



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

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SUBJECT  
Requirements for Coverage of Enteral Nutritional  
Supplements and Issuance of Enteral Nutritional  
Supplements MA Program Outpatient Fee Schedule

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By Michael Nardone, Acting Deputy Secretary  
Office of Medical Assistance Programs

## **PURPOSE:**

The purposes of this Medical Assistance (MA) Bulletin are to:

- 1) announce Prior Authorization (PA) requirements on new prescriptions issued for enteral nutritional supplements on or after July 2, 2007;
- 2) announce service limits related to enteral nutritional supplements; and
- 3) issue an updated MA Program Outpatient Fee Schedule for enteral nutritional supplements with their associated fees and service limits.

## **SCOPE:**

This MA Bulletin applies to all prescribers and suppliers of enteral nutritional supplements who are enrolled in the MA Program to provide services under the fee-for-service and ACCESS Plus delivery systems. Prescribers and suppliers of enteral nutritional supplements rendering services under the managed care delivery system should address any prior authorization, coding or billing questions to the appropriate physical health Managed Care Organization (MCO).

## **BACKGROUND:**

On December 28, 2001, the Office of MA Programs issued MA Bulletin 99-01-13, "Coverage of Enteral Nutritional Supplements," notifying providers that effective January 1, 2002, the MA Program was expanding its scope of coverage to include coverage of all nutritional supplements listed on the MA Program Outpatient Fee Schedule, for all MA recipients eligible for medical supplies.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)

On September 21, 2005, the Department issued MA Bulletin 99-05-15, "2005 HCPCS Updates and Other Revisions to the Medical Assistance Program Fee Schedule; Prior Authorization Requirements," effective October 1, 2005, announcing that due to the 2005 HCPCS updates, two procedure codes for nutritional supplements were being end-dated from the MA Program Outpatient Fee Schedule and seven procedure codes were being added to the MA Program Outpatient Fee Schedule, one of which would require PA when prescribed to be administered orally to recipients 21 years of age and older. This MA Bulletin also announced that a program exception would be required for the procedure codes that were described as "for pediatrics," when prescribed for recipients 21 years of age and older.

## **DISCUSSION:**

### **PA Requirements**

The following enteral nutritional supplement procedure codes are currently on the MA Program Fee Schedule:

B4103	B4150	B4152	B4153
B4154	B4155	B4157	B4158
B4159	B4160	B4161	B4162

PA is already required for procedure code B4157 when prescribed to be administered orally to adults age 21 and older.

As set forth below, effective July 2, 2007, PA will also be required for all new prescriptions issued for the following enteral nutritional supplement procedure codes when prescribed to be administered orally to recipients 21 years of age and older:

B4103	B4150	B4152
B4153	B4154	B4155

and for the following pediatric enteral nutritional supplement procedure codes when prescribed for recipients 21 years of age and older:

B4158	B4159	B4160
B4161	B4162	

In order to ensure uninterrupted services to MA recipients who are currently receiving enteral nutritional supplements, PA will be required only for new prescriptions issued on or after July 2, 2007. All existing prescriptions for enteral nutritional supplements issued prior to July 2, 2007, will not require PA for the duration of the prescription, including refills. Providers must use the attachment type code "AT30" to designate claims with existing prescriptions in order to assure accurate claims processing.

As a reminder to all prescribers and suppliers of enteral nutritional supplements, 55 Pa.Code §1101.66 (a) (relating to prior authorization) requires that providers follow the instructions in the provider handbook for processing prior authorization requests.

## **Service Limits**

The MA Program has established limits for enteral nutritional supplements which are identified on the Attachment to this MA Bulletin titled, "Enteral Nutritional Supplement MA Program Outpatient Fee Schedule," dated July 2, 2007. The limit of 960 units per month equates to 96,000 calories per month, or 3,000 calories per day, for 32 days, which will meet the daily caloric needs of the vast majority of MA recipients. However, if needed, a waiver of the limits may be requested through the 1150 Administrative Waiver (Program Exception) process.

## **Managed Care Delivery System**

MCOs are not required to impose the service limits that apply in the fee-for-service delivery system, although they are permitted to do so. MCOs may not impose service limits that are more restrictive than the service limits established in the fee-for-service system. An MCO that chooses to establish service limits must notify network providers of the limits before implementing the limits.

## **MA Program Fee Schedule**

An updated list of enteral nutritional supplements included on the MA Program Outpatient Fee Schedule, along with the associated fees, limits, and prior authorization requirements, is attached to this MA Bulletin.

## **PROCEDURE:**

With the exception of procedure code B4103, the HCPCS informational modifier BO (nutritional oral administration, no tube) must be used in conjunction with the applicable HCPCS procedure code when submitting claims for enteral nutritional supplements that are prescribed to be administered orally, without the use of a feeding tube, regardless of the MA recipient's age. Failure to include the BO modifier on claims for enteral nutritional supplements, except for procedure code B4103, when administered orally, will result in claim denial or inappropriate claim payment.

For all new prescriptions on or after July 2, 2007, prescribers or suppliers must obtain PA for enteral nutritional supplements that **are not defined** specifically by the national procedure code description as "for pediatrics," when prescribed to be administered orally to MA recipients 21 years of age and older.

For all new prescriptions on or after July 2, 2007, prescribers or suppliers must obtain PA for enteral nutritional supplements that **are defined** specifically by the national procedure code description as "for pediatrics," when prescribed to be administered either orally or through a feeding tube for recipients 21 years of age and older.

Enrolled medical suppliers and pharmacies may bill and receive payment for enteral nutritional supplements listed on the MA Program Outpatient Fee Schedule using the 837P or

the CMS 1500 invoice. When PA is required, the prescriber must submit the MA-97 Form, identifying the applicable enteral nutritional supplement procedure code, the BO informational modifier, the units per month being requested, and the duration of the requested services and include information to support the medical necessity for the requested item. The PA Notice of Decision identifies a PA number, which must be included on the claim submitted to the MA Program.

All existing prescriptions and refills for enteral nutritional supplements issued prior to July 2, 2007, will not require PA. In order to assure accurate claims processing, pharmacies and medical suppliers must use the Attachment Type Code "AT30" to designate claims for existing prescriptions and refills. Use of the "AT30" on new prescriptions issued on or after July 2, 2007, will result in claim denials. Pharmacies and medical suppliers billing on the CMS 1500 invoice must enter "AT30" in block 19; and pharmacies and medical suppliers billing on the 837P invoice must enter "AT30" in the billing note section. The Department may perform retrospective review of claims in order to ensure the appropriate use of Attachment Type Code "AT30".

Providers are reminded that enteral nutritional supplements may not be billed using the National Drug Code (NDC), but rather must be billed using the HCPCS procedure codes found in the attachment to this bulletin.

**Please Note:** Rural Health Clinics and Federally Qualified Health Centers must continue to follow the procedures established by the Bureau of Fee-for-Service Programs, (Division of Rate Setting) to receive payment for the services. These clinics should contact the Division of Rate Setting at (717) 772-6150 for information.

Attachment: Enteral Nutritional Supplement MA Program Outpatient Fee Schedule, dated July 2, 2007.