New Policy Coverage and Prior Authorization Process for Enteral Nutrition Formula Training



Agenda

- Introduction
- Policy
- Prior Authorization (PA) Improvements
- PA Submission Changes
- PA Submission
- PA Requests Submitted via the ForwardHealth Portal
- PA Adjudication
- Provider Resources



Introduction

To improve and increase member access and reduce administrative burden on providers, ForwardHealth has:

 Clarified and expanded coverage for members who may receive their nutrition from enteral nutrition formulas.



Introduction (Cont.)

- Simplified the PA submission process for enteral nutrition formula, enhanced real-time PA adjudication available, and made changes to reduce the number of PA amendments.
- Decreased the need for amendments by approving the Healthcare Common Procedure Coding System (HCPCS) code that represents the requested enteral nutrition formula.



Policy

Coverage of enteral nutrition formula requires PA per Wis. Admin. Code § DHS 107.10(2)(c).



PA Improvements

- Effective for dates of service on and after April 1, 2020, PA requests for enteral nutrition formula should be submitted via the Portal to obtain real-time approval.
- The Portal follows an algorithm designed to improve the number of immediate approvals.
- If the Portal is not able to immediately approve the request, the PA will be reviewed individually by a clinical consultant.



PA Improvements (Cont.)

- PA requests will be considered for immediate adjudication through the Portal in the following cases:
- Members receive total nutrition through a gastric or jejunostomy tube.



PA Improvements (Cont.)

- Members under age 21 receive partial or total nutrition orally and who have one of the medical conditions listed below:
 - Have been diagnosed with an in-born error of metabolism
 - Require specialized nutrition for more than 50 percent of their caloric needs
 - Have impaired absorption of nutrients caused by gastrointestinal track disorders
 - Have central nervous system disease leading to interference with ingestion that cannot be maintained with regular oral feeding



PA Submission Changes

The revised and renamed Prior Authorization/Enteral Nutrition Formula Attachment (PA/ENFA) form, F-11054, is effective April 1, 2020.



PA Submission

Providers must complete the following for enteral nutrition formula PA requests submitted via the Portal, fax, or mail:

- A completed and signed Prior Authorization Request Form (PA/RF), F-11018
- A completed and signed PA/ENFA, F-11054



PA Submission (Cont.)

A prescription from a certified health provider must be either uploaded to the Portal application or submitted with PA forms via fax or mail and include:

- Member name
- Prescription date
- Enteral nutrition formula(s) prescribed
- Calories or milliliters per day (as described in the appropriate HCPCS code) prescribed
- Route of administration
- Length of treatment
- o Prescriber's name, signature, and professional credentials

