

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: DME Providers
Infusion Therapy Providers
Pharmacists
Managed Care Organizations

Memo #: 08-32
Issued: June 30, 2008

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
(800) 562-3022, option 2, or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Enteral Nutrition: Fee Schedule Updates and Policy Changes

Effective for dates of service on and after July 1, 2008, the Health and Recovery Services Administration (HRSA) will:

- Update the Enteral Nutrition Fee Schedule;
- Implement policy changes for the Enteral Nutrition Program; and
- Implement new billing requirement for destination based sales tax.

Maximum Allowable Fees

Effective for dates of service on and after July 1, 2008, HRSA will update the Enteral Nutrition Fee Schedule and implement policy changes.

Visit HRSA's web site at <http://maa.dshs.wa.gov/RBRVS/Index.html#e> scroll down to Enteral Nutrition to view the new fee schedule, effective July 1, 2008.

Bill HRSA your usual and customary charge.

Billing Instructions Replacement Pages

Attached are updated replacement sections D, E and G for HRSA's current *Enteral Nutrition Billing Instructions*.

Billing Instructions Change Summary

Effective for dates of service on and after July 1, 2008, HRSA will implement the following policy changes to the Enteral Nutrition program:

- Modify the qualifying ICD-9-CM Codes for EPA number 870001103;
- Allow ReGen Cookies to be billed under EPA number 870000868;
- Discontinue EPA numbers 870000743 and 870000744; and
- Require prior authorization (PA) for procedure codes E1399 and B9998.

New Billing Requirement for Destination Based Sales Tax

Beginning July 1, 2008 Substitute Senate Bill 5089 (also known as “Streamlined Sales Tax”) will require retailers to report taxable items delivered to locations within Washington State. For more information about these new requirements, refer to the Department of Revenue website at: <http://dor.wa.gov>

Effective for dates of service on and after July 1, 2008, HRSA will require providers to bill with a UD modifier for any taxable item delivered within Washington State. **The UD modifier must be placed after all other applicable modifiers** and must be reported with each procedure code that is taxable and delivered to a client’s residence within Washington State.

Example: A new taxable product delivered to a client’s home should be billed as follows:
XXXXX NU UD

HRSA will generate a mass adjustment and reimburse according to the client’s delivery location on file for delivered, taxable items following the successful implementation of ProviderOne in 2009.

HRSA will base adjustments on whether:

- The item is taxable;
- The taxable item has been reported on the claim with a UD modifier; and
- The taxable item was delivered to a location within Washington State.

HRSA will base the sales tax reimbursement adjustment upon the client’s address on file with DSHS.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

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

Coverage

The Health and Recovery Services Administration (HRSA) covers only the products listed in these billing instructions.

What orally administered enteral nutrition products are covered? [Refer to WAC 388-554-500]

The enteral nutrition program covers medically necessary orally administered enteral nutrition products, subject to:

- Prior authorization requirements found in the Prior Authorization section of these billing instructions;
- Duration periods determined by HRSA; and
- Delivery requirements found in the Provider Requirements section of these billing instructions.

What tube-delivered enteral nutrition products, necessary equipment, and supplies are covered? [Refer to WAC 388-554-600]

The enteral nutrition program covers the following:

- Tube-delivered enteral nutrition products;
- Tube delivery supplies;
- Enteral nutrition pump rental (considered purchased after 12 months rental);
- Nondisposable intravenous (IV) poles required for enteral nutrition product delivery (one per client per lifetime);
- Purchased pump (one per client in a five year period); and
- Repairs to equipment.

HRSA Coverage for WIC Program-Eligible Clients

[Refer to WAC 388-554-800]

Clients who qualify for supplemental nutrition from the Women, Infants, and Children (WIC) program must receive supplemental nutrition through that program. HRSA 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 HRSA; or
 - ✓ Receives an order for tube-fed clients for the enteral nutrition product or supply from the prescriber.
- Specific, detailed documentation from the WIC program is attached to the request verifying that:
 - ✓ The client's enteral nutrition need is in excess of WIC program allocations. In these cases, HRSA only reimburses for quantities in excess of WIC allocations; or
 - ✓ The WIC program cannot supply the prescribed product;
- The enteral nutrition products available through the WIC program cannot meet the client's nutritional needs; and
- The client meets the Enteral Nutrition program requirements in these billing instructions.

