one month, seven and a half percent in three months, or ten percent in six months.

Amino acid, fatty acid, and carbohydrate metabolic disorders.

- The client must require a specialized nutrition product; and
- Providers must follow the DSHS's expedited prior authorization (EPA) process to receive payment.

Cancer(s).

- The client must be receiving chemotherapy and/or radiation therapy or post-therapy treatment;
- DSHS pays for orally-administered nutritional products for up to three months following the completion of chemotherapy or radiation therapy; and
- Providers must follow DSHS's EPA to receive payment.

Chronic renal failure.

- The client must be receiving dialysis and have a fluid restrictive diet in order to use nutrition bars; and
- Providers must follow DSHS's expedited prior authorization process to receive payment.

Decubitus pressure ulcers.

- The client must have stage three or greater decubitus pressure **ulcers** and an albumin level of 3.2 or below; and
- Providers must follow DSHS's EPA **process to receive a maximum of three month's payment.**

Failure to thrive or malnutrition/malabsorption as a result of a stated primary diagnosed disease.

- The provider must obtain prior authorization to receive payment; and
- The client must have:
 - A disease or medical condition that is only organic in nature and not due to cognitive, emotional, or psychological impairment; and
 - A weight-for-length less than or equal to the fifth percentile if the client is two years of age or younger; or
 - A BMI of:
 - Less than or equal to the fifth percentile if the client is three through seventeen years of age; or
 - Less than or equal to 18.5, an albumin level of 3.5 or below, and a cholesterol level of 160 or below if the client is age 18 through 20 years of age; or
 - Have a BMI of:
 - Less than or equal to 25; and
 - An unintentional or unexplained weight loss of five percent in one month, seven and a half percent in three months, or ten percent in six months.

Medical conditions (e.g., dysphagia) requiring a thickener.

- The client must:
 - Require a thickener to aid in swallowing or currently be transitioning from tube feedings to oral feedings; and
 - Be evaluated by a speech therapist or an occupational therapist who specializes in dysphagia. The report recommending a thickener must be in the client's chart in the prescriber's office.

Note: Providers must follow DSHS's expedited prior authorization process to receive payment.

- ✓ If four years of age or younger, the client must:
 - Have a certified registered dietitian (RD) evaluation with recommendations which support the prescriber's order for oral enteral nutrition products or formulas; and
 - Have a signed and dated written notification from WIC indicating one of the following:
 - Client is not eligible for the WIC program;
 - Client is eligible for WIC program, but the need for the oral enteral nutrition product or formula exceeds WIC's allowed amount; or
 - The requested oral enteral nutrition product or formula is not available through the WIC program. Specific, detailed documentation of the tried and failed efforts of similar WIC products, or the medical need for alternative products must be in the prescriber's chart for the **client**; and

- Meet one of the following clinical criteria:
 - Low birth weight (less than 2500 grams);
 - A decrease across two or more percentile lines on the CDC growth chart, once a stable growth pattern has been established;
 - Failure to gain weight on two successive measurements, despite dietary interventions; or
 - Documented specific, clinical factors that place the child at risk for a compromised nutrition and/or health status.

Note: Providers must follow DSHS's expedited prior authorization process to receive payment.

- **If five years of age** through twenty years of age, the client must:
 - Have a certified RD evaluation, for eligible clients, with recommendations which support the prescriber's order for oral enteral nutrition products; and
 - Meet one of the following clinical criteria:
 - A decrease across two or more percentile lines on the CDC growth chart, once a stable growth pattern has been established;
 - Failure to gain weight on two successive measurements, despite dietary interventions; or
 - Documented specific, clinical factors that place the child at risk for a compromised nutrition and/or health status.

Note: Providers must follow DSHS's expedited prior authorization process to receive payment.

Requests to DSHS for prior authorization for orally administered enteral nutrition products must include a completed Oral Enteral Nutrition Worksheet, form DSHS 13-743, available for download at: <http://www1.dshs.wa.gov/msa/forms/eforms.html>.

The DSHS 13-743 form must be:

- ✓ Completed by the prescribing physician, advanced registered nurse practitioner (ARNP), or physician assistant-certified (PA-C);
- ✓ **Written, signed** (including the prescriber's **credentials**), and dated by the prescriber on the same day and before delivery of the **enteral nutrition** product, equipment, or related supply. **This form must** not be back-dated; and
- ✓ **Submitted within** three months from the date the prescriber signs the prescription.

The completed DSHS 13-743 form must verify all of the following:

- ✓ The client meets the requirements listed in this section;
- ✓ The client's physical limitations and expected outcome;
- ✓ The client's current clinical nutritional status, including the relationship between the client's diagnosis and nutritional need;
- ✓ For a client eighteen through twenty years of age, the client's recent weight loss history and a comparison of the client's actual weight to ideal body weight and current body mass index (BMI);
- ✓ For a client younger than eighteen years of age, the client's growth history and a comparison to expected weight gain, and:
 - An evaluation of the weight-for-length percentile if the client is three years of age or younger; or
 - An evaluation of the BMI if the client is four through seventeen years of age.
- ✓ The client's medical condition and the exact daily caloric amount of needed enteral nutrition product;
- ✓ The reason why the client is unable to consume enough traditional food to meet nutritional requirements;
- ✓ The medical reason the specific enteral nutrition product, equipment, and/or supply is prescribed;

- ✓ Documentation explaining why less costly, equally effective products or traditional foods are not appropriate;
- ✓ The number of days or months the enteral nutrition products, equipment, and/or necessary supplies are required; and
- ✓ The client's likely expected outcome if enteral nutritional support is not provided.

Clients 20 years of age and younger must be evaluated by a certified RD within 30 days of initiation of enteral nutrition products and periodically (at the discretion of the certified RD) while receiving enteral nutrition products. The certified RD must be a current provider with DSHS.

What Tube-Delivered Enteral Nutrition Products, Necessary Equipment, and Supplies Are Covered? [Refer to WAC 388-554-600]

DSHS covers tube-delivered enteral nutrition products, equipment, and related supplies, without prior authorization, for eligible clients regardless of age, when the client meets the following clinical criteria:

- The client has a valid prescription;
 - ✓ To be valid, a prescription must:
 - Be written by a physician, advanced registered nurse practitioner (ARNP), or physician's assistant certified (PA-C);
 - Be written, signed (including the prescriber's credentials), and dated by the prescriber on the same day and before delivery of the supply, equipment, or device. Prescriptions must not be back-dated;
 - Be **submitted within** three months from the date the prescriber signs the prescription; and
 - State the specific diagnosis, product requested, estimated length of need (months), and quantity.
- The client is able to manage his or her tube feedings in one of the following ways:
 - ✓ Independently; or
 - ✓ With a caregiver who can manage the feedings; and

- The client has at least one of the following medical conditions:
 - ✓ A nonfunction, disease, or clinical condition that impairs the client's ability to ingest sufficient calories and nutrients from products orally; or Does not permit sufficient calories and nutrients from food to reach the gastrointestinal tract; or
 - ✓ A disease or condition of the small bowel that impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength that is properly proportioned to the client's overall health status.
- With the following limitations:
 - ✓ One purchased pump, per client, in a five-year period; and
 - ✓ One **purchased** nondisposable intravenous pole required for enteral nutrition product delivery, per client, per lifetime.

