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## Wisconsin Medicaid Adopting HCPCS Code Changes for Enteral Nutrition Products and Allowing Enhanced Reimbursement for Selected Products

Effective for dates of service on and after January 1, 2005, Wisconsin Medicaid is updating enteral nutrition policies and limitations to reflect 2005 HealthCare Common Procedure Coding System (HCPCS) procedure code changes from the Centers for Medicare and Medicaid Services. These changes include the following:

- Adding new HCPCS procedure codes.
- Enddating discontinued HCPCS procedure codes.
- Replacing a modifier.

In addition, providers may request enhanced reimbursement for selected pediatric enteral nutrition products.

### HCPCS Procedure Code Changes

Wisconsin Medicaid is updating policies and limitations for enteral nutrition products to reflect 2005 HealthCare Common Procedure Coding System (HCPCS) procedure code changes from the Centers for Medicare and Medicaid Services.

#### *New Procedure Codes*

Effective for dates of service (DOS) on and after January 1, 2005, Wisconsin Medicaid is

adding HCPCS procedure codes B4149 and B4158-B4162 for enteral nutrition products.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a list of Medicaid-reimbursable enteral nutrition procedure codes, products, and maximum allowable fees.

Providers may call the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) at (877) 735-1326 for information about any new enteral nutrition products and to verify classifications. Attachment 1 is the most current list available but may change in the future. Wisconsin Medicaid recommends checking SADMERC listings to verify product codes.

#### *Discontinued Procedure Codes*

Due to HCPCS code changes, effective for DOS on and after January 1, 2005, Wisconsin Medicaid has discontinued procedure codes B4151 and B4156. Enteral nutrition products previously listed under codes B4151 and B4156 have either been reassigned to interim code B4154, been reassigned to another procedure code by SADMERC, or the product has been discontinued by the manufacturer. Refer to

Attachment 2 for a list of enteral nutrition products that have been reassigned or discontinued.

### *Approved and Modified Prior Authorizations Currently in Effect with Discontinued Codes*

For approved and modified prior authorizations (PAs) currently in effect with grant dates before January 1, 2005, and expiration dates on and after January 1, 2005, Wisconsin Medicaid will identify and convert all discontinued procedure codes that have replacement codes. Converted procedure codes will be effective for DOS on and after January 1, 2005. Prior authorized quantities as approved on the original Prior Authorization Request Form (PA/RF) are not to be exceeded. The discontinued codes will remain effective for DOS before January 1, 2005.

Because the discontinued procedure codes will be converted on these identified PA requests for DOS on and after January 1, 2005, providers are required to submit all related claims using the codes that replace the discontinued codes. For claims with DOS before January 1, 2005, providers are required to use the discontinued procedure codes.

### *New Modifiers*

Effective for DOS on and after September 1, 2005, providers are required to use modifier “BO” (Orally administered nutrition, not by feeding tube) when submitting claims for enteral nutrition products taken orally. Providers are required to use modifier “22” (Unusual procedural services) for DOS prior to September 1, 2005. Claims submitted with modifier “22” for DOS on and after September 1, 2005, will be denied.

Providers may use modifier “SC” (Medically necessary service or supply) to request enhanced reimbursement for selected medically necessary products.

### **Enhanced Reimbursement for Selected Pediatric Products**

#### *Eligible Products*

Enhanced reimbursement is available for select medically necessary pediatric products for which there are no substitutes and the maximum allowable fee does not adequately cover the provider’s wholesale costs. Refer to the procedure codes or specific enteral nutrition pediatric products with asterisks in Attachment 1 for enteral nutrition pediatric products for which enhanced reimbursement may be requested.

Pediatric products are limited to recipients up to age 21.

#### *New Prior Authorization Requests*

When requesting PA with enhanced reimbursement, providers should do the following:

- Complete the PA/RF and Prior Authorization/Enteral Nutrition Product Attachment (PA/ENPA), HCF 11054 (Rev. 07/03).
- Indicate the modifier “SC” on the PA/RF.
- Attach a copy of the provider’s invoice indicating the wholesale cost.
- Attach documentation to demonstrate one of the following:
  - ✓ The recipient has experienced treatment failure or feeding intolerance with a more cost-effective product.
  - ✓ The recipient has a medical condition(s) that prevents the use of a more cost-effective product.
  - ✓ The recipient has experienced unacceptable side effects while on the more cost-effective product.

**E**nhanced reimbursement is available for select medically necessary pediatric products for which there are no substitutes and the maximum allowable fee does not adequately cover the provider’s wholesale costs.

If providers have a currently approved PA for an enteral nutrition product for which enhanced reimbursement is available, providers may request an amendment of the currently approved or modified PA.

