

# Health and Recovery Services Administration (HRSA)



## Enteral Nutrition

Billing instructions

Chapter 388-554 WAC

**ProviderOne Readiness Edition**

## 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 Facilities Program

This publication supersedes all previous Department/HRSA *Enteral Nutrition Billing instructions* published by the Health and Recovery Services Administration, Washington State Department of Social and Health Services.

**Note:** The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

## Effective Date

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# Important Contacts

**Note:** This section contains important contact information relevant to Enteral Nutrition. For more contact information, see the Department/HRSA *Resources Available* web page at: [http://hrsa.dshs.wa.gov/Download/Resources\\_Available.html](http://hrsa.dshs.wa.gov/Download/Resources_Available.html)

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	<p>See the Department/HRSA <i>Resources Available</i> web page at:  <a href="http://hrsa.dshs.wa.gov/Download/Resources_Available.html">http://hrsa.dshs.wa.gov/Download/Resources_Available.html</a></p>
Finding out about payments, denials, claims processing, or Department managed care organizations	
Electronic or paper	
Finding Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	
How do I obtain prior authorization?	<p>For all written requests, fax a completed, typed ProviderOne request form, DSHS 13-835, as well as a completed Prior Authorization Request/Oral Enteral Nutrition Worksheet, DSHS 13-743, request to 1-866-668-1214. See the Department/HRSA <i>Resources Available</i> web page at: <a href="http://hrsa.dshs.wa.gov/Download/Resources_Available.html">http://hrsa.dshs.wa.gov/Download/Resources_Available.html</a></p>
How do I obtain a limitation extension?	<p>For all written requests, fax a completed, typed ProviderOne request form, DSHS 13-835, as well as a completed Justification for use of B9998 Miscellaneous Enteral Nutrition Procedure Code and Limitation Extension Request Form, DSHS 13-745, to 1-866-668-1214. See the Department/HRSA <i>Resources Available</i> web page at: <a href="http://hrsa.dshs.wa.gov/Download/Resources_Available.html">http://hrsa.dshs.wa.gov/Download/Resources_Available.html</a></p>
How do I find the nearest Women, Infants, and Children (WIC) clinic?	<p>To find the nearest WIC clinic, call: 1-800-236-2345</p>

# Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for a more complete list of definitions.

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

**Benefit Service Package** - A grouping of benefits or services applicable to a client or group of clients.

**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]

**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.

**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/>.

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

**Internal Control Number (ICN)** – See Transaction Control Number (TCN).

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

**Medical Consultant** - A physician employed by the Department.

**Medical Identification card(s)** – See *Services Card*.

**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.

**National Provider Identifier (NPI)** – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

**Nonfunctioning Digestive Tract** – Is 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.

**ProviderOne** – Department of Social and Health Services (the Department) primary provider payment processing system.

**ProviderOne Client ID**- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.

**For example:** 123456789WA.

**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.

**Services Card** – A plastic “swipe” card that the Department issues to each client on a “one- time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

**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.)

**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.

**Transaction Control Number (TCN)** - A unique field value that identifies a claim transaction assigned by ProviderOne.

**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

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## What Is the Purpose of the Department's Enteral Nutrition Program? [Refer to WAC 388-554-100]

The Department of Social and Health Services' (the Department's) Enteral Nutrition program covers products, equipment, and related supplies to provide medically necessary enteral nutrition to eligible medical assistance clients. The Department pays for medically necessary enteral nutrition for eligible children and tube fed adults.

The Department will pay for eligible children and adults to receive tube fed products and supplies.

The Department **will** pay for oral and tube fed enteral nutrition for eligible children age 20 years of age and younger. The Department **will not** pay for oral enteral nutrition products for adults age 21 years of age and older.

# Client Eligibility

## Who Is Eligible? [Refer to WAC 388-554-300]

Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

**Note:** Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

**Note:** 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 Department-contracted managed care organization (MCO) must arrange for enteral nutrition products, equipment and related supplies directly through a Department-contract MCO. **Managed care enrollment will be displayed on the Client Benefit Inquiry screen.**
- 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 nutrition 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.
- Clients who have elected and are eligible to receive the Department's hospice benefit must arrange for enteral nutrition products, equipment and related supplies directly through their 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

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## 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 (the Department) 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 those services that are within the scope of the provider's license;
- Obtain prior authorization (PA) from the Department, if required, before:
  - ✓ Delivery to the client; and
  - ✓ Billing the Department.
- 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 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. The Department 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; and
- 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 Department 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

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The Department of Social and Health Services (the Department) covers only the products listed in these billing instructions.

