Enteral Nutrition
Provider Guide

April 1, 2015

Washington State
Health Care Authority

About this guide[1]

This publication takes effect April 1, 2015, and supersedes earlier guides to this program.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
All	Repaired broken links, clarified language, reformatted bulleted lists and added headings to the following sections: What are the clinical criteria for a client to receive covered orally administered enteral nutrition products? How does a provider request prior authorization for an orally administered enteral nutrition product? How do clients receive enteral nutrition products, equipment, and related supplies under the following circumstances? How does a provider complete the PA request form (HCA 13-743)? What are the clinical criteria for a client to receive covered tube-delivered enteral nutrition products? Are there limitations to how the agency pays for tube-delivered enteral nutrition products? How does the agency cover enteral nutrition products? How do clients receive enteral nutrition products, equipment and related supplies under the following circumstances?	Housekeeping

[1] This publication is a billing instruction.

WIC	Updated phone number for WIC program in the Resources Available table and throughout.	Number changed
Prior Authorization	Added prior authorization requirements to medical conditions requiring a thickener, the HCPCs table, and the product list.	To reflect a change in WAC
Nutritional Bars	Removed modifier and unit, and revised policy comment for nutritional bars to read: Bars are covered for clients 20 years of age and younger only. One bar equals one unit.	A modifier is not required. The units vary depending on the product.
Coverage	Removed the following sections: Does the agency pay for enteral nutrition products separately when clients reside in a state-owned facility? Are enteral nutrition products covered for clients that reside in a facility when food is part of the per diem rate? Will the agency pay for enteral nutrition products if a client has elected to receive the agency's hospice benefit?	Redundant information that is available here
Exception to Rule (ETR)	Added the following information under What is not covered?: The agency reviews requests for noncovered health care services according to WAC 182-501-0160 as an exception to rule (ETR). To request a noncovered service using the ETR process, send a completed Fax/Written Request Basic Information form (HCA 13-756) to the agency. See the agency's Resources Available. Refer to the agency's ProviderOne Billing and Resource Guide for information regarding noncovered services and billing for a Fee-For-Service client.	To clarify ETR process
Authorization	Revised requirement under What is the policy for the rental or purchase of equipment? to read: Repairs to a client-owned pump require **authorization** that may be obtained after the repairs have been started. Submit a completed *Fax/Written Request Basic Information* form (HCA 13-756) along with an invoice for the repairs that separates parts from labor charges.	HCA form 13-745 is no longer required

B4102, B4103	Added BA modifier to B4102 and B4103. Revised policy comment to read: If orally administered, covered for clients age 20 and younger only	To clarify policy
B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162	Removed the following policy comment from the product list: Covered for clients age 20 and younger only	To clarify policy
Coverage Table	Removed the modifier column from the coverage table's enteral supply kits and enteral tubing sections and added the following to enteral supply kits: • No modifier is needed when billing for enteral supply kits or enteral tubing. • If billing for a span of dates, the number of units must match the number of days billed.	To clarify policy
Modifiers	Removed the modifier column from the product list and added the following: Providers must bill the procedure codes in the product list with the appropriate modifier for all enteral nutrition products. The agency denies claims for enteral nutrition products without modifiers. For a modifier list with descriptions, see Modifiers.	To clarify policy
Claim Form	Revised section regarding CMS-1500 claim form	To provide standardized instructions

How can I get agency provider documents?

To download and print agency documents and provider guides, go to the agency's Provider Publications website.

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Alert! The page numbers in this table of contents are "clickable"— hover over on a page number and click to go directly to the page. As an Adobe (.pdf) document, the guide also is easily navigated by using bookmarks on the left side of the document. (If you don't see the bookmarks, right click on the document and select Navigation Pane Buttons. Click on the bookmark icon on the left of the document.)

Resources Available

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the agency's Resources Available web page.
Finding out about payments, denials, claims processing, or agency-contracted managed care organizations	
Finding agency documents (e.g., provider guides, and fee schedules)	
Private insurance or third-party liability, other than agency-contracted managed care	
Obtaining prior authorization	For all written requests, fax a *General Information for Authorization* form (HCA 13-835), as well as an *Oral Enteral Nutrition Worksheet Prior Authorization Request* form (HCA 13-743) to the Enteral Nutrition Program Manager at (866) 668-1214. Both forms must be completely filled out and typed.
Obtaining a limitation extension	For all written requests, fax a *General Information for Authorization* form (HCA 13-835), as well as a *Justification for Use of B9998 Miscellaneous Enteral Nutrition HCPCS Procedure Code and Limitation Extension Request* form (HCA 13-745) to the Enteral Nutrition Program Manager at (866) 668-1214. Both forms must be completely filled out and typed.
Finding the nearest Women, Infants, and Children (WIC) clinic	To find the nearest WIC clinic, call (800) 841-1410.

