

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program

To: End-Stage Renal Disease Service Providers, Home Health Agencies, Hospital Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

Enteral Nutrition Products Policy

This *ForwardHealth Update* describes policies for enteral nutrition products effective for dates of service on and after November 12, 2012.

This *ForwardHealth Update* describes policies for enteral nutrition products effective for dates of service on and after November 12, 2012. Information included in this *Update* is a replacement of previously published enteral nutrition policy but does not replace policies applicable to all providers.

The BadgerCare Plus Standard Plan and Wisconsin Medicaid cover enteral nutrition products with prior authorization (PA) as stated in DHS 107.10(2)(c), Wis. Admin. Code. Wisconsin Chronic Disease Program (WCDP) covers renal enteral nutrition products specifically formulated for renal failure with PA for members enrolled in the Chronic Renal Disease program.

A list of reimbursable enteral nutrition procedure codes is available in Attachment 1 of this *Update*; however, providers may refer to the Noridian Administrative Services Pricing, Data Analysis, and Coding Web site at www.dmepdac.com/dmecsapp/do/search to search for specific Healthcare Common Procedure Coding System (HCPCS) procedure codes or call Noridian Administrative Services toll free at (877) 735-1326 for information about any new enteral nutrition products and to verify products and classifications. Providers may refer to the maximum allowable fees page of the ForwardHealth Portal at www.forwardhealth.wi.gov/

[WIPortal/Max%20Fee%20Home/tabid/77/Default.aspx/](#) for the most current max fee schedules.

Enteral nutrition products are not covered by the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, or SeniorCare.

Providers of Enteral Nutrition Products

The following Medicaid-enrolled providers may be reimbursed for providing enteral nutrition products:

- Individual medical supply providers (i.e., disposable medical supply providers).
- Medical equipment vendors (i.e., durable medical equipment vendors).
- Pharmacy providers.

No other providers can be reimbursed for enteral nutrition products.

Noncovered Enteral Nutrition Products

ForwardHealth does not cover enteral nutrition products for any of the following:

- Boosting protein intake, weight reduction, body building, or performance enhancement.
- Convenience or preference of the provider or member, or when an alternative nutrition source is available.
- Additives and enteral nutrition products under procedure code B4104.
- Food thickeners and enteral nutrition products under procedure code B4100.

ForwardHealth does not cover the *oral use* of enteral nutrition products for any of the following:

- Swallowing disorders that may lead to aspiration.
- Swallowing or feeding disorders that are behavioral, neurological, or psychological in nature (e.g., anorexia nervosa, bulimia, dementia, cognitive disorders, oral aversion, and food preferences).
- Reduced appetite or anorexia.
- Non-compliance with a specialized diet (e.g., allergies, gluten free, lactose free, diabetes, renal).
- Mastication problems due to dentition problems (e.g., lack of teeth).

ForwardHealth does not cover enteral nutrition products that may be purchased in a grocery store, pharmacy, other retail outlet, or with FoodShare or Special Supplemental Nutrition Program for Women, Infants, and Children vouchers, except when clinical documentation regarding the medical condition, clinical criteria, and supporting documentation meet the guidelines, as defined by ForwardHealth, of one of the following enteral nutrition product categories:

- General purpose enteral nutrition products.
- Specially formulated enteral nutrition products.
- Enteral nutrition products administered using a feeding tube.

Enteral Nutrition Products Are Not Separately Reimbursable for Nursing Home Residents

Enteral nutrition products are included in the daily reimbursement rate for nursing home residents, and therefore, are not separately reimbursable for nursing home residents.

Covered Enteral Nutrition Product Categories

The following enteral nutrition product categories are covered with PA:

- General purpose enteral nutrition products.
- Specially formulated enteral nutrition products.

- Enteral nutrition products administered using a feeding tube.

General Purpose Enteral Nutrition Product Category

ForwardHealth considers products classified under HCPCS procedure codes B4150, B4152, and B4160 to be general purpose enteral nutrition products. ForwardHealth covers general purpose enteral nutrition products when a member is diagnosed with one of the medical conditions listed below, meets all of the clinical criteria listed below, and supporting clinical documentation is submitted and meets ForwardHealth's guidelines.