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

Note: For information regarding the WIC program, call 800.322.2588. A list of WIC-authorized formulas is on page D.6 and on-line at:
<http://www.doh.wa.gov/cfh/WIC/materials/food/formula-list.pdf>

What is not covered? [WAC 388-554-500(4)]

HRSA does not cover or reimburse for orally administered enteral nutrition products when the client's nutritional need can 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.

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

Note: HRSA 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 388-501-0165.
[WAC 388-554-500(6) and WAC 388-554-510(12)]

Medical Nutrition Therapy

HRSA pays for medical nutrition therapy provided by a certified dietician who has a current HRSA provider number (see note on page C.1), for clients 20 years of age and younger who are in an eligible program, when the client is referred by an EPSDT provider.

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

[Refer to WAC 388-554-300(2)]

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

Clients in a State-Owned Facility [WAC 388-554-500(2a) and WAC 388-554-600(9a)]

HRSA 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 [WAC 388-554-500(3) and 388-554-600(10)]

HRSA pays separately for an eligible client's orally administered enteral nutrition products when the client:

- Resides in the nursing facility;
- Meets the eligibility requirements found in the Client Eligibility section of these billing instructions; and
- Needs enteral nutrition products to meet 100% of the client's nutritional needs.

Note: When billing for clients in nursing facilities who qualify for reimbursement of enteral nutrition, providers must add the statement "*100 % nutrition - not included in NH*" in the *Comments* section of the claim form.

Clients Who Have Elected HRSA's Hospice Benefit

[WAC 388-554-500(2b) and 388-554-600(9b)]

HRSA 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 HRSA's hospice benefit, unless both of the following apply:

- The client has a pre-existing medical condition that requires enteral nutrition support; and
- The pre-existing medical condition is not related to the diagnosis that qualifies the client for hospice.

Providers must enter a "K" indicator in the Comments section of the claim form to identify that the need for the enteral nutrition product, necessary equipment, or supply is unrelated to the terminal diagnosis.

Note: To ensure program compliance, HRSA conducts post-pay reviews. Refer to WAC 388-502-0100, Payment -- Eligible providers defined.

Clients Who Are Receiving Medicare Part B Benefits

HRSA 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?

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

WASHINGTON STATE WIC APPROVED FORMULAS

Effective October 1, 2007

Approved Formulas: Brand Name & Type	Unit	Regular # of Cans	*Maximum # of Cans
<i>Standard Formulas (All are iron fortified)</i>			
Powdered Formulas			
Milk-based			
Ross Similac Advance	12.9 oz	9	10
Ross Similac Sensitive	12.9 oz	9	10
Soy-Based			
Ross Similac Isomil Advance	12.9 oz	9	10
Concentrated Formulas			
Milk-based			
Ross Similac Advance	13 oz	31	35
Ross Similac Sensitive	13 oz	31	35
Soy-based			
Ross Similac Isomil Advance	13 oz	31	35
Ready To Feed (RTF) Formulas			
Milk-based			
Ross Similac Advance	1 QT	25	28
Ross Similac Sensitive	1 QT	25	28
Soy-based			
Ross Similac Isomil Advance	1 QT	25	28

<i>Therapeutic Formulas (All are iron fortified)</i>			
Ross Similac Sensitive R.S.	1 QT RTF	25	28
Ross Similac NeoSure	12.8 oz powdered	10	11
	1 QT RTF	25	28
Ross Similac Alimentum	16 oz powdered	8	9
	1 QT RTF	25	28
Nestle Good Start Supreme, DHA & ARA	12 oz powdered	10	12
	1 QT RTF	25	28
Mead Johnson Enfamil EnfaCare LIPIL	12.8 oz powdered	10	11
	1 QT RTU	25	28
Mead Johnson Nutramigen LIPIL	16 oz powdered	8	9
	13 oz concentrate	31	35
	1 QT RTU	25	28

<i>Child Nutritionals (All are iron fortified)</i>			
Ross PediaSure (any flavor, with or without fiber)	8 oz RTF (6 bottles per pack)	96	108

*WIC staff have the option to provide, on an individual basis, additional formula for children over age 1 and women with special dietary needs up to the maximum # of cans.