Definitions

This section defines terms and abbreviations, including acronyms, used in this provider guide. See the agency's Washington Apple Health Glossary for a more complete list of definitions.

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 182-554-200)

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 182-554-200)

Enteral nutrition equipment – Durable medical feeding pumps and intravenous (IV) poles used in conjunction with nutrition supplies to dispense formula to a client. (WAC 182-554-200)

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.

Medical nutrition therapy – Face-to-face interactions between a certified registered 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.

Orally administered enteral nutrition products – Enteral nutrition products that a client consumes orally for nutritional support.

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

About this Program

(WAC 182-554-100)

What is the purpose of the agency's Enteral Nutrition Program?

The Health Care Authority's (the agency's) Enteral Nutrition Program covers products, equipment, and related supplies that provide medically necessary enteral nutrition to eligible children and tube-fed adults.

- The agency **pays** for tube-fed products and supplies for eligible children and adults.
- The agency **pays** for oral and tube-fed enteral nutrition for eligible children age 20 and younger.
- The agency **does not** pay for oral enteral nutrition products for adults age 21 and older.

Client Eligibility

(WAC 182-554-300)

How can I verify a patient's eligibility?

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. **Verify the patient's eligibility for Washington Apple Health.** For detailed instructions on verifying a patient's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current ProviderOne Billing and Resource Guide.

If the patient is eligible for Washington Apple Health, proceed to **Step 2**.

Step 2. **Verify service coverage under the Washington Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's Health Care Coverage—Program Benefit Packages and Scope of Service Categories web page.

Note: Patients who wish to apply for Washington Apple Health can do so in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
   Washington Healthplanfinder
   PO Box 946
   Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

How do clients receive enteral nutrition products, equipment, and related supplies under the following circumstances?

(WAC 182-554-300)

Managed care

Clients who are enrolled in an agency-contracted managed care organization (MCO) must arrange for enteral nutrition products, equipment, and related supplies directly through an agency-contracted MCO. Managed care enrollment will be displayed on the client benefit inquiry screen.

Nursing facilities and adult family homes

Clients are not eligible for oral enteral nutrition products if they 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. (WAC 182-554-300(4)). As appropriate, the provision of nutrition is the responsibility of the facility. (See chapters 388-76, 388-97, and 388-78A WAC).

State-owned facilities

For clients who reside in a state-owned facility (i.e., state school, developmental disabilities facility, mental health facility, Western State Hospital, and Eastern State Hospital), enteral nutrition products, equipment, and related supplies are the responsibilities of the state-owned facility.

Hospice

Clients who have elected to use and are eligible to receive the agency's hospice benefit must arrange for enteral nutrition products, equipment, and related supplies directly through their hospice provider.

WIC

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 182-554-500(1)(d).

Note: See the Scope of Categories of Healthcare Services Table web page for an up-to-date listing of benefit packages.

Provider Requirements

(WAC 182-554-400)

Who is eligible to bill for providing enteral nutrition services?

The following providers are eligible to enroll/contract with the agency to provide orally administered enteral nutrition products and tube-delivered enteral nutrition products, equipment, and related supplies:

- Pharmacy providers
- Durable medical equipment (DME) providers

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 182-501 and 182-502 WAC. Providers must:

- Provide only services that are within the scope of the provider's license.

- Obtain prior authorization from the agency, if required, before:

  - ✓ Delivery to the client.
  - ✓ Billing the agency.

- Deliver enteral nutritional 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 caregiver that the next month's delivery of authorized orally administered enteral nutrition products is necessary and document the confirmation in the client's file. The agency does not pay for automatic periodic delivery of products.

- 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: The agency does not pay for automatic periodic delivery of products.

Are providers required to notify clients of their rights (advance directives)?

(42 CFR, Subpart I)

Yes. 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.
- Formulate an advance directive for their health care, such as a living will or durable power of attorney.

Coverage

(WAC 182-554-500)

How does the agency cover enteral nutrition products?

The agency covers orally administered enteral nutrition products for clients age 20 and younger. See What orally administered enteral nutrition products are covered?