Medical Conditions

General purpose enteral nutrition products may be covered if the member has been diagnosed with one of the following medical conditions:

- A severe swallowing disorder due to oral-pharyngeal tissue injury, trauma, excoriation (i.e., lesions, mucositis), or structural defect. (*Note:* For members with a diagnosis of a severe swallowing disorder, documentation must also include speech and swallow evaluations and feeding recommendations.)
- Pathology of the gastrointestinal (GI) tract that prevents digestion, absorption, or utilization of nutrients that cannot otherwise be medically managed.
- Transition from tube feeding (enteral or parenteral) to an oral diet. (*Note:* Members transitioning from tube feeding to an oral diet may receive approval one time for up to six months to assist with the transition.)

Clinical Criteria

All of the following are clinical criteria that must be met for general purpose enteral nutrition products:

- The member's medical condition is chronic.
- Adequate nutrition is not possible with dietary adjustment.
- A diet of regular- or altered-consistency table foods (soft or pureed foods) and beverages is not nutritionally sufficient and nutritional requirements can be met only using enteral nutrition products.

- A physician, physician assistant, or advanced practice nurse prescriber has prescribed or ordered the enteral nutrition product.

A complete description of the clinical circumstance that justifies the requested use of the enteral nutrition product must be documented on the PA request.

Supporting Clinical Documentation

For general purpose enteral nutrition products, all of the following documentation must be indicated either on the Prior Authorization/Enteral Nutrition Products (PA/ENPA), F-11054 (10/12), or attached separately to the PA request:

- Documentation of a consultation with the appropriate medical specialist(s) describing the medical condition and treatment recommendations, specifically dietary or feeding recommendations, and total daily caloric requirements.
- A description of why a diet of regular- or altered-consistency table foods and beverages is not nutritionally sufficient and why nutritional requirements can be met only using enteral nutrition products.

A copy of the original prescription or order that is not greater than one year old must be submitted with each PA request.

Specially Formulated Enteral Nutrition Product Category

ForwardHealth considers products classified under HCPCS procedure codes B4149, B4153, B4154, B4161, and B4162 to be specially formulated enteral nutrition products.

ForwardHealth covers specially formulated enteral nutrition products when a member is diagnosed with one of the medical conditions listed below, meets all of the clinical criteria listed below, and supporting clinical documentation is submitted and meets ForwardHealth's guidelines.

Note: Products classified under HCPCS procedure code B4149 are specially formulated enteral nutrition products that may only be administered using a feeding tube.

Medical Conditions

Specially formulated enteral nutrition products may be covered if a member has been diagnosed with one of the following medical conditions:

- A metabolic disorder that cannot otherwise be medically managed.
- Pathology of the GI tract that prevents digestion, absorption, or utilization of nutrients that cannot otherwise be medically managed.
- Renal failure requiring the use of renal enteral nutrition products specially formulated for renal failure. In this instance, only products included under procedure code B4154 should be requested. (*Note:* For members with a diagnosis of renal failure, documentation must also include a description about why a renal diet of regular- or altered-consistency table foods and beverages is not sufficient for the member, a recent significant weight loss [7.5 percent] in the previous 90 days, and a secondary acute diagnosis [e.g., infection, surgery] that requires greater nutritional needs. Members with renal failure may receive approval one time for up to 90 days to assist with recovery from the acute condition.)
- Severe food allergies for infants and children (5 years of age and younger).
- Failure to thrive for infants and children (24 months of age and younger). A failure to thrive diagnosis indicates that a child's weight for his or her age falls below the third percentile of the standard National Center for Health Statistics growth chart. Some infants, such as those who have had intrauterine growth retardation or premature infants, may grow at less than the third percentile; however, as long as the child is growing along a curve with a normal interval growth rate, failure to thrive will not be considered as a medical condition that meets criteria. In addition, modified growth charts for specific populations (e.g., premature infants, individuals of specific ethnicities, infants with genetic syndromes, individuals with cerebral palsy) should be used to document appropriate growth. (*Note:* For members with a diagnosis of failure to thrive, growth charts should be submitted with PA requests.)

- Transition from tube feeding (enteral or parenteral) to an oral diet. (*Note:* Members transitioning from tube feeding to an oral diet may receive approval one time for up to six months to assist with the transition.)

Clinical Criteria

All of the following are clinical criteria that must be met for specially formulated enteral nutrition products:

- The member's medical condition is chronic.
- Adequate nutrition is not possible with dietary adjustment.
- A diet of regular- or altered-consistency table foods (soft or pureed foods) and beverages is not nutritionally sufficient and nutritional requirements can be met only using specially formulated enteral nutrition products.
- A physician, physician assistant, or advanced practice nurse prescriber has prescribed or ordered the enteral nutrition product.