Note: Providers must follow DSHS's expedited prior authorization process to receive payment.

- DSHS pays for up to twelve months of rental payments for tube-delivered enteral nutrition equipment. After twelve months of rental, DSHS considers the equipment purchased and it becomes the client's property; and
- DSHS pays replacement parts for tube-delivered enteral nutrition equipment, with prior authorization (PA), when:
 - ✓ Owned by the client;
 - ✓ **The equipment is less** than five years old; and
 - ✓ No longer under warranty.

DSHS Coverage for WIC Program-Eligible Clients

[Refer to WAC 388-554-500]

Clients who qualify for supplemental nutrition from the Women, Infants, and Children (WIC) program must receive supplemental nutrition through that program. DSHS considers requests for enteral nutrition products and supplies for WIC program-eligible clients when all of the following are met:

- The vendor:
 - ✓ Receives a completed Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request, form DSHS 13-761 from the prescriber;
 - ✓ Submits a Oral Enteral Nutrition Worksheet form DSHS 13-743 to DSHS; or
 - ✓ Receives an order for tube-fed clients for the enteral nutrition product or supply from the prescriber.
- Specific, detailed documentation from the WIC program is attached to the request verifying that:
 - ✓ The client's enteral nutrition need is in excess of WIC program allocations. In these cases, DSHS only reimburses for quantities in excess of WIC allocations; or
 - ✓ The WIC program cannot supply the prescribed product;
- The enteral nutrition products available through the WIC program cannot meet the client's nutritional needs; and
- The client meets the Enteral Nutrition program requirements in these billing instructions.

For clients not eligible for the WIC program, providers must enter an "F" indicator in the Comments section of the claim form.

Note: For information regarding the WIC program, call 1-800-236-2345. A list of WIC-authorized formulas is available on-line at:
<http://www.doh.wa.gov/cfh/WIC/materials/food/formula-list.pdf>

What Is Not Covered? [WAC 388-554-800]

DSHS does not cover the following:

- Nonmedical equipment, supplies, and related services, including but not limited to, backpacks, pouches, bags, baskets, or other carrying containers; and
- Orally administered enteral nutrition products for clients twenty-one years of age and older.

An exception to rule (ETR), as described in WAC 388-501-0160, may be requested for a noncovered service.

When EPSDT applies, DSHS evaluates a noncovered service, equipment, or supply according to the process in WAC 388-501-0165 to determine if it is medically necessary, safe, effective, and not experimental (see WAC 388-534-0100 for EPSDT rules.)

Note: Orally administered enteral nutrition products do not include medical foods in the form of a pill or capsule.

Note: DSHS evaluates a request for orally administered enteral nutrition products and tube-delivered enteral nutrition products that are not covered or are in excess of the enteral nutrition program's limitations or restrictions, according to **WAC 388-554-500**.

Clients in a State-Owned Facility [WAC 388-554-300(4)]

DSHS does not pay separately for orally administered enteral nutrition products or tube-delivered enteral nutrition products, necessary equipment, and supplies when a client resides in a state-owned facility (i.e., state school, developmental disabilities (DD) facility, mental health facility, Western State Hospital, and Eastern State Hospital).

Clients in a Nursing Facility, Boarding Home (BH), Adult Family Home (AFH) [WAC 388-554-300(3)]

DSHS does not cover oral enteral nutrition to clients in a nursing facility, assisted living facility, adult family home, or any residential facility where food is part of the per diem rate.

Medical Nutrition Therapy

DSHS pays for medical nutrition therapy provided by a certified dietician who has a current DSHS provider number (see “Provider Requirements” within these billing instructions), for clients 20 years of age and younger who are in an eligible program, when the client is referred by an EPSDT provider.

Note: All clients 20 years of age and younger and on an eligible program must be evaluated by a certified dietician with a current DSHS provider number within 30 days of initiation of enteral nutrition products, and periodically (at the discretion of the certified dietician) while receiving enteral nutrition products. See Provider Requirements for further details.

[Refer to WAC 388-554-500(3)]

Refer to DSHS’s/HRSA’s current *Medical Nutrition Therapy Billing Instructions* for further information (see Important Contacts section for information on where to get copies of billing instructions).

Clients Who Have Elected DSHS’s Hospice Benefit

[WAC 388-554-300(5)]

DSHS does not pay separately for orally administered enteral nutrition products or tube-delivered enteral nutrition products, necessary equipment, and supplies when a client has elected and is eligible to receive DSHS’s hospice benefit. The medical provider may request an exception-to-rule (ETR) for these clients.

Clients Who Are Receiving Medicare Part B Benefits

DSHS pays for oral enteral nutrition for clients on Medicare Part B only when the client meets the criteria in these billing instructions.

When billing for these clients, providers must use the "BO" modifier. It is not necessary to submit a Medicare denial.

Enteral Nutrition Products Used In Combination with Parenteral Nutrition

Can I get paid for both enteral nutrition and parenteral nutrition?

DSHS pays for both enteral nutrition/supplies and parenteral nutrition/supplies only while a client is being transitioned from parenteral to enteral nutrition. Refer to DSHS's/HRSA's current *Home Infusion Therapy/Parenteral Nutrition Billing Instructions*.

Enteral Nutrition Coverage Table

Equipment Rental/Purchase Policy

- The following are included in DSHS's reimbursement for equipment rentals or purchases:
 - ✓ Instructions to the client and/or caregiver on the safe and proper use of equipment provided;
 - ✓ Full service warranty;
 - ✓ Delivery and pick-up; and
 - ✓ Fitting and adjustments.
- If changes in circumstances occur during the rental period, such as death or ineligibility, DSHS will terminate reimbursement effective on the date of the change in circumstances.
- Providers may not bill for simultaneous rental(s) and purchase of the same item at any time.
- DSHS will pay up to an additional 3 months of pump rental while a client owned pump is being repaired.
- Repairs to a client owned pump require **authorization** that may be obtained after the repairs have been started. Submit a completed Justification for use of B9998 Miscellaneous Enteral Nutrition Procedure Code and Limitation Extension Request, form DSHS 13-745 or Fax/Written Request Basic Information, form DSHS 13-756 with an invoice that separates parts from labor charges.
- Repairs or non routine service may not exceed 50% of the purchase price.
- DSHS will **not** reimburse providers for equipment that was supplied to them **at no cost** through suppliers/manufacturers or items that have been returned by clients.
- Rent-to-purchase equipment may be new or used at the beginning of the rental period.