If Wisconsin Medicaid approves the PA request with the enhanced reimbursement, the PA consultant will manually price the product based on the invoice. Wisconsin Medicaid will reimburse the provider the invoice price in addition to a fee based on the pharmacy dispensing fee.

#### *Currently Approved Prior Authorization Requests*

If providers have a currently approved PA for an enteral nutrition product for which enhanced reimbursement is available, providers may request an amendment of the currently approved or modified PA. The amendment request should include:

- A copy of the currently approved PA/RF.
- Specific changes to the PA being requested including a request to add the “SC” modifier to the applicable procedure code(s).
- A document explaining or justifying the requested changes providing the information outlined previously.
- A copy of the provider’s invoice indicating the wholesale cost.

#### *Current Claims*

If a provider has been submitting claims with the new codes after January 1, 2005, they are required to submit an amended PA *immediately* or claims will be denied.

#### *Claims Submission*

If Wisconsin Medicaid approves the PA request for enhanced reimbursement, the provider may then provide the service and submit claims with the “SC” modifier. If Wisconsin Medicaid approves the PA request for the product, but not the enhanced reimbursement, the claim must be submitted without the “SC” modifier.

If the provider submitted a PA amendment request, he or she is required to wait until the request is approved before adjusting any paid claims to add the “SC” modifier.

The “SC” modifier may be billed with other modifiers, such as the “BO” modifier.

#### *Automatic Crossover Claims for Dual Eligibles*

When submitting claims containing the “SC” modifier for dual eligibles, the provider should submit claims to Medicare first *without* using the “SC” modifier as Medicare does not recognize the modifier and will not transmit the modifier to Wisconsin Medicaid on the automatic crossover claim. After Wisconsin Medicaid processes and pays the crossover claim without the modifier, the provider can submit an Adjustment/Reconsideration Request, HCF 13046 (Rev. 06/03), to Wisconsin Medicaid to add the “SC” modifier.

If the claim does not automatically cross over from Medicare to Wisconsin Medicaid, the provider should submit the crossover claim to Wisconsin Medicaid with the “SC” modifier.

#### **Reminder on Calculating Quantities**

For determining the quantity to indicate on the PA/RF or on the CMS 1500 claim form, Wisconsin Medicaid defines one unit as 100 calories. Wisconsin Medicaid limits providers to a maximum amount of product they may request for PA based on the daily quantity specified on the prescription.

An example of how to compute quantity is as follows:

- The physician writes an order for Ensure, 3 cans daily (8 oz. each, 254 calories per can).

- A 30-day supply requires 90 cans (3 x 30 = 90).
- Total units for 30 days is 90 cans x 2.54 units/can (units equal 254 calories divided by 100) = 228.6, rounded to 229 units.

### **Information Regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT 1

## Medicaid-Reimbursable Enteral Nutrition Procedure Codes and Products

Note that this list of products is the most current list at the time of publication (July 2005). Providers may visit the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) Web site for the most current list of enteral nutrition products and classifications.

<p><b>B4149</b> — Enteral formula, blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$1.19/unit</p> <p>*Compleat B Modified *Compleat Pediatric</p>
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<p><b>B4150</b> — Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$.65/unit</p>		
<p>Advantage Plus 60+ AMTF AMTF High Protein Balanced — The Total Nutritional Drink (Instant Meal Replacement Drink) Balanced — The Total Nutritional Drink (Ready to Drink Meal) Boost Boost II Boost Basic Boost High Protein Boost Fiber Carnation Instant Breakfast Lactose Free Ensure Ensure Fiber with FOS Ensure High Calcium Ensure HN Ensure HP Ensure Powder Ensure with Fiber</p>	<p>Enteralife HN Enteralife HN Fiber Enteralife HN-2 Fibersource Fibersource HN Fortison Hearty Balance Introlite Isocal Isocal HN Isocal HN Plus Isocal II Isosource Isosource HN *Jevity 1 Cal Jevity 1.2 Cal Lonalac Naturite Naturite Plus Newtrition (Flavors) Nitrolan (Nitro-Pro)</p>	<p>Nitro-Pro (Nitrolan) Nutrapak Nutren 1.0 Nutren 1.0 with Fiber Nutri-Drink NutriHeal Complete Nutrition for Healing Support Nutrition Osmolite Osmolite 1.0 Cal Osmolite 1.2 Cal Pre-Attain ProBalance *Promote *Promote with Fiber Replete Replete with Fiber Resource Standard Ultracal Ultracal HN Plus</p>