A complete description of the clinical circumstance that justifies the requested use of the enteral nutrition product must be documented on the PA request.

Supporting Clinical Documentation

For specially formulated nutrition products, all of the following documentation must be indicated either on the PA/ENPA or attached separately to the PA request:

- Documentation of a consultation with the appropriate medical specialist(s) describing the medical condition and treatment recommendations, specifically dietary or feeding recommendations, and total daily caloric requirements.
- A description of why a diet of regular- or altered-consistency table foods and beverages is not nutritionally sufficient and why nutritional requirements can be met only by using enteral nutrition products.
- A description of why general purpose enteral nutrition products do not meet the member's nutritional needs, are not tolerated, or are not clinically appropriate for the member.

A copy of the original prescription or order that is not greater than one year old must be submitted with each PA request.

Enteral Nutrition Product Administered Using a Feeding Tube Category

ForwardHealth considers products classified under HCPCS procedure codes B4102, B4103, B4149, B4155, B4158, and B4159 to be enteral nutrition products that must be administered using a feeding tube. ForwardHealth covers enteral nutrition products administered using a feeding tube when a member is diagnosed with one of the medical conditions listed below, meets all of the clinical criteria listed below, and supporting clinical documentation is submitted and meets ForwardHealth's guidelines.

Note: General purpose enteral nutrition products and specially formulated enteral nutrition products may be administered using a feeding tube. Products classified under HCPCS procedure code B4149 are specially formulated enteral nutrition products that may only be administered using a feeding tube.

Medical Conditions

Enteral nutrition products administered using a feeding tube may be covered if a member has been diagnosed with one of the following medical conditions:

- Nutrition cannot be taken orally in an adequate quantity due to a medical condition that interferes with swallowing or is associated with non-function or disease of the GI tract.
- The member requires tube feedings to maintain weight and strength commensurate with overall health status.

Clinical Criteria

All of the following are clinical criteria that must be met for enteral nutrition products administered using a feeding tube:

- The member's medical condition is chronic.
- A physician, physician assistant, or advanced practice nurse prescriber has prescribed or ordered the enteral nutrition product for the member.

A complete description of the clinical circumstance that justifies the requested use of the enteral nutrition product must be documented on the PA request.

Supporting Clinical Documentation

For enteral nutrition products administered using a feeding tube, all of the following documentation must be indicated either on the PA/ENPA or attached separately to the PA request:

- Documentation of a consultation with the appropriate medical specialist(s) describing the medical condition and treatment recommendations, specifically dietary or feeding recommendations, and total daily caloric requirements.
- The amount of calories provided using a feeding tube and amount of calories provided orally. Include details of oral intake, if applicable.
- If a specially formulated enteral nutrition product is requested, a description of why general purpose enteral nutrition products do not meet the member's nutritional needs, are not tolerated, or are not clinically appropriate for the member.

A copy of the original prescription or order that is not greater than one year old must be submitted with each PA request.

Prior Authorization

Per DHS 107.10(2)(c), Wis. Admin. Code, PA is required for all enteral nutrition products for Standard Plan and Medicaid members. Prior authorization is required for all enteral nutrition products for WCDP Chronic Renal Disease program members. Initial PA requests for enteral nutrition products may be approved for up to six months, unless a member is otherwise limited by a medical condition. Renewal PA requests may be approved for up to one year.

For enteral nutrition products, PA requests may be backdated up to 14 calendar days from the date all required information for PA adjudication is received by ForwardHealth.

Revised Prior Authorization/Enteral Nutrition Products Attachment

ForwardHealth has revised the PA/ENPA. Prior authorization requests for enteral nutrition products received by ForwardHealth on and after November 12, 2012, must be submitted on the revised PA/ENPA. ForwardHealth will return PA requests for enteral nutrition products received on and after November 12, 2012, using the PA/ENPA dated 07/12. Providers may refer to Attachments 2 and 3 for a copy of the completion instructions and form.

Submitting Prior Authorization Requests

The following must be submitted for PA requests for enteral nutrition products:

- A Prior Authorization Request Form (PA/RF), F-11018 (10/08).
- A PA/ENPA.
- A copy of the original prescription or order that is not greater than one year old.
- Supporting clinical documentation that cannot be sufficiently indicated on the PA/ENPA.