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

**Note:** The Department covers oral enteral nutrition for clients 20 years of age and younger only.

The Department covers orally-administered enteral nutrition products only for *clients 20 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 prior authorization (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 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.

**Amino acid, fatty acid, and carbohydrate metabolic disorders.**

- ✓ The client must require a specialized nutrition product; and
- ✓ Providers must follow the Department'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;
- ✓ The Department pays for orally-administered nutritional products for up to three months following the completion of chemotherapy or radiation therapy; and
- ✓ Providers must follow the Department's EPA process to receive payment.

**Chronic renal failure.**

- ✓ The client must be receiving dialysis and be on a fluid restrictive diet in order to use nutrition bars; and
- ✓ Providers must follow the Department's EPA 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 the Department'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 one hundred sixty or below if the client is age 18 through 20 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.

**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 the Department's EPA process to receive payment or prior authorization for Simply-Thick©.

- ✓ If four years of age or younger, the client must:
  - Have a certified registered dietician (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; or
    - 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 child; 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 the Department's EPA process to receive payment.



- ✓ If 5 years of age through 20 years of age, the client must:
  - Have a certified RD evaluation, for eligible clients, with recommendations that 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 the Department's EPA process to receive payment.

Requests to the Department for prior authorization for orally-administered enteral nutrition products must include a completed Oral Enteral Nutrition Worksheet Prior Authorization Request, 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);

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- 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 the Department.

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

The Department covers tube-delivered enteral nutrition products, equipment, and related supplies, without prior authorization, for eligible clients regardless of age, as follows:

- 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 product requested, diagnosis, 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.
- Providers must follow the Department's expedited prior authorization process (EPA) to receive payment.

The Department pays for up to 12 months of rental payments for tube-delivered enteral nutrition equipment. After 12 months of rental, the Department considers the equipment purchased and it becomes the client's property; and

The Department pays for repairs and replacement parts for tube-delivered enteral nutrition equipment, with PA, when:

- Owned by the client;
- The equipment is less than five years old; and
- No longer under warranty.

## Department 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. The Department 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 Expedited Prior Authorization Request/Oral Enteral Nutrition Worksheet, DSHS 13-761, from the prescriber;
  - ✓ Submits a Prior Authorization Request/Oral Enteral Nutrition Worksheet, DSHS 13-743, to the Department; or
  - ✓ Receives an order for tube-fed clients for the enteral nutrition product or supply from the prescriber.
  
- A signed and dated written notification from WIC is attached to the request indicating one of the following:
  - ✓ Client is not eligible for the WIC program; or
  - ✓ 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 child.
  
- 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]

The Department 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 21 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, the Department 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:** The Department 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)]

The Department 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)]

The Department 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

The Department pays for medical nutrition therapy provided by a certified dietician who has a current Department provider number, 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, who has a signed core provider agreement with the Department, 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 the current Department/HRSA *Medical Nutrition Therapy Billing instructions* for further information (see Important Contacts section for information on where to download billing instructions).

## Clients Who Have Elected the Department's Hospice Benefit [WAC 388-554-300(5)]

The Department 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 the Department's hospice benefit. The medical provider may request an exception-to-rule (ETR) for these clients.

## Clients Who Are Receiving Medicare Part B Benefits

The Department 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?

The Department pays for both enteral nutrition/supplies and parenteral nutrition/supplies only while a client is being transitioned from parenteral to enteral nutrition. Refer to the current Department/HRSA *Home Infusion Therapy/Parenteral Nutrition Billing instructions*.

# Coverage Table

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## Equipment Rental/Purchase Policy

- The following are included in the Department'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, the Department 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 Department 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 along with an invoice for the repairs that separates parts from labor charges. Both forms are available online at: <http://www.dshs.wa.gov/msa/forms/eforms.html>.
- Repairs or non routine service may not exceed 50% of the purchase price.
- The Department 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 Department.



## 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.  <b>Note:</b> 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	<b>Detailed Invoice Required</b>
B9002	RR	Loaner Pump	Y	N	The Department 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.

## 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 the Department. 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 Form # 13-745. This form must be submitted to the Department Enteral Nutrition Program Manager prior to submitting your claim to the Department (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 the Department 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 NPI;
- ProviderOne Client ID;
- 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

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**Note:** Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for more information on requesting authorization.

## What Is Prior Authorization?

Prior authorization (PA) is the Department of Social and Health Services (the Department) 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]

The Department 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 Department/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 the Department as specified in WAC 388-554-500(2)

**Note:** The Department 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 the Department's published enteral nutrition billing instructions. The appropriate EPA number must be used when the provider bills the Department.
- Upon request, a provider must provide documentation to the Department 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.