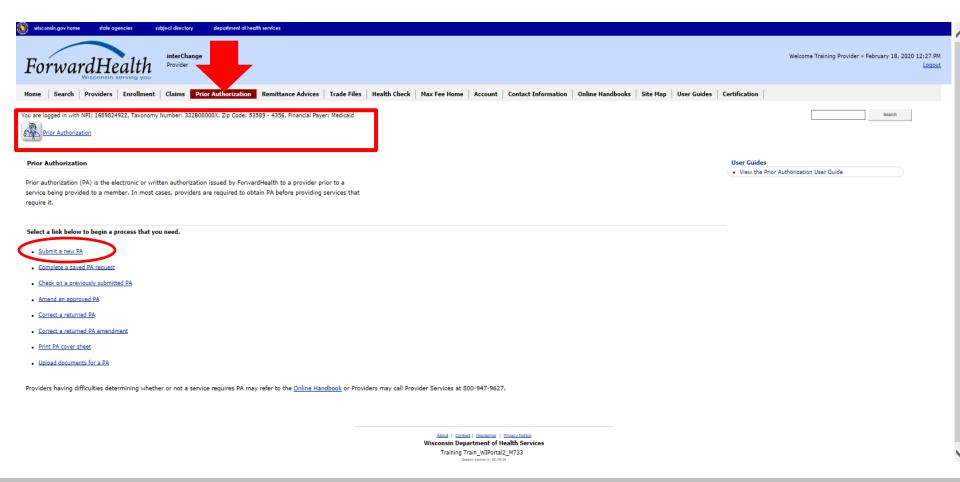


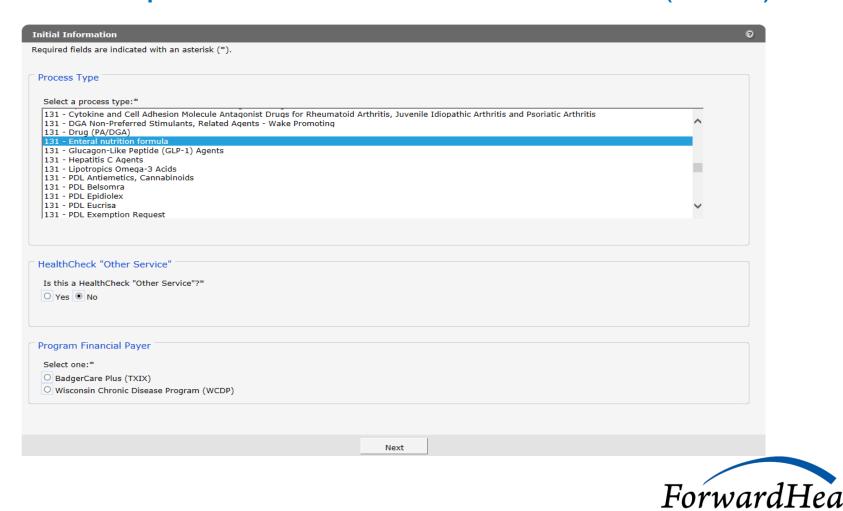
PA Requests Submitted via the Portal

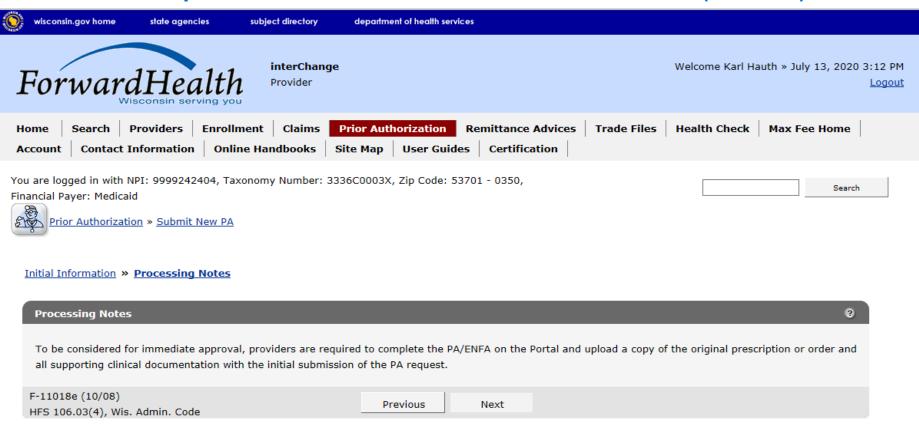
For a PA request to be considered for immediate approval, providers must complete the PA/ENFA form, F-11054 on the Portal and upload a copy of the:

- Original prescription or order.
- All supporting clinical documentation.











Initial Information » Processing Notes » Member Information

Member Information		9
Required fields are indicated with an asterisk (*).		
Member ID*		
First Name*		
Last Name*		
Requested Start Date*		
F-11018e (10/08) HFS 106.03(4), Wis. Admin. Code	Previous Next	Clear Verify

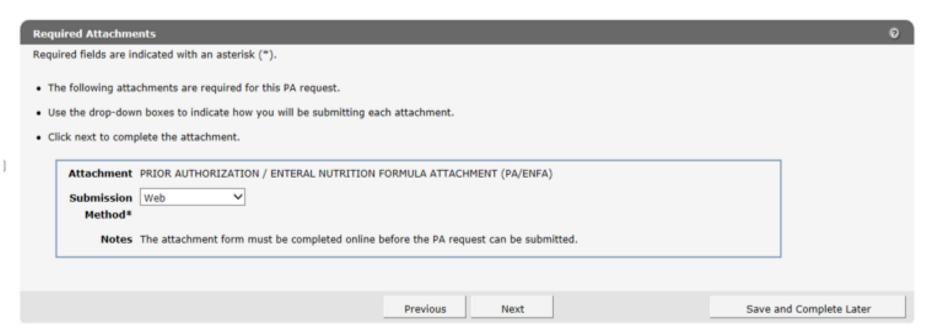


Member Information			0
Required fields are indicated with an asterisk (*)			
Member ID* 90100037(x First Name* LENA Last Name* SIMPSON Requested Start Date* 02/17/2020	Date of Birth 12/31/1981 Address DO NOT USE/CHANGE		
_	City GREEN LAKE State/Zip WI 54941 Gender F		
F-11018e (10/08) HFS 106.03(4), Wis. Admin. Code		Previous Next	Clear Verify