Billing providers or authorized representatives acting on behalf of billing providers are responsible for the following:

- Obtaining clinical documentation and information from prescribers necessary to submit PA requests. Billing providers may have prescribers complete sections of the PA/ENPA if needed.
- Signing the PA/RF and PA/ENPA.
- The truthfulness, accuracy, timeliness, and completeness of PA requests and submission of PA requests to ForwardHealth.

Providers may refer to Attachments 4 and 5 for PA/RF completion instructions for enteral nutrition products and a sample PA/RF.

Prior authorization requests may be submitted on the Portal at www.forwardhealth.wi.gov/, by fax to (608) 221-8616, or by mail to the following address:

ForwardHealth

Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Prior Authorization Requests Submitted via the Portal Considered for Immediate Approval

Prior authorization requests submitted via the Portal on and after November 12, 2012, for certain enteral nutrition products may receive immediate approval. Only PA requests for members who are tube fed and have a prior history of treatment with enteral nutrition products will be considered for immediate approval. If the member meets at least one of the medical conditions and all clinical criteria and supporting clinical documentation are submitted, the provider may receive an immediate approval of the PA request.

The PA request area of the Portal will be undergoing maintenance the weekend of November 10 and 11, 2012, for enteral nutrition products. Prior authorization requests for enteral nutrition products may not be submitted on the Portal during this time. Prior authorization requests for enteral nutrition products may be submitted on the Portal beginning November 12, 2012.

Providers can view PA decision notice letters on the Portal by selecting the PA request from the secure Provider area of the Portal (the PA decision notices will not be available until the next business day after the PA request is processed by ForwardHealth). For instructions on printing or saving these documents on the Portal, refer to the ForwardHealth Provider Portal Prior Authorization User Guide on the Portal User Guides page of the Portal at www.forwardhealth.wi.gov/WIPortal/content/Provider/userguides/userguides.htm.spage/.

To be considered for immediate approval, providers are required to complete the PA/ENPA on the Portal and upload a copy of the original prescription or order and all supporting clinical documentation with the initial submission of the PA request. Documentation may be mailed, faxed, or uploaded after the PA request has been submitted; however,

providers will not receive immediate approval of a PA request.

For more information about submitting PA requests on the Portal, as well as sample screen shots, providers may refer to the ForwardHealth Provider Portal Prior Authorization User Guide.

Prior Authorization Requests for Multiple Enteral Nutrition Products

The following must be indicated on the PA/RF:

- One HCPCS procedure code per detail line. Each enteral nutrition product requested, including more than one enteral nutrition product classified under the same procedure code, should be listed on separate detail lines on the PA/RF.
- The BO or SC modifier, if applicable, for each HCPCS procedure code for each detail line.
- A description of each enteral nutrition product requested (i.e., the trade name of the enteral nutrition product) for each detail line.
- The units requested for each detail line.
- The charge for each detail line.

The following information is required on the PA/ENPA:

- One HCPCS procedure code per detail line. Each enteral nutrition product requested, including more than one enteral nutrition product classified under the same procedure code, should be listed on separate detail lines on the PA/RF.
- The BO or SC modifier, if applicable, for each HCPCS procedure code for each detail line.
- A description of each enteral nutrition product requested (i.e., the trade name of the enteral nutrition product) for each detail line.
- The calories per day (or milliliters per day for HCPCS procedure codes B4102 and B4103) for each detail line.
- The number of days requested for each detail line.
- The units requested for each detail line.

Each enteral nutrition product requested, including more than one enteral nutrition product classified under the same

procedure code, should be listed on separate detail lines on the PA/RF and PA/ENPA.

Prescription or Order Required for Enteral Nutrition Products

A copy of the prescription or order that is not greater than one year old is required with each PA request for enteral nutrition products. Copies may be uploaded with PA requests submitted on the Portal or attached separately to paper PA requests.

The following must be indicated on prescriptions or orders for enteral nutrition products:

- Member name.
- Prescription or order date.
- Enteral nutrition product(s) prescribed or ordered.
- Calories per day prescribed or ordered.
- Route of administration.
- Length of treatment.
- Prescriber's name and professional credentials.

Prior Authorization Amendments

Providers are required to use the Prior Authorization Amendment Request, F-11042 (07/12), to amend an approved or an approved with modifications enteral nutrition PA. ForwardHealth does not accept an amendment request submitted on anything other than the Prior Authorization Amendment Request, except to enddate an enteral nutrition PA.