<p><b>B4152</b> — Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$.55/unit</p>		
<p>AMTF High Cal 2.0 Boost Plus Carnation Instant Breakfast Lactose Free VHC Carnation Instant Breakfast Lactose Free Plus Comply Deliver 2.0 Ensure Plus Ensure Plus HN Ensure Plus HN Ready-to-Hang Hi-Cal</p>	<p>Hormel Solutions Balanced Fortified Nutrition IsoSource 1.5 Jevity 1.5 Cal Magnacal Med Pass 2.0 Med Plus 2.0 Naturite Plus Novasource 2.0 Nutren 1.5 Nutren 2.0</p>	<p>NutriAssist 1.5 Nutri-Drink Plus Nutrition Plus Pivot 1.5 Cal Resource 2.0 Resource Plus Resource Support Resurgex Plus ScandiShake Boost Plus Twocal HN</p>

\*Enhanced reimbursement may be requested for these selected products *only* for pediatric cases. Pediatric cases are defined as recipients up to age 21.

**B4153** — Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$1.86/unit

Accupepha Alitraq Criticare HN Crucial Complete Elemental Diet Glutasorb IMPACT Glutamine IntensiCal Ready-to-Hang F.A.A. (Free Amino Acid Diet) L-Emental L-Emental Plus Optimental	Peptamen Peptamen 1.5 Peptamen Complete Elemental Diet with Prebio 1 Peptamen VHP Peptical Peptinex Peptinex DT Peptinex DT with Fiber Perative	Pro-Peptide Pro-Peptide VHN Subdue Subdue Plus Subdue Ready-to-Hang Tolerex Vital HN Vivonex Plus Vivonex RTF (Ready-to-Feed) Vivonex T.E.N.
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**B4154** — Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$1.19/unit

Accupeg HPF Advera AminAid AMTF Diabetic AMTF Pulmonary AMTF Renal AMTF Renal 2.0 AMTF Trauma Choice DM Crucial DiabetiSource AC Enterex Diabetic with Fiber Fulfil Glucerna Glucerna Select Glucerna Shake Glucerna Weight Loss Shake Gluco-Pro	Glytrol Hepatic-Aid Immun-Aid Impact Impact 1.5 Impact Recover Impact with Fiber Isosource VHN KetoCal L-Emental Hepatic Lipisorb Magnacal Magnacal Renal Modulan IBD Nepro NovaSource Pulmonary Novasource Renal Nutrifocus	NutriHep NutriRenal Nutrivent Oxepa Prosure Prosure Shake Protain XL Pulmocare Renalcal Resource Diabetic Respalor SandoSource Peptide Similac PM 60/40 SLD Stresstein Suplena (Replena) Tarvil Traumacal
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**B4155** — Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$.93/unit

80056 ArgiMent Casec Duocal (Super Soluble) Egg/Pro Powder Essential ProPlus Essential Protein Glutamine Enriched Antioxidant Formula Glutamine Immune Deficiency Formula Glutamine Unsweetened Regular Hi ProCal Hom 1 (Model 659356) Hom 2 (Model 659357) Immunocal Juven with Arginine, Glutamine, and HMB L-Emental Amino Acid Supplement — 100 percent L-Arginine L-Emental Amino Acid Supplement — 100 percent Glutamine L-Emental Arginine Supplement Drink Mix (Lemon Lime, Orange) Lophlex (Orange Flavored — 12167 and Berry Flavored —12169) LPS 1530 MCT Oil *Microlipid	Moducal MSUD1 (Model 659350) MSUD2 (Model 659351) Nestle Additions Calorie and Protein Food Enhancer Nutramine Nutramine T NutriMod Protein Supplement NutriVir NutriVir — NSA (No Sugar Added) OS 1 (Model 659348) OS 2 (Model 659349) PFD 1 PFD 2 PhenylAde Amino Acid Blend Phlexy-10 Drink Mix PKU 1 (Model 659345) PKU 2 (Model 659346) PKU 3 (Model 659347) *Polycose Procare ProCell Protein Supplement Promix ProMod Propac Plus ProPass Protein Supplement	Pro-Phree ProSource Protein Supplement Pro-Stat 64 Pro-Stat 101 Pro-Stat 121 (Models 20121, 20121-U, 10121, 10121-U) Proteinex Liquid (8 oz. and 16 oz. Bottle) ProViMin *RCF (Ross Carb Free) Resource Arginaid Resource Benecalorie Resource Beneprotein Instant Protein Powder Resource Instant Protein Powder Resource GlutaSolve Restore-X Resurgex SoyPro Sumacal Sysco Classic Lactose Free Procal TYR 1 (Model 659352) TYR 2 (Model 659353) UCD 1 (Model 659360) UCD 2 (Model 659361) UpCal D
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\*Enhanced reimbursement may be requested for these selected products *only* for pediatric cases. Pediatric cases are defined as recipients up to age 21.