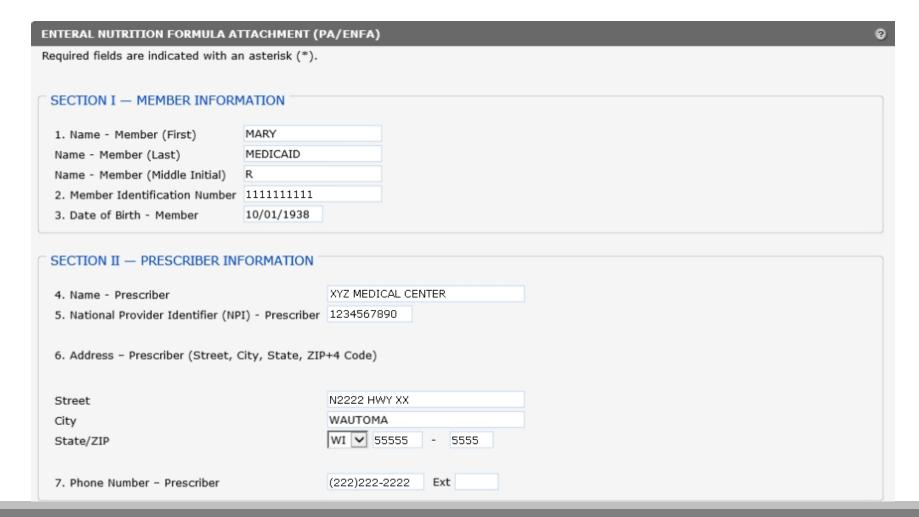


Initial Information » Processing Notes » Member Information » Service Information	tion		
minima zirormadori " Processing roces " Member zirormadori " Service zirorma	<u>iioii</u>		
Service Information			0
Required fields are indicated with an asterisk (*).			
Primary Diagnosis Code* Z931 [Search]	Primary Diag Description GASTROSTOMY STATUS		
Secondary Diagnosis Code R6251 [Search]	Secondary Diag Description FAILURE TO THRIVE (CHILD)		
Requested Start Date 02/17/2020	Requesting Provider Signature* Im Nutrition Specialist		
National Provider Identifier - Prescribing/Referring/Ordering Provider 1891740585 NPI [Search]	Name - Prescribing/Referring/ Ordering Provider TRAINING PHYSICIAN		
Line Items			
Line Item Provider ID Service Code Modifiers Quantity Charge	Status		
01 0 \$0.00 Total: \$0.00			
100011 40100	Select row to update/delete -c	r- enter new line item information and select Add	
Line Item 01			
Rendering Provider ID [Search] (If blank, will def	fault to Billing Provider)		
Rendering Provider Taxonomy			
Service Code Type* PROCEDURE CODE (After choosing, move off field, and walt	for Service Code field to appear)		
Service Code* B4157 [Search]			
Service Code Description			
Additional Service Code Description 2880 CAL PER DAY X 365 DAY	$\hat{\ }$		
Modifiers			
Place of Service* 12			
Quantity Requested* 10,512.000			
Charge* 999999999 x			
			Add Cancel
F-11018e (10/08) HF5 106.03(4), Wis, Admin, Code	Pr	evious Next	Save and Complete Later Clear Verify

Initial Information » Processing Notes » Member Information » Service Information » Required Attachments







SECTION III — PRESCRIPTION OR ORDER INFORMATION
(submit a copy of the prescription or order not greater than one year old with each PA request)
 Indicate the date the prescription or order was written. Prescriptions or orders should not be greater than one year old.* 04/01/2020
SECTION IV — DIETARY ASSESSMENT AND PLAN
 Indicate the member's total daily caloric requirements. Total daily caloric requirements are the calculated caloric needs from all nutritional sources.*
10. Indicate how the enteral nutrition formula(s) prescribed or ordered will be administered.* © Feeding tube only O Mouth only O Mouth and feeding tube
If the enteral nutrition product will be administered using both mouth and feeding tube, indicate the following: Calories per day administered orally Calories per day administered via feeding tube
11. If the member receives less than 50 percent of daily nutrition orally from a nutritionally complete enteral nutrition formula, describe the plan to decrease dependence on the supplement, or provide rationale as to why decreasing dependence is not possible.