## Enteral Nutrition

- ✓ 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 Department's rules, billing instructions, and numbered memoranda.
- ✓ When authorization is not properly requested, the Department rejects and returns the request to the provider for further action. The Department does not consider the rejection of the request to be a denial of service.
- ✓ The Department authorization does not necessarily guarantee payment.
- ✓ The Department 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.
- ✓ The Department may recoup any payment made to a provider if the Department 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 Department-contracted MCO before the Department completes the purchase or rental of prescribed enteral nutrition products, necessary equipment, and supplies:
  - The Department rescinds the authorization of the purchase or rental;
  - The Department 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 Department-contracted MCO determines the client's continuing need for the equipment and is then responsible for the client.
- ✓ The Department 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 Department-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 the Department 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 the Department 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 **87000** 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:

- 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 **1110** add these **four** digits.

***The EPA number = 870001110.***

- For expedited prior authorization (EPA), a provider must establish that the client's condition meets the clinically appropriate EPA criteria outlined in these billing instructions. The appropriate EPA number must be used when the provider bills the Department.
- Upon request, a provider must provide documentation to the Department 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 **870001100**. (See EPA criteria coding list in these billing instructions).

- For each EPA number, there must be a completed Expedited Prior Authorization Request/Oral Enteral Nutrition Worksheet, 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 the Department when a situation does not meet the EPA criteria for a selected HCPCS code. Providers must fax a request to the Department 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 Expedited Prior Authorization Request/Oral Enteral Nutrition Worksheet, 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 Prior Authorization Request/Oral Enteral Nutrition Worksheet, DSHS 13-743.
- B. **Documentation** - The billing vendor **must keep** the completed Expedited Prior Authorization Request/Oral Enteral Nutrition Worksheet, DSHS 13-761, in the client's file. Upon request, a vendor must provide specific, detailed documentation to the Department 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, the Department conducts post-pay reviews. Refer to WAC 388-502-0100.

## Washington State Expedited Prior Authorization Criteria Coding List

Procedure Code	EPA Code	Description	Criteria
<b>Enteral Nutrition Products</b>			
<b>B9998</b>	<b>1110</b>	<b>Nutritional Bars</b>	Authorized only for clients: <ul style="list-style-type: none"> <li>• With DX code of chronic renal failure on dialysis;</li> <li>• On fluid restrictive diets; and</li> <li>• An albumin level of 3.2 or below.</li> </ul>
<b>Medical Conditions</b>			
	<b>1100</b>	<b>Chronic Renal Failure ICD-9-CM Code 585.6</b>	The client must be receiving dialysis and have an albumin level of 3.2 or below.  <b>Note:</b> Clients receiving dialysis must be on a fluid restrictive diet to use nutrition bars. When billing for nutrition bars, use EPA # <b>870000868</b> .
	<b>1101</b>	<b>Cancer(s) ICD-9-CM Codes: 140 through 208.9 and 230 through 234.9</b>	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).
	<b>1102</b>	<b>Decubitus Pressure Ulcer(s) ICD-9-CM Diagnosis ICD-9-CM Diagnosis 707.00 – 707.09</b>	The client must have: <ul style="list-style-type: none"> <li>• Stage 3 or greater decubitus pressure ulcer(s); and</li> <li>• An albumin level of 3.2 or below.</li> </ul> EPA may be used for 3 months only.
	<b>1103</b>	<b>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</b>	The client must require a specialized oral nutritional product.



Procedure Code	EPA Code	Description	Criteria
<b>Medical Conditions (Continued)</b>			
	1104	<b>Medical Condition Requiring Thickeners (Procedure Code: B4100) for Dysphagia ICD-9-CM Diagnosis Code: 787.20 – 787.24, 787.29.</b>	<p>The client must:</p> <ul style="list-style-type: none"> <li>• Require a thickener to aid in swallowing or be currently transitioning from tube feedings to oral feedings; and</li> <li>• 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).</li> </ul> <p><b>Note:</b> If the client is 20 years of age or younger and requires only a thickener, an evaluation by a dietician is not required.</p>

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

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

# Modifiers

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Providers must use the procedure codes listed in the product list along with the appropriate modifier for all enteral nutrition products. The Department 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 the Department. 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 the Department.

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 the Department for new, purchased equipment.