Therapeutic formulas and Child Nutritionals are allowed when a prescriptive authority: (1) completes a Request for Medically Necessary WIC Approved Formulas form, or (2) provides a written prescription documenting the a) medical diagnosis warranting the issuance of the WIC approved formula, 2) brand name and type of the WIC approved formula, c) length of time required not to exceed six months, and 4) signature of the prescriptive authority.

Enteral Nutrition Coverage Table

Equipment Rental/Purchase Policy

- The following are included in HRSA'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, HRSA will terminate reimbursement effective on the date of the change in circumstances.
- Providers may not bill for simultaneous rental and a purchase of any item.
- HRSA will *not* reimburse providers for equipment that was supplied to them **at no cost** through suppliers/manufacturers.
- Rent-to-purchase equipment may be new or used at the beginning of the rental period.
- HRSA reimburses for enteral nutrition related supplies for clients residing in nursing facilities **only when:**
 - ✓ The supplies are used to administer 100% of the client's nutritional requirements; and
 - ✓ The client's medical circumstances meet HRSA's Enteral Nutrition program requirements.

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

- HRSA reimburses for enteral nutrition-related supplies for clients receiving Medicare Part B **only when:**
 - ✓ The supplies are used to administer enteral nutrition products to non tube-fed clients; and
 - ✓ The client's medical circumstances meet HRSA's requirements for enteral nutrition.

Enteral Supply Kits

- Do not bill more than one supply kit code per day.
- Enteral supply kits include all the necessary supplies for the enteral patient using the syringe, gravity, or pump method of nutrient administration.
- Bill only for the actual number of kits used, not to exceed a one-month supply.

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

Enteral Tubing

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

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

Enteral Repairs

Procedure Code	Modifier	Brief Description	EPA/PA	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.	PA required for DOS on or after 7/01/08. (Invoice required.)	N	EPA #: 870000743 Discontinued for DOS on and after 6/30/08.
E1340		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.		N	

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

B9998		Case for ambulatory feeding pump. Included in pump purchase.	PA required for DOS on and after 7/01/08. (Invoice required.)		EPA #: 870000744 Discontinued for DOS on and after 6/30/08. Max # of units - 1 every 5 years
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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 required.	N	Purchase & Max # of units to be determined by HRSA.

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 HRSA Enteral Nutrition Program Manager prior to submitting your claim to HRSA (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 HRSA indicating that your bill has been reviewed and the payable amount has been determined.

Include the following supporting documentation with your fax:

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

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Prior Authorization

What is prior authorization?

Prior authorization (PA) is the Health and Recovery Services Administration's (HRSA) 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]

HRSA requires PA for orally administered enteral nutrition products, repairs to equipment, and replacement of necessary supplies for tube delivery of enteral nutrition products. See also WAC 388-501-0165 - Determination process for coverage of medical equipment and medical or dental services.

When HRSA receives an initial request for PA, the prescription(s) for those items cannot be older than 3 months from the initial request date.

HRSA will evaluate all requests for services not specifically described in these billing instructions or that are in excess of the enteral nutrition program's limitations or restrictions, based on medical necessity. The vendor must furnish all of the following information to HRSA:

- A copy of the completed Prior Authorization Request/Oral Enteral Nutrition Worksheet [DSHS 13-743] that includes the order completed by the prescribing physician, advanced registered nurse practitioner (ARNP), or physician's assistant-certified (PA-C), which includes client's medical condition and exact daily caloric amount of prescribed enteral nutrition product (see Important Contacts).
- Specific, detailed documentation from the client's physician, ARNP, or PA-C that verifies all of the following:
 - ✓ The client has at least one of the following medical conditions, subject to the criteria listed:
 - Malnutrition/malabsorption as a result of a stated primary diagnosed disease.

Requires PA for a maximum of 1 year per request, and HRSA considers the following ICD-9-CM codes as medically necessary: 260, 261, 263.0, 263.2, 579.0, 579.2, and 579.8.

The client must have:

A weight-for-length at or less than the fifth percentile if the client is younger than age 3;

- ❖ A Body Mass Index (BMI) of:
 - Less than or equal to the fifth percentile if the client is older than age 3 and younger than age 18; or
 - Less than or equal to 18.5 if the client is 18 years of age or older; or

- An unintentional or unexplained weight loss of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months.
- Acquired immune deficiency syndrome (AIDS).