SECTION V — CLINICAL INFORMATION

13. Secondary Diagnosis Code and Description as it Relates to Enteral Nutrition (A secondary diagnosis is not required.) 14. Height and Weight Measurements Indicate the anthropometric measures of the member. Anthropometric measures are the member's current height in inches, the date measure the member's current weight in pounds, and the date measured. 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 16. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 17. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 18. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 19. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 19. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 10. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 10. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 10. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* 10. Indicate the member's calculate the membe		ATUS		
14. Height and Weight Measurements Indicate the anthropometric measures of the member. Anthropometric measures are the member's current height in inches, the date measure the member's current weight in pounds, and the date measured. Current height 57 inches Date measured 04/01/2020 Current weight 123 pounds Date measured 04/01/2020 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional				
14. Height and Weight Measurements Indicate the anthropometric measures of the member. Anthropometric measures are the member's current height in inches, the date measure the member's current weight in pounds, and the date measured. Current height 57 inches Date measured 04/01/2020 Current weight 123 pounds Date measured 04/01/2020 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18." Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic addemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophillic esophagitis, or eosinophillic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional	13. Samuel Diagramia S	and and December on it Deletes to Deletes		andre d 3
14. Height and Weight Measurements Indicate the anthropometric measures of the member. Anthropometric measures are the member's current height in inches, the date measured the member's current weight in pounds, and the date measured. Current height 57 inches Date measured 04/01/2020 Current weight 123 pounds Date measured 04/01/2020 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional			nteral Nutrition (A secondary diagnosis is not re	equired.)
Indicate the anthropometric measures of the member. Anthropometric measures are the member's current height in inches, the date measured the member's current weight in pounds, and the date measured. Current height 57 inches Date measured 04/01/2020 Current weight 123 pounds Date measured 04/01/2020 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional	RB251 - FAILURE TO THRU	/E (CHILD)		
Indicate the anthropometric measures of the member. Anthropometric measures are the member's current height in inches, the date measured the member's current weight in pounds, and the date measured. Current height 57 inches Date measured 04/01/2020 Current weight 123 pounds Date measured 04/01/2020 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.** Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional				
Current height 57 inches Date measured 04/01/2020 Current weight 123 pounds Date measured 04/01/2020 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional	14. Height and Weight Mea	surements		
Current height 57 inches Date measured 04/01/2020 Date measured 04/01/2020 Date measured 04/01/2020 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's medical condition is the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's calculation is the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's calculation is the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Indicate the member's calculation is the member is tube-fed only, skip Elements 15				t in inches, the date measured,
Current weight 123 pounds Date measured 04/01/2020 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional	the member's current weig	ht in pounds, and the date measured.		
Current weight 123 pounds Date measured 04/01/2020 15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.* Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional				
15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed Element 18.** Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional	Current height	57 inches	Date measured	04/01/2020
Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional	Current weight	123 pounds	Date measured	04/01/2020
Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia) More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestin tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional				
□ Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointesting tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) □ Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding □ Nutritional deficiency (for example, failure to thrive or mainutrition) □ Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) □ Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) □ Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional	Element 10.			
tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease) Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or mainutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional	☐ Inborn errors of metab tyrosinemia, or methylmalo	nic acidemia)		
 □ Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding □ Nutritional deficiency (for example, failure to thrive or malnutrition) □ Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) □ Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) □ Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional 	☐ Inborn errors of metab tyrosinemia, or methylmalo ☐ More than 50 percent	nic acidemia) of the member's caloric need is requir	ed to be met orally by specialized nutrition due	to a medical condition (for
cannot be maintained with regular oral feeding Nutritional deficiency (for example, failure to thrive or malnutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional	☐ Inborn errors of metab tyrosinemia, or methylmalo ☐ More than 50 percent example, ketogenic diet, fo	nic acidemia) of the member's caloric need is requir ood protein-induced enterocolitis, seve	ed to be met orally by specialized nutrition due ere allergy, eosinophilic esophagitis, or eosinophi	to a medical condition (for lic gastritis)
Nutritional deficiency (for example, failure to thrive or malnutrition) Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional	☐ Inborn errors of metab tyrosinemia, or methylmalo ☐ More than 50 percent example, ketogenic diet, fo ☐ Impaired absorption of tract (for example, short-g	nic acidemia) of the member's caloric need is require od protein-induced enterocolitis, seve nutrients caused by disorders affecti nut syndrome, fistula, cystic fibrosis, in	ed to be met orally by specialized nutrition due are allergy, eosinophilic esophagitis, or eosinophi ng the absorptive surface, function, length, or n nflammatory bowel disease, ischemic bowel dise	to a medical condition (for ilic gastritis) notility of the gastrointestinal ase)