The agency covers tube-delivered enteral nutrition products for any eligible client, regardless of age. See What tube-delivered enteral nutrition products are covered?

What orally administered enteral nutrition products are covered?

The agency covers orally administered enteral nutrition products for **clients age 20 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 independently or who has a caregiver who can manage the feedings.
- The client meets one of the clinical criteria under WAC 182-554-500. See What are the clinical criteria for a client to receive covered orally administered enteral nutrition products?

What are the clinical criteria for a client to receive covered orally administered enteral nutrition products?

To receive covered orally administered enteral nutrition products, a client must meet the clinical criteria for one of the following conditions.

Acquired immune deficiency syndrome (AIDS)

The client must meet one of the following clinical criteria. The client must:

- Be in a wasting state.
- Have either:
  - ✓ A BMI of less than or equal to 25, or
  - ✓ An unintentional or unexplained weight loss of 5 percent in 1 month, 7.5 percent in 3 months, or 10 percent in 6 months.
- Have a weight-for-length less than or equal to the 5th percentile if the client is age 3 or younger.
- Have a body mass index (BMI) of either:
  - ✓ Less than or equal to the 5th percentile if the client is age 4 through 17.
  - ✓ Less than or equal to 18.5 if the client is age 18 through 20.

Note: The provider must obtain prior authorization (PA) to receive payment.

Amino acid, fatty acid, and carbohydrate metabolic disorder

The client must require, for medical necessity, a specialized nutrition product.

Note: The provider must follow the agency's expedited prior authorization (EPA) process to receive payment.

Cancer

The client must be receiving chemotherapy, radiation therapy, or post-therapy treatment.

> **Note:** The provider must follow the agency's expedited prior authorization (EPA) process to receive payment.

> **Note:** The agency pays for orally administered enteral nutrition products to a maximum of 3 months following the completion of chemotherapy or radiation therapy.

Chronic renal failure

The client must be receiving dialysis and be on a fluid restrictive diet to use nutrition bars.

> **Note:** The provider must follow the agency's expedited prior authorization (EPA) process to receive payment.

Decubitus pressure ulcers

The client must have stage 3 or greater decubitus pressure ulcers and an albumin level of 3.2 or below.

> **Note:** The provider must follow the agency's expedited prior authorization (EPA) process **to receive a maximum of 3 month's payment**.

Failure to thrive, malnutrition, malabsorption

The client's condition must be the result of a stated primary diagnosed disease. The client must meet one of the following clinical criteria. The client must have:

- A disease or medical condition that is organic in nature and not due to cognitive, emotional, or psychological impairment.
- A weight-for-length less than or equal to the 5th percentile if the client is age 2 or younger.
- A BMI of one of the following:
  - ✓ Less than or equal to the 5th percentile if the client is age 3 through 17.
  - ✓ 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.
  - ✓ Less than or equal to 25, and an unintentional or unexplained weight loss of:
    - 5 percent in 1 month.
    - 7.5 percent in 3 months.
    - 10 percent in 6 months.

Note: The provider must obtain prior authorization (PA) to receive payment.

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

For a client **age 1 or older**, the client must:

- Require a thickener to aid in swallowing or currently be transitioning from tube feedings to oral feedings.
- 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: If prescribing thickeners for a child younger than age 1, providers must request prior authorization. **The PA request must include**:

- Clinical documentation that supports the medical necessity of the request.
- The report recommending a thickener from a speech therapist or occupational therapist who specializes in dysphagia.

Note: Providers must follow the agency's EPA process to receive payment for thickeners. Only Simply-Thick requires PA.

For a client **age 4 and younger**, the client must:

- Have a certified registered dietician (RD) evaluation with recommendations that support the prescriber's order for oral enteral nutrition products or formulas.

- Have a signed and dated written notification from WIC indicating one of the following:

  - ✓ The client is not eligible for the WIC program.
  - ✓ The client is eligible for the WIC program, but the need for the oral enteral nutrition product or formula exceeds WIC's allowed amount.
  - ✓ 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.

- Meet one of the following clinical criteria:

  - ✓ Low birth weight (less than 2500 grams)
  - ✓ A decrease across 2 or more percentile lines on the Centers for Disease Control and Prevention (CDC) growth chart, once a stable growth pattern has been established
  - ✓ Failure to gain weight on 2 successive measurements, despite dietary interventions
  - ✓ Documented specific, clinical factors that place the child at risk for a compromised nutrition or health status

For a client **age 5 through 20**, the client must:

- Have a certified RD evaluation, for eligible clients, with recommendations that support the prescriber's order for oral enteral nutrition products.