Requires PA for a maximum of 1 year per request, and HRSA considers ICD-9-CM diagnosis code 042 as medically necessary. The client must:

- ❖ Be in a wasting state; and
- ❖ Have a weight-for-length at or less than the fifth percentile if the client is younger than age 3;
- ❖ Have a BMI of:
 - Less than the fifth percentile if the client is older than age 3 and younger than age 18; or
 - Less than or equal to 18.5 if the client is 18 years of age or older; or
- An unintentional or unexplained weight loss of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months.

➤ Failure to thrive.

Requires PA for a maximum of 1 year per request, and HRSA considers ICD-9-CM diagnosis code 783.41 to be justification for medical necessity.

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 at or less than the fifth percentile if the client is younger than age 3;

❖ A BMI of:

Less than or equal to the fifth percentile if the client is at least age 3 but younger than age 18; or

Less than or equal to 18.5, **and** an albumin level of 3.5 or below, **and** a cholesterol level of 160 or below if the client is 18 years of age or older; or

➤ An unintentional or unexplained weight loss of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months.

✓ 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 18 years of age or older, 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 17 years of age or younger, 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 2 years of age or younger; or

➤ An evaluation of the BMI if the client is older than age 3 and younger than age 18.

✓ Specific, detailed documentation explaining why less costly, equally effective products or traditional foods are not appropriate (see Coverage section).

- ✓ The client's likely expected outcome if enteral nutritional support is not provided.
- ✓ **The number of days** or months the enteral nutrition products, equipment, and/or necessary supplies are required.

A provider may resubmit a request for prior authorization for oral enteral nutrition products or replacement of necessary supplies for tube delivery of enteral nutrition products that HRSA has denied (see Important Contacts section). However, the provider must include new documentation that is relevant to the request.

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 HRSA 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 HRSA 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:

EPA Numbers for Enteral Tubing, Pumps and Poles, and Enteral Nutrition Products

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

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.

- 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.

Enter the EPA number on the 1500 Claim Form in the **field 19** or in the **Authorization or Comments** field when billing electronically. With HIPAA implementation, multiple authorization (prior/expedited) numbers can be billed on a claim. If you are billing **multiple** EPA numbers, you must list the 9-digit EPA numbers in *field 19* of the claim form **exactly** as follows (*not all required fields are represented in the example*):

19. Line 1: 870000725/ Line 2: 870000726
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If you are billing only one EPA number on a paper 1500 Claim Form, please continue to list the 9-digit EPA number in field 23 of the claim form.

Example: The 9-digit EPA number for Low Profile Gastrostomy Replacement Kit for a client who meets all of the EPA criteria would be **870000742** (870000 = first 6 digits, 742 = product and documented medical condition).

REMINDER: EPA numbers are **only** for those products listed in the fee schedule as requiring EPA numbers. EPA numbers are not valid for:

- Other enteral nutrition products and supplies requiring prior authorization through the enteral nutrition program;
- Products for which the documented medical condition does not meet **all** of the specified criteria; or
- Limitation extensions.

Certain procedure codes for medical conditions require an EPA. In some cases, a client’s situation meets EPA criteria for a limited length of time. If there is a medically necessary reason to extend the EPA-approved treatment, product, service, etc. beyond that length of time, you must fax HRSA a request for a limited extension (LE). See page F.10

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

Expedited Prior Authorization Guidelines:

- A. **Medical Justification (criteria)** - Medical justification must come from the client's prescriber with an appropriately completed 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 HRSA 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, HRSA conducts post-pay reviews. Refer to WAC 388-502-0100.

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

Procedure Code	EPA Code	Description	Criteria
Enteral Nutrition Products			
B9998	868	Nutritional Bars	Authorized only for clients: <ul style="list-style-type: none"> • With DX code of chronic renal failure on dialysis; and • On fluid restrictive diets.
Medical Conditions			
	1100	Chronic Renal Failure ICD-9-CM Code 585.6	The client must be receiving dialysis. Note: Clients receiving dialysis must be on a fluid restrictive diet to use nutrition bars. When billing for nutrition bars, use EPA # 870000868.
	1101	Cancer(s) ICD-9-CM Codes: 140 through 208.9 and 230 through 234.9	The client must be currently receiving chemotherapy and/or radiation therapy. Providers may also use this code to bill for the post therapy phase (up to 3 months following the completion of chemotherapy or radiation therapy).
	1102	Decubitus Pressure Ulcer(s) ICD-9-CM Diagnosis 707.00 – 707.09	The client must have: <ul style="list-style-type: none"> • Stage 3 or greater decubitus pressure ulcer(s); and • An albumin level of 3.2 or below.