Chronic disease (for example, advanced AIDS, end-stage renal disease with or without renal dialysis) Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional	☐ Inborn errors of metab tyrosinemia, or methylmalo ☐ More than 50 percent example, ketogenic diet, fo ☐ Impaired absorption of tract (for example, short-g	nic acidemia) of the member's caloric need is require od protein-induced enterocolitis, seve nutrients caused by disorders affecti nut syndrome, fistula, cystic fibrosis, in	ed to be met orally by specialized nutrition due are allergy, eosinophilic esophagitis, or eosinophi ng the absorptive surface, function, length, or n nflammatory bowel disease, ischemic bowel dise	to a medical condition (for lic gastritis) notility of the gastrointestinal ase)
Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck) Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional	☐ Inborn errors of metable tyrosinemia, or methylmalo ☐ More than 50 percent example, ketogenic diet, for ☐ Impaired absorption of tract (for example, short-g ☐ Central nervous system cannot be maintained with	nic acidemia) of the member's caloric need is require od protein-induced enterocolitis, seven nutrients caused by disorders affection out syndrome, fistula, cystic fibrosis, in midisease leading to interference with regular oral feeding	ed to be met orally by specialized nutrition due ere allergy, eosinophilic esophagitis, or eosinophi ng the absorptive surface, function, length, or n nflammatory bowel disease, ischemic bowel dise neuromuscular mechanisms of ingestion of such	to a medical condition (for lic gastritis) notility of the gastrointestinal ase)
Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI - Additional	☐ Inborn errors of metable tyrosinemia, or methylmalo ☐ More than 50 percent example, ketogenic diet, for ☐ Impaired absorption of tract (for example, short-g ☐ Central nervous system ☐ Nutritional deficiency (nic acidemia) of the member's caloric need is require od protein-induced enterocolitis, seve nutrients caused by disorders affection out syndrome, fistula, cystic fibrosis, in disease leading to interference with regular oral feeding for example, failure to thrive or malnu	ed to be met orally by specialized nutrition due ere allergy, eosinophilic esophagitis, or eosinophi ng the absorptive surface, function, length, or n oflammatory bowel disease, ischemic bowel disea neuromuscular mechanisms of ingestion of such atrition)	to a medical condition (for lic gastritis) notility of the gastrointestinal ase)
	Inborn errors of metable tyrosinemia, or methylmalo More than 50 percent example, ketogenic diet, for Impaired absorption of tract (for example, short-good Central nervous system annot be maintained with Chronic disease (for example Chronic disease (for example)	nic acidemia) of the member's caloric need is require od protein-induced enterocolitis, seve nutrients caused by disorders affection out syndrome, fistula, cystic fibrosis, in midisease leading to interference with regular oral feeding for example, failure to thrive or mainus cample, advanced AIDS, end-stage re-	ed to be met orally by specialized nutrition due ere allergy, eosinophilic esophagitis, or eosinophi ng the absorptive surface, function, length, or a filammatory bowel disease, ischemic bowel diseaneuromuscular mechanisms of ingestion of such strition) nal disease with or without renal dialysis)	to a medical condition (for lic gastritis) notility of the gastrointestinal ase)
Information.	Inborn errors of metable tyrosinemia, or methylmalo More than 50 percent example, ketogenic diet, for Impaired absorption of tract (for example, short-government of Central nervous system of Nutritional deficiency (Chronic disease (for example of Congoing cancer treatment)	nic acidemia) of the member's caloric need is require od protein-induced enterocolitis, seve nutrients caused by disorders affection of the member's caused by disorders affection of the seventh of the	ed to be met orally by specialized nutrition due ere allergy, eosinophilic esophagitis, or eosinophing the absorptive surface, function, length, or a offlammatory bowel disease, ischemic bowel disease, neuromuscular mechanisms of ingestion of such attrition) and disease with or without renal dialysis) gastrointestinal or head/neck)	to a medical condition (for lic gastritis) motility of the gastrointestinal ase) n severity that the member
	Inborn errors of metable tyrosinemia, or methylmalo More than 50 percent example, ketogenic diet, for Impaired absorption of tract (for example, short-government of Central nervous system of Nutritional deficiency (Chronic disease (for example of Congoing cancer treatment)	nic acidemia) of the member's caloric need is require od protein-induced enterocolitis, seve nutrients caused by disorders affection of the member's caused by disorders affection of the seventh of the	ed to be met orally by specialized nutrition due ere allergy, eosinophilic esophagitis, or eosinophing the absorptive surface, function, length, or a offlammatory bowel disease, ischemic bowel disease, neuromuscular mechanisms of ingestion of such attrition) and disease with or without renal dialysis) gastrointestinal or head/neck)	to a medical condition (for lic gastritis) motility of the gastrointestinal ase) n severity that the member
	Inborn errors of metable tyrosinemia, or methylmalo More than 50 percent example, ketogenic diet, for many many many metable tract (for example, short-good cannot be maintained with Nutritional deficiency (Chronic disease (for example, of the control of the con	nic acidemia) of the member's caloric need is require od protein-induced enterocolitis, seve nutrients caused by disorders affection of the member's caused by disorders affection of the seventh of the	ed to be met orally by specialized nutrition due ere allergy, eosinophilic esophagitis, or eosinophing the absorptive surface, function, length, or a offlammatory bowel disease, ischemic bowel disease, neuromuscular mechanisms of ingestion of such attrition) and disease with or without renal dialysis) gastrointestinal or head/neck)	to a medical condition (for lic gastritis) motility of the gastrointestinal ase) n severity that the member
	Inborn errors of metablesinemia, or methylmalos More than 50 percent mple, ketogenic diet, for Impaired absorption of the for example, short-grant nervous system of the maintained with Nutritional deficiency (Chronic disease (for example, in the maintained of the compound of the compou	nic acidemia) of the member's caloric need is require od protein-induced enterocolitis, seve nutrients caused by disorders affection of the member's caused by disorders affection of the seventh of the	ed to be met orally by specialized nutrition due ere allergy, eosinophilic esophagitis, or eosinophing the absorptive surface, function, length, or a offlammatory bowel disease, ischemic bowel disease, neuromuscular mechanisms of ingestion of such attrition) and disease with or without renal dialysis) gastrointestinal or head/neck)	to a medical condition (for lic gastritis) motility of the gastrointestinal ase) n severity that the member