Note: Covered items that are not part of the nursing facility per diem may be billed separately to DSHS.

Enteral Supplies

To exceed specified limitations, a Limitation Extension (LE) request must be submitted (See Important Contacts).

- Do not bill more than one supply kit code per day.
- Enteral supply kits include all the necessary supplies for the client to administer enteral nutrition.

Procedure Code	Modifier	Brief Description	EPA/PA	Part of NH per diem	Policy/ Comments
B4034	BA	Enteral Feeding Supply Kit; Syringe (Bolus only)		N	Maximum # of units - 1 per client, per day
B4035	BA	Enteral Feeding Supply Kit; Pump Fed, per day		N	Maximum # of units - 1 per client, per day
B4036	BA	Enteral Feeding Supply Kit; Gravity Fed		N	Maximum # of units - 1 per client, per day

Enteral Tubing

The total number of allowed tubes includes any tubes provided as part of the replacement kit.

Procedure Code	Modifier	Brief Description	EPA/PA	Part of NH per diem	Policy/ Comments
B4081	BA	Nasogastric tubing with stylet (each)		N	Max # of units - 3 per client, per month
B4082		Nasogastric tubing without stylet (each)		N	Max # of units - 3 per client, per month
B4083		Stomach tube – Levine type (each)		N	Max # of units - 1 per client, per month
B4087		Gastrostomy/jejunostomy tube, standard, any material, any type , each		N	Max # of units - 5 per client, per month. Note: When billing for extension tubing only, use this code. Billed charges must be for the tubing only.
B4088		Gastrostomy/jejunostomy tube, low-profile, any material, any type each		N	Max # of units - 2 per client, every 5 months

Enteral Repairs

Procedure Code	Modifier	Brief Description	Authorization Required	Part of NH per diem	Policy/Comments
E1399		Repair Parts for Enteral Equipment. <i>Only</i> those client-owned pumps less than five (5) years old, and no longer under warranty will be allowed replacement parts.	Y	N	Detailed Invoice Required
E1340		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.	Y	N	Repairs or non-routine service not to exceed 50% of purchase price, if the equipment is less than 5 years old. Separate parts from labor and indicate number of units (e.g. 15 minutes) requested. This code replaced with code K0739 effective for dates of service on and after January 1, 2010
B9002	RR	Loaner Pump	Y	N	DSHS will pay up to 3 month rental while client owned pump is being repaired.
K0739		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.	Y	N	Repairs or non-routine service not to exceed 50% of purchase price, if the equipment is less than 5 years old. Separate parts from labor and indicate number of units (e.g. 15 minutes) requested. Replaces code E1340 effective for dates of service on and after January 1, 2010
B9002	RR	Loaner Pump	Y	N	DSHS will pay up to 3 month rental while client owned pump is being repaired.

Pumps and Poles

- Poles and pumps are considered purchased after 12 months rental.
- Pumps may be new or used equipment at the beginning of rental period.

Procedure Code	Modifier	Brief Description	EPA/PA	Part of NH per diem	Policy/ Comments
E0776	NU	IV pole. Purchase. Nondisposable. Modifier required.			Max # of units - 1 per client, per lifetime
E0776	RR	IV pole. Rental. Nondisposable. Modifier required.			Max # of units - 1 per month; not to exceed 12 months
B9002	RR	Enteral nutrition infusion pump with alarm.			Max # of units - 1 per month; not to exceed 12 months.

Miscellaneous

Prior authorization (PA) is required prior to billing this code.

Procedure Code	Modifier	Brief Description	EPA/PA	Part of NH per diem	Policy/ Comments
B9998		NOC for enteral supplies (other enteral nutrition supplies not listed).	PA	N	Purchase & Max # of units to be determined by DSHS. Backpacks are not covered.

Miscellaneous Procedure Code

To receive payment for miscellaneous enteral nutrition procedure code B9998, you must submit a fully completed Justification for use of B9998 Miscellaneous Enteral Nutrition Procedure Code and Limitation Extension Request, form DSHS 13-745. This form must be submitted to the DSHS Enteral Nutrition Program Manager prior to submitting your claim to DSHS (see *Important Contacts* for information on how to access this form).

Note: Do not submit claims using procedure code B9998 until you have received an authorization number from DSHS indicating that your bill has been reviewed and the payable amount has been determined.

Include the following supporting documentation with your fax:

- Agency name and provider number;
- Client PIC;
- Date of service;
- Name of piece of equipment;
- Invoice;
- Prescription;
- Explanation of client-specific, medical necessity; and
- Name of primary piece of equipment and whether the equipment is rented or owned.

Prior Authorization

What Is Prior Authorization?

Prior authorization (PA) is the Department of Social and Health Services (DSHS) approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Expedited prior authorization (EPA) and limitation extensions (LE) are forms of PA.**

Is Prior Authorization Required for Enteral Nutrition?

[Refer to WAC 388-554-700]

DSHS requires providers to obtain authorization for covered orally-administered enteral nutrition products, tube-delivered enteral equipment and related-supplies as required in chapter 388-554 WAC and in published DSHS/HRSA billing instructions and/or numbered memoranda, or when the clinical criteria required in this chapter are not met.

- For prior authorization (PA), a provider must submit a written request to DSHS as specified in WAC 388-554-500(2)

Note: DSHS does not cover orally administered enteral nutrition for clients 21 years of age and older.

- For expedited prior authorization (EPA), a provider must establish that the client's condition meets the clinically appropriate EPA criteria outlined in this chapter and in DSHS's published enteral nutrition billing instructions. The appropriate EPA number must be used when the provider bills DSHS.
- Upon request, a provider must provide documentation to DSHS showing how the client's condition met the criteria for PA.
 - ✓ Authorization requirements in this chapter are not a denial of service for the client.
 - ✓ When an oral enteral nutrition product or tube-delivered enteral nutrition equipment or related supply requires authorization, the provider must properly request authorization in accordance with DSHS rules, billing instructions, and numbered memoranda.
 - ✓ When authorization is not properly requested, DSHS rejects and returns the request to the provider for further action. DSHS does not consider the rejection of the request to be a denial of service.