- Meet one of the following clinical criteria:

  - ✓ A decrease across 2 or more percentile lines on the CDC growth chart, once a stable growth pattern has been established
  - ✓ Failure to gain weight on 2 successive measurements, despite dietary interventions
  - ✓ Documented specific, clinical factors that place the child at risk for a compromised nutrition or health status

How does a provider request prior authorization for an orally administered enteral nutrition product?

Requests to the agency for prior authorization for orally administered enteral nutrition products must include a completed *Oral Enteral Nutrition Worksheet Prior Authorization Request* form (HCA 13-743).

The *Oral Enteral Nutrition Worksheet PA Request* form (HCA 13-743) 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 backdated.

- Submitted within 3 months from the date the prescriber signs the prescription.

How does a provider complete the PA request form (HCA 13-743)?

A completed *Oral Enteral Nutrition Worksheet PA Request* form (HCA 13-743) must verify all the following:

- The client meets all the requirements listed in this provider guide
- 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 age 18 through 20, 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 age 18 through 20, the client's growth history and a comparison to expected weight gain must have:
  - ✓ An evaluation of the weight-for-length percentile if the client is age 3 or younger
  - ✓ An evaluation of the BMI if the client is age 4 through 17
- The client's medical condition and the exact daily caloric amount of needed enteral nutrition product
- The reason why the client cannot consume enough traditional food to meet nutritional requirements
- The medical reason the specific enteral nutrition product, equipment, 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, or necessary supplies are required
- The client's likely expected outcome if enteral nutritional support is not provided

Note: Clients age 20 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 the agency.

What tube-delivered enteral nutrition products are covered?

(WAC 182-554-600)

The agency covers tube-delivered enteral nutrition products, equipment, and related supplies, without prior authorization, for eligible clients regardless of age when the client has a valid prescription. A valid 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 3 months from the date the prescriber signs the prescription.
- State the specific product requested, diagnosis, estimated length of need (months), and quantity.

What are the clinical criteria for a client to receive covered tube-delivered enteral nutrition products?

To receive covered tube-delivered enteral nutrition products, a client must be able to manage his or her tube feedings independently, or with a caregiver who can manage the feedings.

The client must **also** meet the clinical criteria for one of the following conditions. The client must have:

- A 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
- 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 properly proportioned to the client's overall health status

Are there limitations to how the agency pays for tube-delivered enteral nutrition products?

Yes. The following limitations apply:

- The agency pays for 1 purchased pump, per client, in a 5-year period
- The agency pays for 1 purchased non-disposable intravenous pole, required for enteral nutrition product delivery, per client, per lifetime.
- The agency pays for up to 12 months of rental payments for tube-delivered enteral nutrition equipment. After 12 months of rental, the agency considers the equipment purchased and it becomes the client's property.
- The agency pays for repairs and replacement parts for tube-delivered enteral nutrition equipment, with PA, when the equipment is:

  ✓ Owned by the client.
  ✓ Less than 5 years old.
  ✓ No longer under warranty.

Note: Providers must follow the agency's Expedited Prior Authorization (EPA) process to receive payment.

What does the agency require when requesting enteral nutrition products for WIC program eligible clients?

(WAC 182-554-500)

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

- The vendor:
  - ✓ Receives a completed *Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request* form (HCA 13-761) from the prescriber.
  - ✓ Submits an *Oral Enteral Nutrition Worksheet Prior Authorization Request* form (HCA 13-743) to the agency.
  - ✓ Receives an order for the enteral nutrition product or supply from the prescriber, for the tube-fed clients.
- A signed and dated written notification from WIC is attached to the request indicating one of the following:
  - ✓ The client is not eligible for the WIC program.
  - ✓ The client is eligible for the WIC program, but the need for the oral enteral nutrition product or formula exceeds WIC's allowed amount.
  - ✓ 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.
- The client meets the Enteral Nutrition Program requirements in this guide.

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 (800) 841-1410, or see Department of Health's (DOH's) WIC-approved formulas list.

When does the agency pay for medical nutrition therapy?

The agency pays for medical nutrition therapy when it is provided by a certified registered dietician with an agency provider number, for clients age 20 and younger who are in an eligible program, when the client is referred by an EPSDT provider.