16. For the member's medical condition checked in Element 15, regardless of the member's age, indicate in the space provided the specific details medical condition, including treatment recommendations, as it relates to enteral nutrition. If applicable, indicate any clinical changes that have occasince previously approved PAs have been submitted. If additional space is needed refer to Section VI – Additional Information.	
Member has cerebral palsy, epilepsy, VP shunt, nerve stimulator and GTube. Oral intake is inadequate. 100% nutrition provided GTube.	Ç.
17. For enteral nutrition formula administered orally, regardless of the member's age, describe why a diet of regular- or altered-consistency table and beverages is not nutritionally sufficient for the member, and why nutritional requirements necessitate the use of enteral nutrition formula. If a space is needed refer to Section VI – Additional Information.	
	^
	\vee
18. For specially formulated enteral nutrition formula, regardless of the member's age, describe why general purpose enteral nutrition formula doe meet the member's nutritional needs, is not tolerated, or is not clinically appropriate for the member. If additional space is needed refer to Section Additional Information.	
	Q
19. For diagnoses of failure to thrive or malnutrition, regardless of the member's age, describe the member's anthropometric measurements (for enterprise to substant the member's nutritional deficiency. If additional space is needed refer to Section VI – Additional Information.	
WT readings 06/12/2019 120lb. 9oz. 09/07/2019 121lb. 10oz. 12/21/2019 122lb. 10oz.	\$
Weight changes progressively increased since 06/2019 member tolerates GTube feeding well.	