<b>**B4158</b> — Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$.65/unit		
Advantage Plus 10+ AMTF Pediatric Enfamil Enfamil A.R. Enfamil A.R. LIPIL Enfamil LactoFree Enfamil LactoFree LIPIL Enfamil LIPIL Low Iron Enfamil LIPIL with Iron	Enfamil Next Step LIPIL Good Start 2 Essentials with Iron Good Start DHA & ARA with Iron Good Start Essentials with Iron Good Start Supreme with Iron Good Start 2 Supreme DHA & ARA NAN NAN DHA & ARA	Portagen Resource for Kids Resource Just for Kids with Fiber Similac Advance with Iron Similac 2 Advance Infant Formula with Iron Similac Lactose-Free Advance Infant Formula with Iron

<b>**B4159</b> — Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$.65/unit		
Enfamil Next Step ProSobee LIPIL Enfamil ProSobee Enfamil ProSobee LIPIL Good Start Soy Essentials with Iron Good Start 2 Soy Essentials with Iron	Good Start Supreme Soy DHA & ARA Similac Isomil Similac Isomil Advance Soy Formula with Iron Similac Isomil 2 Advance Soy Formula with Iron	

<b>**B4160</b> — Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$.65/unit		
Carnation Instant Breakfast Junior Enfamil EnfaCare Enfamil EnfaCare LIPIL Enfamil Kindercal TF Enfamil Premature Lipid Low Iron 20Cal Enfamil Premature Lipid Low Iron 24Cal Enfamil Premature Lipid with Iron 20Cal Enfamil Premature Lipid with Iron 24Cal Kindercal Nutren Junior	Nutren Junior with Fiber Pediasure Pediasure Enteral Formula Pediasure with Fiber Pediasure with Fiber Enteral Formula Resource Just for Kids 1.5 Cal Resource Just for Kids 1.5 Cal with Fiber Similac NeoSure Similac NeoSure Advance	

<b>**B4161</b> — Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$1.65/unit		
3232A EleCare Enfamil Nutramigen Enfamil Nutramigen LIPIL Enfamil Pregestimil L-Emental Pediatric Neocate Infant Formula	Neocate Junior Pediatric EO28 Neocate One+Powder Nutramigen Pediatric Peptinex DT Pediatric Peptinex DT with Fiber Peptide One +	Peptamen Junior Peptamen Junior Powder Peptamen Junior with Prebio Pregestimil Pro-Peptide for Kids Similac Alimentum Advance with Iron Vivonex Pediatric

<b>**B4162</b> — Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit, max fee = \$1.30/unit		
3200AB Acerflex Analog Formulas BCAD 2 Calcilo XD Cyclinex-1 Cyclinex-2 Glutarex-1 Glutarex-2 HCY 1 HCY 2 Hominex-1 Hominex-2 I-Valex-1	Ketonex-1 Ketonex-2 Maxamum Formula Maximaid Formula MSUD Diet Powder Periflex Phenex-1 Phenex-2 Phenex-2, Vanilla PhenylAde Amino Acid Blend PhenylAde Drink Mix (Chocolate, Vanilla, Orange Crème, Strawberry) PhenylAde MTE Amino Acid Blend PhenylAde40 Drink Mix	Phenyl-Free 1 Phenyl-Free 2 Phenyl-Free 2HP PKU-Express PKU-Gel Propimex-1 Propimex-2 Tyrex-1 Tyrex-2 TYROS 1 TYROS 2 WND 1 WND 2 XP Maximaid

\*\*Enhanced reimbursement may be requested for products listed under this *procedure code*.

## ATTACHMENT 2

### Discontinued Enteral Nutrition Procedure Codes

The following table lists enteral nutrition procedure codes that have been discontinued effective for dates of service on and after January 1, 2005. Products listed with the procedure codes have either been reassigned to another procedure code or discontinued.

Procedure Code	Products	Status
<b>B4151</b>	Advantage Plus 10+	Reassigned to code B4158.
	Advantage Plus 60+	Reassigned to code B4150.
	Compleat Pediatric	Reassigned to code B4149.
	Compleat B	Discontinued.
	Compleat B Modified	Reassigned to code B4149.
	Ketocal	Reassigned to code B4162.
	Enfamil ProSobee	Reassigned to code B4159.
<b>B4156</b>	Precision LR Powder	Discontinued.
	Tolerex	Reassigned to code B4153.
	Travasorb STD Powder	Discontinued.
	Vivonex STD Powder	Discontinued.