- ✓ DSHS authorization does not necessarily guarantee payment.
- ✓ DSHS evaluates requests for authorization for covered enteral nutrition products, equipment, and related-supplies that exceed limitations in this chapter on a case-by-case basis in accordance with WAC 388-501-0169.
- ✓ DSHS may recoup any payment made to a provider if DSHS later determines that the service was not properly authorized or did not meet the EPA criteria. Refer to WAC 388-502-0100 (1)(c).
- ✓ If a fee-for-service client enrolls in a DSHS-contracted MCO before DSHS completes the purchase or rental of prescribed enteral nutrition products, necessary equipment, and supplies:
 - DSHS rescinds the authorization of the purchase or rental;
 - DSHS stops paying for any equipment on the last day of the month preceding the month in which the client becomes enrolled in the managed care plan; and
 - The DSHS-contracted MCO determines the client's continuing need for the equipment and is then responsible for the client.
- ✓ DSHS rescinds any authorization for prescribed equipment if the equipment was not delivered to the client before the client:
 - Loses medical eligibility;
 - Becomes covered by a hospice agency and the equipment is used in the treatment of the terminal diagnosis or related condition(s);
 - Becomes eligible for a DSHS-contracted managed care plan; or
 - Dies.

How Do I Request Authorization for An Emergency Fill?

In emergency situations, providers may deliver a maximum 3 days' supply of enteral nutrition products that require PA without an authorization number for a maximum of a 3-day supply. However, in order to receive payment, the provider must fax justification for the request to DSHS no later than the following working day after the fill.

What Is Expedited Prior Authorization (EPA)?

Expedited prior authorization (EPA) is a process designed to eliminate the need to fax requests for prior authorization for selected Healthcare Common Procedure Coding System (HCPCS) codes.

To bill DSHS for enteral nutritional products and supplies that meet the EPA criteria on the following pages, the vendor must create a nine-digit EPA number using the following criteria:

The first 6 digits of the EPA number must be **870000**. The last 3 digits document the product description and conditions that make up the EPA criteria.

All EPA numbers begin with 87000.

Example -
 Nutritional bars for a client:

- Less than 21 years of age;
- Diagnosis of chronic renal failure;
- On dialysis and on fluid restricted diet with an albumin of 3.2 or below.

The EPA code number is 10868 add these four digits.
The EPA number = 870000868.

- For expedited prior authorization (EPA), a provider must establish that the client's condition meets the clinically appropriate EPA criteria outlined in this chapter and in DSHS's/HRSA's published enteral nutrition therapy billing instructions. The appropriate EPA number must be used when the provider bills DSHS.
- Upon request, a provider must provide documentation to DSHS showing how the client's condition met the criteria for PA or EPA.

EPA Numbers and Requirements to Indicate Medical Conditions

The first 5 digits of the EPA number must be **87000**. The last 4 digits document the medical condition that makes up the EPA criteria.

Example: A client is less than 21 years of age with a diagnosis of cancer and is currently receiving chemotherapy. Use EPA number 870000868. (See EPA criteria coding list in these billing instructions).

- For each EPA number, there must be a completed Oral Enteral Nutrition Worksheet Expedited Prior Authorization request form, DSHS 13-761 in the vendor's file for that client.
- Specific, detailed documentation explaining why trials of traditional foods did not meet the nutritional needs of the client must be in the prescriber's files. This information may be obtained from a family member or caregiver.

Providers must request PA from DSHS when a situation does not meet the EPA criteria for a selected HCPCS code. Providers must fax a request to HRSA's Enteral Nutrition Program Manager (see *Important Contacts* section).

Expedited Prior Authorization Guidelines:

- A. Medical Justification (criteria)** - Medical justification must come from the client's prescriber with an appropriately completed Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request, form DSHS 13-761. The vendor must use this form when using the EPA process. The client must meet the exact criteria in order for providers to use an EPA number. Specific, detailed documentation explaining why trials of traditional foods did not meet the nutritional needs of the client must be in the vendor's files. If the client does not continue to meet the criteria, but needs an oral enteral nutrition product, providers must send in an appropriately completed Oral Enteral Nutrition Worksheet, form DSHS 13-743.
- B. Documentation** - The billing vendor **must keep** the completed Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request, form DSHS 13-761 in the client's file. Upon request, a vendor must provide specific, detailed documentation to DSHS showing how the client's condition met the criteria for EPA. Vendors must keep documentation on file for 6 years. [Refer to WAC 388-502-0020]

Note: To ensure program compliance, DSHS conducts post-pay reviews. Refer to WAC 388-502-0100.

**Washington State
Expedited Prior Authorization Criteria Coding List**

Procedure Code	EPA Code	Description	Criteria
Enteral Nutrition Products			
B9998	0868	Nutritional Bars	Authorized only for clients: <ul style="list-style-type: none"> • With DX code of chronic renal failure on dialysis; • On fluid restrictive diets; and • An albumin level of 3.2 or below.
Medical Conditions			
	1100	Chronic Renal Failure ICD-9-CM Code 585.6	The client must be receiving dialysis and have an albumin level of 3.2 or below. Note: Clients receiving dialysis must be on a fluid restrictive diet to use nutrition bars. When billing for nutrition bars, use EPA # 870000868
	1101	Cancer(s) ICD-9-CM Codes: 140 through 208.9 and 230 through 234.9	The client must be currently receiving chemotherapy and/or radiation therapy. Providers may also use this code to bill for the post therapy phase (up to 3 months following the completion of chemotherapy or radiation therapy).
	1102	Decubitus Pressure Ulcer(s) ICD-9-CM Diagnosis 707.00 – 707.09	The client must have: <ul style="list-style-type: none"> • Stage 3 or greater decubitus pressure ulcer(s); and • An albumin level of 3.2 or below. EPA may be used for 3 months only.