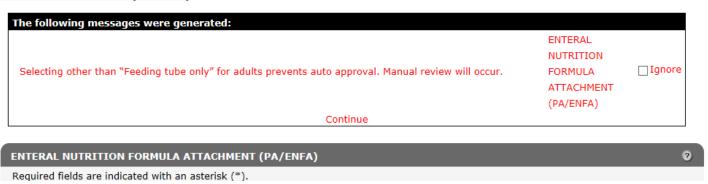


20. Include any additional inforr	mation in the space below, including a description of the member's dietary assessment and dietary plan.	
		\wedge
		Ť
ECTION VII — PRIOR AUTH	ORIZATION REQUEST INFORMATION FOR CALORIES PER DAY	
A.		
21. Procedure Code	B4157	
2. Modifiers		
3. Calories Per Day Requested	2880	
4. Number of Days Requested	365	
5. Units Requested	10512 (Element 23 x Element 24 / 100)	
3		
Procedure Code		
Modifiers		
Calories Per Day Requested		
Number of Days Requested		
Jnits Requested		
rocedure Code		
1odifiers		
Calories Per Day Requested		
lumber of Days Requested		
vullibel of Days Requested		

Procedure Cod		
	le	
27. Modifiers		
28. Milliliters Per D		
29. Number of Day		
30. Units Requeste	ed	(Element 28 x Element 29 / 500)
		THE OF BILLING PROVIDER THE OF BILLING PROVIDER THE OF BILLING PROVIDER THE OF BILLING PROVIDER
By signing bell ecords, other documents.	low, I agree to the truthfulne cumentation) submitted with	
By signing bel records, other documents.	low, I agree to the truthfulne cumentation) submitted with Ima Provider	ness, accuracy, timeliness, and completeness of this PA request and that any clinical information (i.e., medical
■ By signing beliecords, other documents ■ By signing beliecords, other documents ■ By signing believed. ■ B	elow, I agree to the truthfuln- cumentation) submitted with Ima Provider Ima Provider	ness, accuracy, timeliness, and completeness of this PA request and that any clinical information (i.e., medical

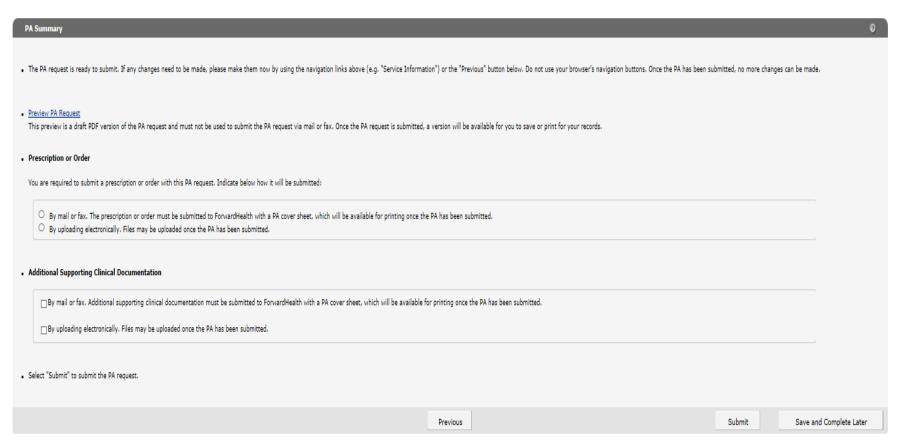


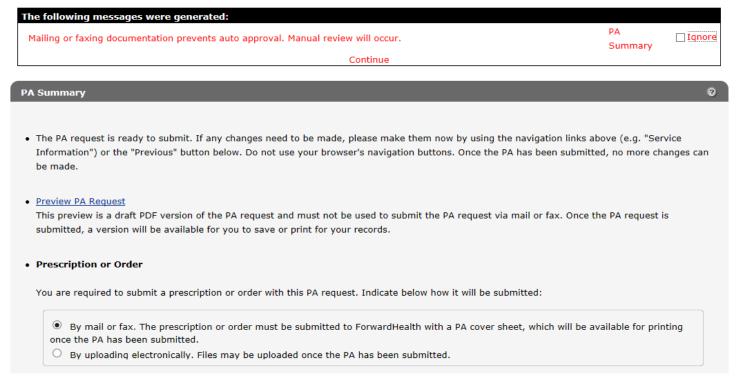
<u>Initial Information</u> » <u>Processing Notes</u> » <u>Member Information</u> » <u>Service Information</u> » <u>Required Attachments</u> » <u>ENTERAL NUTRITION</u> <u>FORMULA ATTACHMENT (PA/ENFA)</u>