> **Note:** All clients age 20 and younger and on an eligible program must be evaluated by a certified registered dietician, who has a signed core provider agreement with the agency, within 30 days of initiation of enteral nutrition products, and periodically (at the discretion of the certified registered dietician) while receiving enteral nutrition products. See Provider Requirements. (See WAC 182-554-500(3).

For more information see the agency's Medical Nutrition Therapy Medicaid Provider Guide.

Does the agency pay for oral enteral nutrition products for clients who are receiving Medicare part B benefits?

Yes. The agency pays for oral enteral nutrition for clients on Medicare Part B when the client meets the criteria in this provider guide.

It is not necessary to submit a Medicare denial.

When does the agency pay for enteral nutrition products used in combination with parenteral nutrition?

The agency pays for both enteral and parenteral nutrition and supplies while a client is being transitioned from parenteral to enteral nutrition. See the agency's Home Infusion Therapy and Parenteral Nutrition Medicaid Provider Guide.

What is not covered?

(WAC 182-554-800)

The agency does not cover the following:

- Nonmedical equipment, supplies, and related services, including but not limited to, back-packs, pouches, bags, baskets, or other carrying containers

- Orally administered enteral nutrition products for clients age 21 and older

The agency reviews requests for noncovered health care services according to WAC 182-501-0160 as an exception to rule (ETR). To request a noncovered service using the ETR process, send a completed Fax/Written Request Basic Information form (HCA 13-756) to the agency. See the agency's Resources Available.

Refer to the agency's ProviderOne Billing and Resource Guide for information regarding noncovered services and billing for a Fee-For-Service client.

When the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) applies, the agency evaluates a noncovered service, equipment, or supply according to the process in WAC 182-501-0165 to determine if it is medically necessary, safe, effective, and not experimental (see WAC 182-534-0100 for EPSDT rules).

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

Note: The agency 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, in accordance with WAC 182-554-500.

Coverage Table

What is the policy for the rental or purchase of equipment?

- All the following are included in the agency's reimbursement for equipment rentals or purchases:

  ✓ Instructions to the client, caregiver, or both, on the safe and proper use of equipment provided
  ✓ Full service warranty
  ✓ Delivery and pick-up
  ✓ Fitting and adjustments

- If changes in circumstances occur during the rental period, such as death or ineligibility, the agency 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.

- The agency will pay up to an additional three 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 *Fax/Written Request Basic Information* form (HCA 13-756) along with an invoice for the repairs that separates parts from labor charges.

- Repairs or non-routine service may not exceed 50 percent of the purchase price.

- The agency 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 the agency.

Enteral supply kits

To exceed specified limitations, a Limitation Extension (LE) request must be submitted. See Resources Available for more information.

- Do not bill more than one supply kit code per day. No modifier is needed when billing for enteral supply kits or enteral tubing.
- Enteral supply kits include all the necessary supplies for the client to administer enteral nutrition.
- If billing for a span of dates, the number of units must match the number of days billed.

HCPCS Code	Short Description	EPA/ PA	Part of NH per diem	Policy/ Comments
B4034	Enteral Feeding Supply Kit; syringe (bolus only)		N	Maximum # of units - 1 per client, per day
B4035	Enteral Feeding Supply Kit; pump fed, per day		N	Maximum # of units - 1 per client, per day
B4036	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.

HCPCS Code	Short Description	EPA/ PA	Part of NH per diem	Policy/ Comments
B4081	Nasogastric tubing with stylet (each)		N	Max # of units - 3 per client, per 30 days
B4082	Nasogastric tubing without stylet (each)		N	Max # of units - 3 per client, per 30 days
B4083	Stomach tube – Levine type (each)		N	Max # of units - 1 per client, per 30 days
B4087	Gastrostomy/jejunostomy tube, standard**,** any material, any type, each		N	Max # of units - 5 per client, per 30 days **Note:** Use this code when billing for extension tubing.
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each		N	Max # of units - 1 per client, every 2 months

Enteral repairs

HCPCS Code	Modifier	Short Description	Authorization Required	Part of NH per diem	Policy/ Comments
E1399		Repair parts for enteral equipment. **Only** client-owned pumps less than five years old and no longer under warranty will be allowed replacement parts.	Y	N	Detailed invoice required
B9002	RR	Loaner pump	Y	N	The agency will pay up to 3 months rental while client-owned pump is being repaired.
K0739		Repair or non-routine 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 percent 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.

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.

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

Miscellaneous

Prior authorization (PA) is required before billing HCPCS code B9998.