Medical Conditions (Continued)			
Procedure Code	EPA Code	Description	Criteria
	1103	<p>Amino Acid, Fatty Acid, and Carbohydrate Metabolic Disorders</p> <p>ICD-9-CM Codes: 270.0-270.8, 271.0-271.4, 271.8 and 272.5-272.8</p>	<p>The client must require a specialized oral nutritional product.</p>
	1104	<p>Medical Condition Requiring Thickeners (Procedure Code: B4100) for Dysphagia ICD-9-CM Diagnosis Code: 787.20 – 787.24, 787.29.</p>	<p>The client must:</p> <ul style="list-style-type: none"> • Require a thickener to aid in swallowing or be currently transitioning from tube feedings to oral feedings; and • Have been evaluated by a speech therapist, or an occupational therapist that specializes in dysphagia (the report must be in the client’s chart in the prescriber’s office recommending a thickener). <p>Note: If the client is 20 years of age or younger and requires only a thickener, an evaluation by a dietician is not required.</p> <p>“Simply Thick” (B9998) requires prior authorization. Removed January 2010</p>

Age Requirements		
	1106	<p>Children four years of age or younger (younger than five years of age)</p> <p>Client must have:</p> <ul style="list-style-type: none"> ✓ A certified RD evaluation with recommendations (which support the prescriber’s order) for medically necessary, oral enteral nutrition products or formulas; and ✓ A signed and dated written notification from WIC indicating one of the following: <ul style="list-style-type: none"> ➤ Client is not eligible for the WIC program; or ➤ Client is eligible for the WIC program, but the need for the oral enteral nutrition product or formula exceeds WIC’s allowed amount; or ➤ The requested oral enteral nutrition product or formula is not available through the WIC program. (Specific, detailed documentation of the tried and failed efforts of similar WIC products, or the medical need for alternative products, must be in the prescriber’s chart for the child); and ✓ One of the following criteria: <ul style="list-style-type: none"> ➤ Low birth weight (less than 2500 grams); or ➤ A decrease across 2 or more percentile lines on the CDC growth chart, once a stable growth pattern has been established; or ➤ Failure to gain weight on 2 successive measurements, despite dietary interventions; or ➤ Documented specific, clinical factors that place the child at risk for a compromised nutrition and/or health status.

Age Requirements (Continued)			
	1107	Children 5 through 20 years of age	<p>Client must have:</p> <ul style="list-style-type: none"> ✓ A certified RD evaluation, for eligible clients, with recommendations (which support the prescriber's order) for medically necessary, oral enteral nutrition products; and ✓ One of the following criteria: <ul style="list-style-type: none"> ➤ A decrease across 2 or more percentile lines on the CDC growth chart, once a stable growth pattern has been established; or ➤ Failure to gain weight on 2 successive measurements, despite dietary interventions; or ➤ Documented specific, clinical factors that place the child at risk for a compromised nutrition and/or health status.

Modifiers

Providers must use the procedure codes listed in the product list along with the appropriate modifier for all enteral nutrition products. DSHS denies claims for enteral nutrition products without modifiers.

Modifier ‘BA’

Use Modifier ‘BA’ for medically necessary, *tube-delivered enteral nutrition products and supplies*, not orally administered nutrition.

Modifier ‘BO’

Use Modifier ‘BO’ for medically necessary, *orally administered enteral nutrition products*, not nutrition administered by external tube.

All enteral nutrition products must have documented justification for medical necessity in the client's file and made available for review by DSHS. Claims for reimbursement of nutrition products must be billed with the ICD-9-CM diagnosis code(s).

Note: Medicare Part B only covers enteral nutrition products for clients who are tube-fed. Enteral nutrition products appropriately billed with a ‘BO’ modifier will not require a Medicare denial and can be billed directly to DSHS.

Providers must use the procedure codes listed in the fee schedule along with the appropriate modifier for all poles and pumps.

Modifier ‘NU’

Use Modifier ‘NU’ to indicate that the provider is billing DSHS for new, purchased equipment.

Modifier ‘RR’

Use Modifier ‘RR’ to indicate that the provider is billing DSHS for rental equipment.

Product List

Enteral Nutrition Product Classification List

Vendors must use the Enteral Nutrition Product Classification List located on the Noridian* web site <https://www.dmepdac.com/dmecsapp/do/search> to locate the proper HCPCS codes for products requested. Providers must use the applicable HCPCS codes for all enteral nutritional claims. DSHS will accept billing for **only** the codes and products listed on the Noridian Enteral Nutrition Product Classification List.

Note: The appropriate modifier must be used (see page F.1) when billing DSHS for these codes.

Billing must be limited to a 1-month supply.

Note: The following are examples of products that are not reimbursed by DSHS: puddings, cookies, cereals, health shakes, broths, Ice Cream Plus, etc.

The Enteral Nutrition Fee Schedule is located at <http://hrsa.dshs.wa.gov/RBRVS/Index.htm>.

DSHS does not cover the following procedure codes for clients 21 years of age and older:

Category (HCPCS code)	Modifier	Description	One Unit Equals	Policy/Comments
B4100		Food thickener administered orally per ounce.	One oz	Thickeners when EPA criteria for EPA # 870001104 is met. Includes Resource ThickenUp, Simply Thick , Thick & Easy, and Thick-It.
B4102	BO	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	500 ml	
B4103	BO	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	500 ml	

Enteral Nutrition

Category (HCPCS code)	Modifier	Description	One Unit Equals	Policy/Comments
B4149	BO	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins, and minerals may include fiber.	100 cal	
B4150	BO	Enteral formula consisting of semi-synthetic intact protein/protein isolates.	100 cal	
B4152	BO	Intact protein/protein isolates (calorically dense).	100 cal	
B4153	BO	Hydrolyzed protein/amino acids.	100 cal	
B4154	BO	Defined formula for special metabolic need.	100 cal	
B4155	BO	Modular components.	100 cal	
B4157	BO	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber.	100 cal	
B4158	BO	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron.	100 cal	
B4159	BO	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron.	100 cal	

Enteral Nutrition

Category (HCPCS code)	Modifier	Description	One Unit Equals	Policy/Comments
B4160	BO	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber.	100 cal	
B4161	BO	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber.	100 cal	
B4162	BO	Enteral formula, for pediatrics, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber.	100 cal	
B9998	BO	NOC for enteral supplies.	One Bar	Nutrition bars when EPA criteria for EPA code 870000868 is met. Includes Choice DM Bar, Ensure Bar, Glucerna Bar, Protein Eight Bar, Regain Bar, and Resource Bar.

Reimbursement

What Is Included In DSHS's Reimbursement? [Refer to WAC 388-554-900]

DSHS determines reimbursement for covered enteral nutrition equipment and necessary supplies according to the set fee schedule and evaluates and updates the maximum allowable fees for enteral nutrition products, equipment, and related-supplies at least once per year.

DSHS's payment for covered enteral nutrition products, equipment, and related supplies include all of the following:

- Any adjustments or modifications to the equipment required within three months of the date of delivery. This does not apply to adjustments required because of changes in the client's medical condition;
- Instructions to the client and/or caregiver on the safe and proper use of equipment provided;
- Full service warranty;
- Delivery and pick-up; and
- Fitting and adjustments.

If changes in circumstance occur during the rental period, such as death or ineligibility, DSHS discontinues payment effective on the date of the change in circumstance.

DSHS does not pay for simultaneous rental and a purchase of any item.

DSHS does not reimburse providers for equipment that is supplied to them at no cost through suppliers/manufacturers.