Note: ForwardHealth requires that, under most circumstances, providers should enddate the current PA and submit a new PA request if there is a significant, long-term change in services required.

The following should be submitted with PA amendment requests for enteral nutrition products:

- A Prior Authorization Amendment Request form.
- A copy of the new prescription or order.
- Supporting clinical documentation for the new prescription or order.

Prior authorizations cannot be amended for the following:

- When a new enteral nutrition product is prescribed with a HCPCS procedure code that is different than the procedure code indicated on the approved or approved with modifications PA. (A new PA request must be submitted. The PA request may be backdated up to 14 calendar days from the date all required information for PA adjudication is received by ForwardHealth.)
- When requesting backdating for more than 30 days from the date the amendment was received by ForwardHealth.

Prior authorization amendment requests may be submitted on the Portal, by fax to (608) 221-8616, or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

If a request to amend a PA is not submitted on the Prior Authorization Amendment Request, a letter will be sent to the provider stating that the provider is required to submit the request using the correct forms.

Enddating

Amendments to enddate an approved or an approved with modification PA to begin a new enteral nutrition product may be submitted using the Prior Authorization Amendment Request or by submitting a new PA request. When submitting with a new PA request, the PA number and end date requested should be indicated in the additional information section on the PA/ENPA.

Prior authorization amendment requests may be submitted on the Portal, by fax to (608) 221-8616, or by mail to the following address:

ForwardHealth
Prior Authorization

Ste 88
313 Blettner Blvd
Madison WI 53784

If a request to enddate an enteral nutrition PA is not submitted on the Prior Authorization Amendment Request or with a new PA request, a letter will be sent to the provider stating that the provider is required to submit the request using the correct forms.

Examples of when a PA request should be enddated include the following:

- A member chooses to discontinue receiving prior authorized services.
- A provider chooses to discontinue delivering prior authorized services.
- There is an interruption in a member's continual care services.
- The service(s) is no longer medically necessary.

Examples of when a PA request should be enddated and a new PA request should be submitted include the following:

- There is a change in the member's condition that warrants a long-term change in services required.
- When a new enteral nutrition product with a different HCPCS procedure code than the procedure code indicated on the initial PA request is prescribed. (A new PA request must be submitted.)

Retroactive Enrollment

If a service(s) that requires PA was performed during a member's retroactive enrollment period, the provider is required to submit a PA request and receive approval from ForwardHealth before submitting a claim. For a PA request submitted on paper, indicate the words "RETROACTIVE ENROLLMENT" at the top of the PA request along with a written description explaining that the service was provided at a time when the member was retroactively enrolled under "Description of Service." Also include the actual date(s) the service(s) was provided. For a PA request submitted via the ForwardHealth Portal, indicate the words "RETROACTIVE ENROLLMENT" along with a description explaining that

the service was provided at a time when the member was retroactively eligible under the "Additional Service Code Description" field or include additional supporting documentation. Also include the actual date(s) the service(s) was provided.

If the member was retroactively enrolled, and the PA request is approved, the service(s) may be reimbursable, and the earliest effective date of the PA request will be the date the member receives retroactive enrollment. If the PA request is denied, the provider will not be reimbursed for the service(s). Members have the right to appeal the decision to deny a PA request.

If a member requests a service that requires PA before his or her retroactive enrollment is determined, the provider should explain to the member that he or she may be liable for the full cost of the service if retroactive enrollment is not granted and the PA request is not approved. This should be documented in the member's record.

Claim Submissions

Claims for enteral nutrition products must be submitted on a professional claim. Claims for enteral nutrition products using any other claim types, such as an institutional claim, may be denied.

Electronic Claims Submission

Electronic claims for enteral nutrition products must be submitted using the 837 Health Care Claim: Professional (837P) transaction. Electronic claims for enteral nutrition products submitted using any transaction other than the 837P may be denied.

Providers should use the companion guide for the 837P transaction when submitting these claims.

Direct Data Entry of Professional Claims on the Portal

Direct Data Entry (DDE) is an online application that allows providers to submit claims directly to ForwardHealth through the Portal.

When submitting claims via DDE, required fields are indicated with an asterisk next to the field. If a required field is left blank, the claim will not be submitted and a message will appear prompting the provider to complete the specific required field(s). Portal help is available for each online application screen. In addition, search functions accompany certain fields so providers do not need to look up the following information in secondary resources.