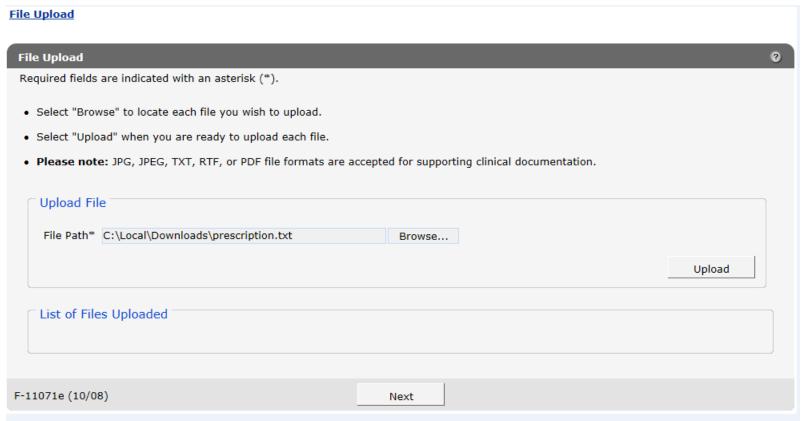


Initial Information » Processing Notes » Member Information » Service Information » Required Attachments » ENTERAL NUTRITION PRODUCT ATTACHMENT (PA/ENPA) » PA Summary

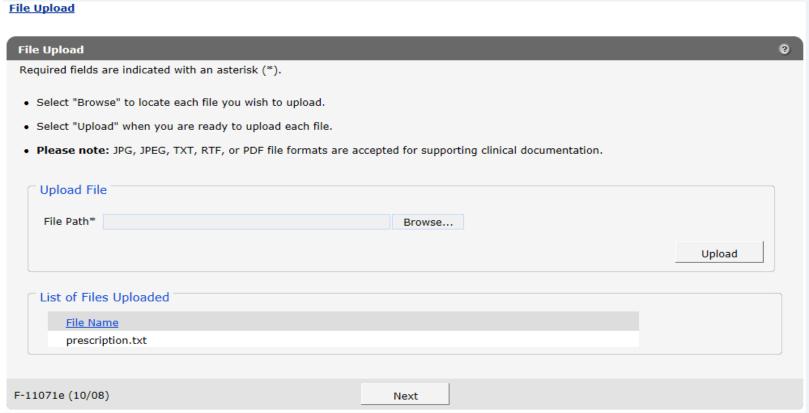






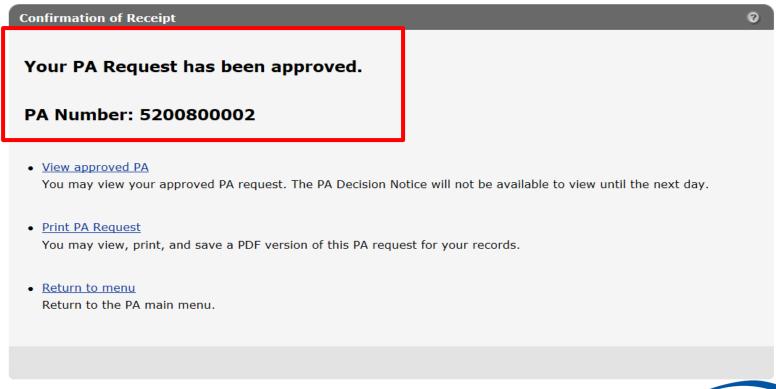








File Upload » Confirmation of Receipt



Confirmation of Receipt

3

Your PA Request has been submitted.

PA Number: 5200900002

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- Print PA Request

You may view, print, and save a PDF version of this PA request for your records.

· Return to menu

Return to the PA main menu.

Previous



PA Adjudication

- PA requests will be approved by HCPCS code representing the type of enteral nutrition formula, not the brand name.
- If the brand name of the enteral nutrition formula changes over the length of the approved PA but the HCPCS code representing the enteral nutrition formula remains the same, the provider should not submit an amendment.



Provider Resources

- ForwardHealth Portal: www.forwardhealth.wi.gov/
- Provider Services: 800-947-9627
- WiCall: 800-947-3544 (ForwardHealth's Automated Voice Response system)
- ForwardHealth Portal Helpdesk: 866-908-1363
- Electronic Data Interchange Helpdesk: 866-416-4979
- Provider Relations Representatives

file:///C:/Users/rz48qv/Downloads/fieldrepguide%20(11).pdf



Thank You