The provider who furnishes enteral nutrition equipment to a client is responsible for any costs incurred to have equipment repaired by another provider if all of the following apply:

- Any equipment that DSHS considers purchased that requires repair during the applicable warranty period;
- The provider refuses or is unable to fulfill the warranty; and
- The client still needs the equipment.

If the rental equipment must be replaced during the warranty period, DSHS recoups fifty percent of the total amount previously paid toward rental and eventual purchase of the equipment delivered to the client if:

- The provider is unwilling or unable to fulfill the warranty; and
- The client still needs the equipment.

Billing

What Are the General Billing Requirements?

Providers must follow the general billing requirements in DSHS's [General Information Booklet](http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf) (http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims;
- What fee to bill DSHS for eligible clients;
- When providers may bill a client;
- How to bill for services provided to managed care clients, and primary care case management (PCCM) clients; and
- Record keeping requirements.

What Is the Time Limit for Billing? [Refer to WAC 388-502-0150]

DSHS has two timeliness standards for: 1) initial claims; and 2) resubmitted claims.

- **Initial Claims**
 - ✓ DSHS requires providers to obtain an ICN for an **initial claim** within 365 days from any of the following:
 - The date the provider furnishes the service to the eligible client;
 - The date a final fair hearing decision is entered that impacts the particular claim;
 - The date a court orders DSHS to cover the services; or
 - The date DSHS certifies a client eligible under delayed¹ certification criteria.
 - ✓ DSHS may grant exceptions to the 365 day time limit for **initial claims** when

¹ **Delayed Certification** - According to WAC 388-500-0005, delayed certification means department approval of a person's eligibility for a covered service made after the established application processing time limits. If, due to delayed certification, the client becomes eligible for a covered service that has already been provided, **the provider must not bill, demand, collect, or accept payment from the client or anyone on the client's behalf for the service; and must promptly refund** the total payment received from the client or anyone acting on the client's behalf and then bill HRSA for the service.

billing delays are caused by either of the following:

- DSHS certification of a client for a retroactive² period; or
- The provider proves to DSHS's satisfaction that there are extenuating circumstances.

- ***Resubmitted Claims***

Providers may **resubmit, modify, or adjust** any timely initial claim, except prescription drug claims, for a period of 24 months from the date of service.

Note: DSHS does not accept any claim for resubmission, modification, or adjustment after the time period listed above.

- The time periods do not apply to overpayments that the provider must refund to DSHS. After the allotted time periods, a provider may not refund overpayments to DSHS by claim adjustment. The provider must refund overpayments to DSHS by a negotiable financial instrument such as a bank check.
- The provider, or any agent of the provider, must not bill a client or a client's estate when:
 - ✓ The provider fails to meet these listed requirements; and
 - ✓ DSHS does not pay the claim.

What Fee Should I Bill DSHS for Eligible Clients?

Bill DSHS your usual and customary fee.

Clients who obtain care with a PCCM will have a "PCCM" identifier in the HMO column. These clients must obtain their services through the PCCM. The PCCM is responsible for coordination of care just like the PCP is in a plan setting. Please refer to the client's DSHS Medical ID card for the PCCM.

Eligibility Established After Date of Service but Within the Same Month - If the client becomes eligible for a covered service that has already been provided because the client applied to the department for medical services later in the same month the service was provided (and is made eligible from the first day of the month), **the provider must not bill, demand, collect, or accept payment** from the client or anyone acting on the client's behalf for the service; and **must promptly refund** the total payment received from the client or anyone acting on the client's behalf and then bill HRSA for the service.

² **Retroactive Certification** - According to WAC 388-500-0005, retroactive period means the three calendar months before the month of application (month in which client applied). If, due to retroactive certification, the client becomes eligible for a covered service that has already been provided, **the provider must not bill, demand, collect, or accept payment** from the client or anyone acting on the client's behalf for any unpaid charges for the service; **and may refund** any payment already received from the client or anyone acting on the client's behalf, and after refunding the payment, the provider may bill HRSA for the service.

How Do I Bill for Services Provided to Primary Care Case Management (PCCM) Clients?

Clients who obtain care with a PCCM will have a "PCCM" identifier in the HMO column. These clients must obtain their services through the PCCM. The PCCM is responsible for coordination of care just like the PCP is in a plan setting. *Please refer to the client's DSHS Medical ID card for the PCCM.* When billing DSHS, for services provided to PCCM clients, place the PCCM's provider number in the referring provider field.

How Do I Bill for Clients Who Are Eligible for Both Medicare and Medicaid?

Refer to the DSHS/HRSA [General Information Booklet](#) for up-to-date information on billing for clients eligible for Medicare and Medicaid.

Third-Party Liability

Bill the insurance carrier(s) indicated on the client's DSHS Medical ID Card prior to sending the claim to DSHS. An insurance carrier's time limit for claim submissions may be different than the DSHS time limit. It is your responsibility to meet DSHS's and the insurance carrier's requirements relating to billing time limits, prior to any payment by DSHS.

You must meet DSHS's 365-day billing time limit even if you have not received notification of action from the insurance carrier. If your claim is denied due to any existing third-party liability, refer to the corresponding DSHS Remittance and Status Report for insurance information appropriate for the date of service.

If you receive an insurance payment and the carrier pays you less than the maximum amount allowed by DSHS, or if you have reason to believe that DSHS may make an additional payment:

- Submit a completed claim form to DSHS;
- Attach the insurance carrier's statement.

Third-party carrier codes are available on the Internet at <http://hrsa.dshs.wa.gov/download/hcarrier.txt>, or by calling the Coordination of Benefits Section at 1-800-562-3022.

What Records Must Be Kept? [Refer to WAC 388-502-0020]

Enrolled providers must:

- Keep legible, accurate, and complete charts and records to justify the services provided to each client, including, but not limited to:
 - ✓ Patient's name and date of birth;
 - ✓ Dates of service(s);
 - ✓ Name and title of person performing the service, if other than the billing practitioner;
 - ✓ Chief complaint or reason for each visit;
 - ✓ Pertinent medical history;
 - ✓ Pertinent findings on examination;
 - ✓ Medications (including NDC numbers), equipment, and/or supplies prescribed or provided;
 - ✓ Description of treatment (when applicable);
 - ✓ Recommendations for additional treatments, procedures, or consultations;
 - ✓ X-rays, tests, and results;
 - ✓ Plan of treatment and/or care, and outcome; and
 - ✓ Specific claims and payments received for services.
- Assure charts are authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment or other service to which the entry pertains.
- Make charts and records available to DSHS, its contractors, and the US Department of Health and Human Services, upon their request, *for at least 6 years from the date of service* or more if required by federal or state law or regulation.