HCPCS Code	Modifier	Short Description	EPA/PA	Part of NH per diem	Policy/ Comments
B9998		NOC for enteral supplies	PA	N	Purchase & Max # of units to be determined by the agency. Backpacks are not covered.

How is HCPCS code B9998 submitted to the agency for miscellaneous enteral nutrition charges?

To submit charges and receive payment for miscellaneous enteral nutrition HCPCS code B9998, submit a fully completed *Justification for Use of B9998 Miscellaneous Enteral Nutrition Procedure Code and Limitation Extension Request* form (HCA 13-745). This form must be submitted to the agency's Enteral Nutrition Program Manager before submitting the claim to the agency.

> **Note:** Do not submit claims using HCPCS code B9998 until an authorization number has been received from the agency indicating that the bill has been reviewed and the payable amount has been determined.

Include all the following supporting documentation on the HCA 13-745 form:

- Agency name and National Provider Identifier (NPI)
- Date of service
- Explanation of client-specific medical necessity
- Invoice
- Name of piece of equipment
- Name of primary piece of equipment and whether the equipment is rented or owned
- Prescription
- ProviderOne client ID

Prior Authorization

What is prior authorization (PA)?

PA is the agency's 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.**

> **Note:** See the agency's ProviderOne Billing and Resource Guide for more Information on requesting authorization.

Is prior authorization required for enteral nutrition?

(WAC182-554-700)

Providers must obtain authorization for covered orally administered enteral nutrition products, tube-delivered enteral equipment, and related supplies. This is required in chapter 182-554 WAC, published agency provider guides, or when the clinical criteria required in this provider guide are not met.

- Providers must submit a written request to the agency for PA as specified in WAC 182-554-500(2).

> **Note:** The agency does not cover orally administered enteral nutrition for clients age 21 and older.

- Providers must establish that the client's condition meets the clinically appropriate expedited prior authorization (EPA) criteria outlined in this provider guide. The appropriate EPA number must be used when the provider bills the agency.

- Upon request, a provider must provide documentation to the agency showing how the client's condition met the criteria for PA.

  ✓ Authorization requirements in this guide 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 the agency's rules and this provider guide.

- ✓ When authorization is not properly requested, the agency rejects and returns the request to the provider for further action. The agency does not consider the rejection of the request to be a denial of service.

- ✓ Agency authorization does not necessarily guarantee payment.

- The agency 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 under WAC 182-501-0169.

- The agency may recoup any payment made to a provider if the agency later determines that the service was not properly authorized or did not meet the EPA criteria. See WAC 182-502-0100(1)(c).

  - ✓ If a fee-for-service client enrolls in an agency-contracted MCO before the agency completes the purchase or rental of prescribed enteral nutrition products, necessary equipment, and supplies:

    - ➢ The agency rescinds authorization for the purchase or rental.

    - ➢ The agency 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.

    - ➢ The agency-contracted MCO determines the client's continuing need for the equipment and is then responsible for the client.

  - ✓ The agency 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 an agency-contracted managed care plan.

    - ➢ Dies.

How do I request authorization for an emergency fill?

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

What is expedited prior authorization (EPA)?

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 the agency 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 5 or 6 digits of the EPA number must be **8700 or 87000.** The last 2 or 3 digits document the product description and conditions that make up the EPA criteria.

EPA numbers begin with 87000.

Example

Nutritional bars for a client:

- Age 21 and younger
- With a diagnosis of chronic renal failure
- On dialysis and on a fluid restricted diet with an albumin of 3.2 or less

The EPA code number is 1110; add these 4 digits.

The EPA number = 870001110.

- For EPA, a provider must establish that the client's condition meets the clinically appropriate EPA criteria outlined in this provider guide. The appropriate EPA number must be used when the provider bills the agency.

- For each EPA number, there must be a completed *Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request* form (HCA 13-761) in the client's file.

- 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.

- Documentation showing how the client's condition met the criteria for PA or EPA must be provided to the agency upon request.

Providers must request PA from the agency when a situation does not meet the EPA criteria for a selected HCPCS code. Providers must fax a request to the agency Enteral Nutrition Program Manager (see Resources Available).

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 (HCA 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 Prior Authorization Request* form (HCA 13-743).

B. **Documentation -** The billing vendor **must keep** the completed *Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request* form (HCA 13-761) in the client's file. Upon request, a vendor must provide specific, detailed documentation to the agency showing how the client's condition met the criteria for EPA. Vendors must keep documentation on file for six years (see WAC 182-502-0020).