## Modifier ‘RR’

Use Modifier ‘RR’ to indicate that the provider is billing the Department 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 <http://www.palmettogba.com/palmetto/palmetto.nsf/DocsCat/Home> to locate proper HCPCS coding for products requested. Providers must use the applicable HCPCS codes for all enteral nutritional claims. The Department 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 the Department for these codes.

Billing must be limited to a 1-month supply.

**Note:** The following are examples of products that are not reimbursed by the Department: 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>

Category (HCPCS code)	Modifier	Description	One Unit Equals	Policy/Comments
<b>B4100</b>		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.  Covered for clients age 20 and younger only.
<b>B4102</b>	<b>BO</b>	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	500 ml	Covered for clients age 20 and younger only.
<b>B4103</b>	<b>BO</b>	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
<b>B4149</b>	<b>BO</b>	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber.	100 cal	Covered for clients age 20 and younger only.
<b>B4150</b>	<b>BO</b>	Enteral formula consisting of semi-synthetic intact protein/protein isolates.	100 cal	Covered for clients age 20 and younger only.
<b>B4152</b>	<b>BO</b>	Intact protein/protein isolates (calorically dense).	100 cal	Covered for clients age 20 and younger only.
<b>B4153</b>	<b>BO</b>	Hydrolized protein/amino acids.	100 cal	Covered for clients age 20 and younger only.
<b>B4154</b>	<b>BO</b>	Defined formula for special metabolic need.	100 cal	Covered for clients age 20 and younger only.
<b>B4155</b>	<b>BO</b>	Modular components.	100 cal	Covered for clients age 20 and younger only.
<b>B4157</b>	<b>BO</b>	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	Covered for clients age 20 and younger only.
<b>B4158</b>	<b>BO</b>	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron.	100 cal	Covered for clients age 20 and younger only.
<b>B4159</b>	<b>BO</b>	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	Covered for clients age 20 and younger only.

## Enteral Nutrition

Category (HCPCS code)	Modifier	Description	One Unit Equals	Policy/Comments
<b>B4160</b>	<b>BO</b>	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	Covered for clients age 20 and younger only.
<b>B4161</b>	<b>BO</b>	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber.	100 cal	Covered for clients age 20 and younger only.
<b>B4162</b>	<b>BO</b>	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	Covered for clients age 20 and younger only.
<b>B9998</b>	<b>BO</b>	NOC for enteral supplies.	One Bar	Nutrition bars when EPA criteria for EPA # <b>870001110</b> is met. Includes Choice DM Bar, Ensure Bar, Glucerna Bar, Protein Eight Bar, Regain Bar, and Resource Bar.  Covered for clients age 20 and younger only.
<b>B9998</b>		Simply-Thick© Honey thickener	One individual packet	PA and invoice required
<b>B9998</b>		Simply-Thick© Nectar thickener	One individual packet	PA and invoice required

# Payment

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## What Is Included In the Department's Payment?

[Refer to WAC 388-554-900]

The Department 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 Department'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, the Department discontinues payment effective on the date of the change in circumstance.

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

The Department 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 the Department 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, the Department recoups 50% 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.

## **Fee Schedule**

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

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

# Billing and Claim Forms

## What Are the General Billing Requirements?

Providers must follow the Department/HRSA *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- General record keeping requirements.

## What Records Specific to the Department'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 Prior Authorization Request/Oral Enteral Nutrition Worksheet, DSHS 13-743, with the authorization number provided by the Department. The prescription is a part of the form; or
  - ✓ Expedited Prior Authorization Request/Oral Enteral Nutrition Worksheet, 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 Prior Authorization Request/Oral Enteral Nutrition Worksheet, DSHS 13-743, must be submitted.

## Enteral Nutrition

- 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 Prior Authorization Request/Oral Enteral Nutrition Worksheet, DSHS 13-743; or
  - ✓ The Expedited Prior Authorization Request/Oral Enteral Nutrition Worksheet, 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 Department program.

**Completing the CMS-1500 Claim Form**

**Note:** Refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to the Enteral Nutrition program:

Field No.	Name	Entry				
<b>24B.</b>	<b>Place of Service</b>	<p>These are the only appropriate code(s) for Washington State Medicaid:</p> <table border="1"> <thead> <tr> <th>Code Number</th> <th>To Be Used For</th> </tr> </thead> <tbody> <tr> <td>12</td> <td>Client's residence</td> </tr> </tbody> </table>	Code Number	To Be Used For	12	Client's residence
Code Number	To Be Used For					
12	Client's residence					
<b>24G.</b>	<b>Days or Units</b>	<p>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.</p>				