A provider may contact DSHS with questions regarding DSHS's programs. However, DSHS's response is based solely on the information provided to DSHS's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern DSHS's programs. [Refer to WAC 388-502-0020(2)]

What Records Specific to DSHS's Enteral Nutrition Program Must Be Kept? [Refer to WAC 388-554-400, 388-554-500, 388-554-600, and 388-554-700]

Providers must keep legible, accurate, and complete charts in the clients' records to justify the medical necessity of the items provided.

For oral enteral nutrition products

Medical vendors or pharmacies must keep the following in their files:

- A copy of one of the following completed forms:
 - ✓ The Oral Enteral Nutrition Worksheet, form DSHS 13-743 with the authorization number provided by DSHS. The prescription is a part of the form; or
 - ✓ Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request, form DSHS 13-761. This form must be filled out in its entirety. The client must meet the exact criteria in order for the vendor to use an EPA number. In order to continue to use this form when the allowed time period ends, the prescriber must complete a new form, and the vendor must verify the EPA criteria are still met. The client must continue to meet the exact criteria in order for the vendor to use an EPA number. If the criteria are not met, a completed Oral Enteral Nutrition Worksheet, form DSHS 13-743 must be submitted.
- A copy of the WIC denial for clients 4 years of age and younger. The denial must state:
 - ✓ The client is not eligible for WIC program services;
 - ✓ The client is eligible for WIC program services, but nutrition needs exceed the WIC program's maximum per calendar month allotment; or
 - ✓ The WIC program cannot provide the prescribed product.
- A copy of the dietician evaluation for clients 20 years of age and younger who are on an eligible program.

Prescribers must keep the following in their files:

- A copy of one of the following completed forms:
 - ✓ The Oral Enteral Nutrition Worksheet, form DSHS 13-743; or
 - ✓ The Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request, form DSHS 13-761.
- Specific, detailed documentation of reasons why trials of traditional foods did not meet the nutritional needs of the client.
- A copy of the dietician evaluation for clients 20 years of age and younger who are on an eligible program.
- Specific, detailed documentation that the WIC products have been tried and failed or that they are contraindicated when the client is eligible for the WIC program but the product you are ordering is not on the WIC product list.

For tube-fed enteral nutrition products and supplies

Medical vendors or pharmacies must keep the following in their files:

- A copy of the prescription which is signed and dated by the prescriber and lists the client's medical condition and the exact daily caloric amount of medically necessary enteral nutrition product.
- A copy of the WIC denial for clients 4 years of age and younger.
- A copy of the dietician evaluation for clients 20 years of age and younger who are on an eligible program.

Prescribers must keep the following in their files:

Prescribers must keep a copy of the dietician evaluation, for clients 20 year of age and younger, who are enrolled in an eligible DSHS program.

Fee Schedule

You may view the DSHS/HRSA **Enteral Nutrition Fee Schedule** on-line at

<http://hrsa.dshs.wa.gov/RBRVS/Index.html#e>

How Can I Get DSHS/HRSA Provider Documents?

To obtain DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link). These documents may be downloaded and printed.

Completing the CMS-1500 Claim Form

Note: DSHS encourages providers to make use of electronic billing options. For information about electronic billing, refer to the *Important Contacts* section.

Refer to the DSHS/HRSA current *General Information Booklet* for instructions on completing the CMS-1500 claim form. You may download this booklet from the DSHS/HRSA website at: <http://hrsa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/General%20Information.html>.

The following CMS-1500 claim form instructions relate to **Enteral Nutrition Billing Instructions**. Click the link above to view general CMS-1500 claim form instructions.

For questions regarding claims information, call DSHS toll-free:

1-800-562-3022

CMS-1500 Claim Form Field Descriptions

Field No.	Name	Field Required	Entry
1a.	Insured's ID No.	Yes	Note: Use the PIC code of either parent if a newborn has not been issued a PIC. Enter a B in <i>field 19</i> to indicate the baby is on a parent's PIC.
17.	Name of Referring Physician or Other Source		When applicable, enter the referring physician or Primary Care Case Manager name. This field <i>must</i> be completed for consultations, or for referred laboratory or radiology services (or any other services indicated in your billing instructions as requiring a referral source).
19.	Reserved For Local Use		When applicable, enter indicator B to indicate <i>Baby on Parent's PIC</i> . (Please specify twin A or B, triplet A, B, or C here.) If you have more than one EPA number to bill, place both numbers here.

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Field No.	Name	Field Required	Entry				
24B.	Place of Service	Yes	<p>These are the only appropriate code(s) for Washington State Medicaid:</p> <table border="0"> <tr> <td align="center"><u>Code Number</u></td> <td align="center"><u>To Be Used For</u></td> </tr> <tr> <td align="center">12</td> <td align="center">Client's residence</td> </tr> </table>	<u>Code Number</u>	<u>To Be Used For</u>	12	Client's residence
<u>Code Number</u>	<u>To Be Used For</u>						
12	Client's residence						
24C.	Type of Service	No					
24G.	Days or Units	Yes	For multiple quantities of supplies, enter the number of items dispensed and all of the dates or dates spanned that the supplies were used. Unless the procedure code description specifically indicates pack, cans, bottles, or other quantity, the "each" is each single item.				

Completing the CMS- 1500 Claim Form for Medicaid Crossovers

Refer to the DSHS/HRSA General Information Booklet for up-to-date information on billing for clients eligible for Medicare and Medicaid.

General Instructions

- Please use an original, red and white CMS-1500 Claim Form.
- Enter only one (1) procedure code per detail line (field 24A-24K). If you need to bill more than six (6) lines per claim, please complete an additional CMS-1500 Claim Form.
- You must enter all information within the space allowed.
- Use upper case (capital letters) for all alpha characters.
- Do not write, print, or staple any attachments in the bar area at the top of the form.