The *Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request* form (HCA 13-761) must be filled out in its entirety. The client must meet the exact criteria in order for the vendor to use an EPA number. 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 Prior Authorization Request* form (HCA 13-743) must be submitted.

Note: To ensure program compliance, the agency conducts post-payment reviews. See WAC182-502-0100.

Washington State
Expedited Prior Authorization Criteria Coding List

ProcedureCode	EPA Code	Description	Criteria
Enteral Nutrition Products			
B9998	**1110**	**NOC for enteral supplies**	Nutritional bars are authorized for clients: • With DX code of chronic renal failure on dialysis • On fluid restrictive diets • With an albumin level of 3.2 or less
Medical Conditions			
Use the appropriate procedure code for the service being provided	**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 less. **Note:** Clients receiving dialysis must be on a fluid restrictive diet to use nutrition bars. When billing for nutrition bars, use EPA # 870001110.
Use the appropriate procedure code for the service being provided	**1101**	**Cancer(s) ICD-9-CM Codes:140 through 208.9 and 230 through 234.9**	The client must be currently receiving chemotherapy, or radiation therapy or both. 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).
Use the appropriate procedure code for the service being provided	**1102**	**Decubitus Pressure Ulcer(s) ICD-9-CM** **Diagnosis ICD-9-CM Diagnosis 707.00 – 707.09**	The client must have: • Stage 3 or greater decubitus pressure ulcer(s) • An albumin level of 3.2 or less EPA may be used for 3 months only.

ProcedureCode	EPA Code	Description	Criteria
Use the appropriate procedure code for the service being provided	**1103**	**Amino Acid, Fatty Acid, and Carbohydrate Metabolic Disorders** **ICD-9-CM Codes: 270.0-270.8, 271.0-271.4, 271.8 and 272.5-272.8**	The client must require a specialized oral enteral nutrition product.
Use the appropriate procedure code for the service being provided	**1104**	**Medical Condition Requiring Thickeners (HCPCS Code: B4100) for Dysphagia ICD-9-CM Diagnosis Code:787.20 – 787.24, 787.29.**	The client must: • Require a thickener to aid in swallowing or be currently transitioning from tube feedings to oral feedings. • 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). **Note:** If the client is age 1 through 20 and requires only a thickener, an evaluation by a dietician is not required. For a client younger than age 1, the provider must request PA. See PA requirements under medical conditions requiring a thickener.

ProcedureCode	EPA Code	Description	Criteria
Age Requirements			
Use the appropriate procedure code for the service being provided	**1106**	**Children age 4 or younger (younger than age 5)**	Client must have: • A certified RD evaluation with recommendations (which support the prescriber's order) for medically necessary, oral enteral nutrition products or formulas. • 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 the WIC program, but the need for the oral enteral nutrition product or formula exceeds WIC's allowed amount ✓ 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) The client must meet one of the following criteria: • Low birth weight (less than 2500 grams) • A decrease across 2 or more percentile lines on the CDC growth chart, once a stable growth pattern has been established • Failure to gain weight on 2 successive measurements, despite dietary interventions • Documented specific, clinical factors that place the child at risk for a compromised nutrition and/or health status

ProcedureCode	EPA Code	Description	Criteria
Age Requirements (continued)			
Use the appropriate procedure code for the service being provided	**1107**	**Children age 5 through 20**	Client must have a certified RD evaluation with recommendations (which support the prescriber's order) for medically necessary, oral enteral nutrition products The client must meet one of the following criteria: • A decrease across 2 or more percentile lines on the CDC growth chart, once a stable growth pattern has been established • Failure to gain weight on 2 successive measurements, despite dietary interventions • Documented specific, clinical factors that place the child at risk for a compromised nutrition and/or health status

Modifiers

Note: Providers must use the procedure codes listed in the product list along with the appropriate modifier for all enteral nutrition products. The agency 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, which must be made available for review by the agency. Claims for reimbursement of nutrition products must be billed with the ICD-9-CM diagnosis code(s).

Note: Medicare Part B 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 the agency. Providers must use the procedure codes listed in the agency's fee schedule along with the appropriate modifier for all poles and pumps.

Modifier NU

Use Modifier **NU** to indicate that the provider is billing the agency for newly purchased equipment.

Modifier RR

Use Modifier **RR** to indicate that the provider is billing the agency for rental equipment.

Product List

How is the enteral nutrition product classification list used?

Vendors must use the Enteral Nutrition Product Classification List located on the Noridian website. Providers must use the applicable HCPCS codes for all enteral nutritional claims. The agency 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 when billing the agency for these codes.