Medical Conditions (Continued)			
Procedure Code	EPA Code	Description	Criteria
	1103	Amino Acid, Fatty Acid, and Carbohydrate Metabolic Disorders ICD-9-CM Codes: 270.0-270.8, 271.0-271.4, 271.8, and 272.0-272.5-272.8	The client must require a specialized oral nutritional product.
	1104	Medical Condition Requiring Thickeners (Procedure Code: B4100) for Dysphagia ICD-9-CM Diagnosis Code: 787.2 ICD-9-CM Code: 787.20 – 787.24, 787.29	The client must: <ul style="list-style-type: none"> • Require a thickener to aid in swallowing or be currently transitioning from tube feedings to oral feedings; and • Have been evaluated by a speech therapist, or an occupational therapist that specializes in dysphagia (the report must be in the client’s chart in the prescriber’s office recommending a thickener).
			Note: If the client is 20 years of age or younger and requires only a thickener, an evaluation by a dietician is not required.
			“Simply Thick” (B9998) requires prior authorization.
	1105	End Stage COPD or Emphysema ICD-9-CM Codes 491.20, 491.21, 492.8, 496	Client must have: <ul style="list-style-type: none"> • A BMI 18.5 or less; or • An unintentional or unexplained weight loss of 5% in 1 month, or 7.5% in 3 months, or 10% in 6 months.

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

Age Requirements (Continued)			
	1107	Children 5 through 20 years of age (younger than 21 years of age)	<p>Client must have:</p> <ul style="list-style-type: none"> ✓ A certified RD evaluation, for eligible clients, with recommendations (which support the prescriber's order) for medically necessary, oral enteral nutrition products; and ✓ One of the following criteria: <ul style="list-style-type: none"> ➤ A decrease across 2 or more percentile lines on the CDC growth chart, once a stable growth pattern has been established; or ➤ Failure to gain weight on 2 successive measurements, despite dietary interventions; or ➤ Documented specific, clinical factors that place the child at risk for a compromised nutrition and/or health status.

Product List

Enteral Nutrition Product Classification List

Vendors must use the Enteral Nutrition Product Classification List located on the SADMERC* web site <http://www.palmettogba.com> to locate the proper HCPCS coding for products requested. Providers must use the applicable HCPCS codes for all enteral nutritional claims. HRSA will accept billing for **only** the codes and products listed on the SADMERC Enteral Nutrition Product Classification List.

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

Billing must be limited to a 1-month supply.

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

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

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

Enteral Nutrition

Category (HCPCS code)	Description	One Unit Equals	Policy/Comments
B4152	Intact protein/protein isolates (calorically dense).	100 cal	
B4153	Hydrolized protein/amino acids.	100 cal	
B4154	Defined formula for special metabolic need.	100 cal	
B4155	Modular components.	100 cal	
<p>* The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) is a national entity that provides services under contract to the Centers for Medicare & Medicaid Services (CMS). The SADMERC Reports and Analysis Unit provides data analysis support to the four DMERCs. The SADMERC HCPCS Unit offers guidance to manufacturers and suppliers on the proper use of the Healthcare Common Procedure Coding System (HCPCS)</p>			
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	
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	

Enteral Nutrition

Category (HCPCS code)	Description	One Unit Equals	Policy/Comments
B9998	NOC for enteral supplies	One Bar	Nutrition bars when EPA criteria for EPA # 870000868 is met. Authorized only for clients with chronic renal failure on dialysis (use valid ICD-9 -CM code), and be on a fluid restricted diet. Examples are Choice DM Bar, Ensure Bar, Glucerna Bar, Regain Bar, Resource Bar, ReGen Cookie, etc.
B9998	Simply-Thick© Honey thickener	One individual packet	PA and invoice required
B9998	Simply-Thick© Nectar thickener	One individual packet	PA and invoice required

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