Field No.	Name	Field Required	Entry
1a.	Insured's I.D. No	Yes	<p>Enter the DSHS Patient Identification Code (PIC) - an alphanumeric code assigned to each Medical Assistance client - exactly as shown on the Medical ID card. This information consists of the client's:</p> <ul style="list-style-type: none"> a) First and middle initials (a dash [-] <i>must</i> be used if the middle initial is not available). b) Six-digit birthdate, consisting of <i>numerals only</i> (MMDDYY). c) First five letters of the last name. If there are fewer than five letters in the last name, leave spaces for the remainder <i>before</i> adding the tiebreaker. d) An alpha or numeric character (tiebreaker). <p>Continued next page <i>For example:</i></p> <ul style="list-style-type: none"> 1. Mary C. Johnson's PIC looks like this: C010633JOHNSB. 2. John Lee's PIC needs two spaces to make up the last name, does not have a middle initial and looks like this: J-100226LEE B.
2.	Patient's	Yes	Enter the last name, first name, and middle initial of the

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Field No.	Name	Field Required	Entry
	Name		DSHS client (the receiver of the services for which you are billing).
3.	Patient's Birthdate	Yes	Enter the birthdate of the DSHS client. <i>Sex</i> : Check M (male) or F (female).
4.	Insured's Name (Last Name, First Name, Middle Initial)	When applicable	If the client has health insurance through employment or another source (e.g., private insurance, Federal Health Insurance Benefits, CHAMPUS, or CHAMPVA), list the name of the insured here. Enter the name of the insured except when the insured and the client are the same - then the word <i>Same</i> may be entered.
5.	Patient's Address	Yes	Enter the address of the DSHS client who has received the services you are billing for (the person whose name is in <i>field 2</i>).
9.	Other Insured's Name		Secondary insurance. When applicable, enter the last name, first name, and middle initial of the insured. If the client has insurance secondary to the insurance listed in <i>field 11</i> , enter it here.
9a.	Other Insured's Policy or Group Number		Enter the other insured's policy or group number <i>and</i> his/her Social Security Number.
9b.	Other Insured's Date of Birth and Gender		Enter the other insured's date of birth.
9c.	Employer's Name of School Name		Enter the other insured's employer's name or school name.
9d.	Insurance Plan Name or Program Name		Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, or private supplementary insurance).
Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, Medicare, Indian Health, PCCM, Healthy Options, PCOP, etc., are <i>inappropriate</i> entries for this field.			
10.	Is Patient's Condition Related To	Yes	Check <i>yes</i> or <i>no</i> to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in <i>field 24</i> . Indicate the name of the coverage source in field 10d (L&I, name of insurance company, etc.).
11.	Insured's Policy Group or FECA		Primary insurance. When applicable. This information applies to the insured person listed in <i>field 4</i> . Enter the insured's policy and/or group number and his/her social

Field No.	Name	Field Required	Entry
	(Federal Employees Compensation Act) Number		security number. The data in this field will indicate that the client has other insurance coverage and DSHS pays as payer of last resort.
11a.	Insured's Date of Birth		Primary insurance. When applicable, enter the insured's birthdate, if different from <i>field 3</i> .
11b.	Employer's Name or School Name		Primary insurance. When applicable, enter the insured's employer's name or school name.
11c.	Insurance Plan Name or Program Name		Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (<i>Note: This may or may not be associated with a group plan.</i>)
11d.	Is There Another Health Benefit Plan?	Yes	Required if the client has secondary insurance. Indicate <i>yes</i> or <i>no</i> . If yes, you should have completed <i>fields 9a.-d</i> . If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check <i>yes</i> . If 11d. is left blank, the claim could be processed and denied in error.
19.	Reserved For Local Use	Yes	When Medicare allows services, enter <i>XO</i> to indicate this is a crossover claim.
22.	Medicaid Resubmission	When applicable	If this billing is being resubmitted more than six (6) months from Medicare's paid date, enter the Internal Control Number (ICN) that verifies that your claim was originally submitted within the time limit. (The ICN number is the <i>claim number</i> listed on the Remittance and Status Report.) Also enter the three-digit denial Explanation of Benefits (EOB).
24.	Enter only one (1) procedure code per detail line (fields 24A - 24K). If you need to bill more than six (6) lines per claim, please use an additional CMS-1500 Claim Form.		
24A.	Date(s) of Service	Yes	Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., May 4, 2005 = 050405).

Field No.	Name	Field Required	Entry						
24B.	Place of Service	Yes	Enter the appropriate number below: <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>Code</u></td> <td style="text-align: center;"><u>To Be</u></td> </tr> <tr> <td style="text-align: center;"><u>Number</u></td> <td style="text-align: center;"><u>Used For</u></td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">Client's residence</td> </tr> </table>	<u>Code</u>	<u>To Be</u>	<u>Number</u>	<u>Used For</u>	12	Client's residence
<u>Code</u>	<u>To Be</u>								
<u>Number</u>	<u>Used For</u>								
12	Client's residence								
24C.	Type of Service	No	Not required.						
24D.	Procedures, Services or Supplies CPT/HCPCS	Yes	<i>Coinsurance and Deductible:</i> Enter the total combined and deductible for each service in the pace to the right of the modifier on each detail line.						
24E.	Diagnosis Code	Yes	Enter appropriate diagnosis code for condition.						
24F.	\$ Charges	Yes	Enter the amount you billed Medicare for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax.						
24G.	Days or Units		For multiple quantities of supplies, enter the number of items dispensed and all of the dates or dates spanned that the supplies were used. Unless the procedure code description specifically indicates pack, cans, bottles, or other quantity, the "each" is each single item.						
24K.	Reserved for Local Use	Yes	Use this field to show Medicare's allowed charges. Enter the Medicare's allowed charge on each detail line of the claim (see sample).						
26.	Your Patient's Account No.	No	Enter an alphanumeric ID number, for example, a medical record number or patient account number. This number will be printed on your Remittance and Status Report under the heading <i>Patient Account Number</i> .						
27.	Accept Assignment	Yes	Check yes .						
28.	Total Charge	Yes	Enter the sum of your charges. Do not use dollar signs or decimals in this field.						

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Field No.	Name	Field Required	Entry
29.	Amount Paid	Yes	Enter the <i>Medicare Deductible</i> here. Enter the amount as shown on Medicare's Remittance Notice and Explanation of Benefits. If you have more than six (6) detail lines to submit, please use multiple CMS-1500 Claim Forms (see field 24) and calculate the deductible based on the lines on each form. Do not include coinsurance here.
30.	Balance Due	Yes	Enter the <i>Medicare Total Payment</i> . Enter the amount as shown on Medicare's Remittance Notice or Explanation of Benefits. If you have more than six (6) detail lines to submit, please use multiple CMS-1500 Claim Forms (see field 24) and calculate the Medicare payment based on the lines on each form. Do not include coinsurance here.
32.	Name and Address of Facility Where Services Are Rendered	Required only when there is a Medicare deductible.	Enter Medicare Statement Date <i>and</i> any Third-Party Liability Dollar Amount (e.g., auto, employee-sponsored, supplemental insurance) here, if any. If there is insurance payment on the claim, you must also attach the insurance Explanation of Benefits (EOB). Do not include coinsurance here.
33.	Physician's, Supplier's Billing Name, Address, Zip Code and Phone #	Yes	Enter the supplier's <i>Name, Address, and Phone #</i> on all claim forms. Enter your seven-digit provider number here. P.I.N.: Required. Please enter your seven-digit provider number assigned by DSHS.