Billing must be limited to a one-month supply.

Providers must bill the procedure codes in the product list with the appropriate modifier for all enteral nutrition products. The agency denies claims for enteral nutrition products without modifiers. For a modifier list with descriptions, see Modifiers.

Category (HCPCS code)	Description	One Unit Equals	Policy/Comments
B4100	Food thickener administered orally per ounce	1 oz	Thickeners may be covered when EPA criteria is met. Use EPA # 870001104. Includes Resource ThickenUp, Simply Thick, Thick & Easy, and Thick-It. Covered for clients age 1 through 20 only.
			Note: If the client is age 1 through 20 and requires only a thickener, an evaluation by a dietician is not required. For a client younger than age 1, the provider must request PA. See PA requirements under medical conditions requiring a thickener.

Category (HCPCS code)	Description	One Unit Equals	Policy/Comments
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	500 ml	If orally administered, covered for clients age 20 and younger only
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	500 ml	If orally administered, covered for clients age 20 and younger only
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber.	100 cal	
B4150	Enteral formula consisting of semi-synthetic intact protein/protein isolates.	100 cal	
B4152	Intact protein/protein isolates (calorically dense).	100 cal	
B4153	Hydrolyzed protein/amino acids.	100 cal	
B4154	Defined formula for special metabolic need.	100 cal	
B4155	Modular components.	100 cal	
B4157	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	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron.	100 cal	

Category (HCPCS code)	Description	One Unit Equals	Policy/Comments
B4159	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	
B4160	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	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber.	100 cal	
B4162	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	NOC for enteral supplies		Nutritional bars may be covered when EPA criteria is met. Use EPA # 870001110. Bars are covered for clients age 20 and younger only. One bar equals one unit.

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

Payment

What is included in the agency's payment?

(WAC182-554-900)

The agency 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.

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

- Any adjustments or modifications to the equipment required within three months of the date of delivery (not applicable to adjustments required because of changes in the client's medical condition)
- Instructions to the client, caregiver, or both, on the safe and proper use of equipment provided
- Full service warranty
- Delivery and pick-up
- Fitting and adjustments

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

The agency does not pay for simultaneous rental and purchase of any item.

The agency does not reimburse providers for equipment that is supplied to them at no cost through suppliers or 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:

- Any equipment that the agency considers purchased requires repair during the applicable warranty period.
- The provider refuses or cannot fulfill the warranty.
- The client still needs the equipment.

If the rental equipment must be replaced during the warranty period, the agency 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.
- The client still needs the equipment.

Where can I find the fee schedule?

You can find the current Enteral Nutrition Fee Schedule on the agency's Enteral Nutrition Fee Schedule web page.

Billing and Claim Forms

What are the general billing requirements?

Providers must follow the agency's ProviderOne Billing and Resource Guide. These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- How to bill for clients eligible for both Medicare and Medicaid.
- How to handle third-party liability claims.
- What standards to use for record keeping.

What records specific to the agency's Enteral Nutrition Program must be kept?

(WAC 182-554-400, 182-554-500, 182-554-600, and 182-554-700)

Providers must keep legible, accurate, and complete charts in the client's 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 Prior Authorization Request* form (HCA 13-743) with the authorization number provided by the agency (the prescription is a part of the form)
- A copy of the WIC denial for clients age 4 and younger, which must state all of the following:
  - ✓ 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.
  - ✓ The WIC program cannot provide the prescribed product.

- A copy of the dietician evaluation for clients age 20 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 Prior Authorization Request* form (HCA 13-743)
  - ✓ The *Oral Enteral Nutrition Worksheet Expedited Prior Authorization Request* form (HCA 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 age 20 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 being ordered 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 age 4 and younger, which must state all of the following:
  - ✓ 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.
  - ✓ The WIC program cannot provide the prescribed product.
- A copy of the dietician evaluation for clients age 20 and younger who are on an eligible program

Prescribers must keep the following in their files:

A copy of the dietician evaluation, for clients age 20 and younger who are enrolled in an eligible agency program

How is the CMS-1500 claim form completed?

The agency's online Webinars are available to providers with instructions on how to bill professional claims and crossover claims electronically:

- DDE Professional claim
- DDE Professional with Primary Insurance
- DDE Medicare Crossover Claim

Also, see Appendix I of the agency's ProviderOne Billing and Resource Guide for general instructions on completing the CMS-1500 claim form.