Provider Electronic Solutions Software

The Division of Health Care Access and Accountability offers electronic billing software at no cost to the provider. The Provider Electronic Solutions (PES) software allows providers to submit electronic claims using the 837 transaction. To obtain PES software, providers may download it from the ForwardHealth Portal. For assistance installing and using PES software, providers may call the Electronic Data Interchange Helpdesk at (866) 416-4979.

Paper Claims Submission

Paper claims for enteral nutrition products must be submitted using the 1500 Health Insurance Claim Form (dated 08/05). Paper claims for enteral nutrition products submitted on any other claim form will be denied.

Providers should use the appropriate claim form instructions for enteral nutrition products when submitting these claims.

As a reminder, most paper claims are subject up to a \$1.10 reimbursement reduction per claim.

Providers may refer to Attachments 6 and 7 for a copy of the 1500 Health Insurance Claim Form completion instructions for enteral nutrition products and a sample completed form.

Obtaining the Claim Forms

ForwardHealth does not provide the 1500 Health Insurance Claim Form. The form may be obtained from any federal forms supplier.

Referring Providers

The prescriber's name and National Provider Identifier must be indicated on claims for enteral nutrition products.

Number of Days Billed Per Month

No more than 34-days of an enteral nutrition product may be billed per month.

Units

To determine the requested units to indicate on PA requests and claims, for most procedure codes, one unit is defined as 100 calories; however, for procedure codes B4102 and B4103, the quantity of 500 milliliters equals one unit.

Providers are limited to a maximum amount of product they may request on their PA request based on the length of treatment and calories per day.

If the unit calculation does not result in a whole number, the units requested should be rounded up to the nearest whole number.

The following is an example of how to calculate quantity:

- The prescriber writes an order for Ensure, 4 cans daily or 1,000 calories/day (8 oz. each, 250 calories per 240 ml can).
- The requested length of treatment is one year (365 days).
- Total calories for 365 days is 4 cans x 250 calories/can x 365 days = 365,000 calories.
- Total units for 365 days is 365,000 calories / 100 = 3,650 units. (*Note:* 100 calories = 1 unit.)
- Units requested in Element 27 (Units Requested) of the PA/ENPA = 3,650 units.
- Units requested in Element 22 (QR) of the PA/RF = 3,650 units.
- Units for 34 days is 4 cans x 250 calories /can x 34 days = 34,000 calories /100 = 340 units. Units should be indicated in Element 24G (Days or Units) of the 1500 Health Insurance Claim Form.

The following is an example of how to calculate quantity for an enteral nutrition product classified under either procedure code B4102 or B4103:

- The prescriber writes an order for Pedialyte, 1,000 milliliters per day.
- The requested length of treatment is one year (365 days).
- Total units for 365 days is 365,000 milliliters / 500 milliliters = 730 units. (*Note:* 500 milliliters = 1 unit.)
- Units requested in Element 33 (Units Requested) of the PA/ENPA = 730 units.
- Units requested in Element 22 of the PA/RF = 730 units.
- Units for 34 days is 1,000 milliliters x 34 days = 34,000 milliliters / 500 = 68 units. Units should be indicated in Element 24G of the 1500 Health Insurance Claim Form.

Modifiers

The following are allowable modifiers for enteral nutrition products that should be indicated on PA requests and claims:

- BO (Orally administered nutrition, not by feeding tube).
- SC (Medically necessary service or supply).

Providers are required to indicate modifier BO on PA requests and claims for enteral nutrition products taken orally. Providers may use modifier SC to request enhanced reimbursement for selected medically necessary products.

Modifiers to Designate Multiple Enteral Nutrition Products

ForwardHealth will assign the following modifiers on each detail line when multiple enteral nutrition products classified under the same HCPCS procedure codes are indicated on PA requests:

- U1 (First enteral nutrition product, as assigned by ForwardHealth).
- U2 (Second enteral nutrition product, as assigned by ForwardHealth).
- U3 (Third enteral nutrition product, as assigned by ForwardHealth).

For example, if a PA request is being submitted for Pediasure, Pediasure 1.5, and Boost Kit Essentials 1.5 with HCPCS procedure code B4160, ForwardHealth will assign a U1 modifier, a U2 modifier, and a U3 modifier to each detail line.

Providers are required to indicate the appropriate procedure code(s) and the ForwardHealth-assigned modifier(s) on claim submissions for each enteral nutrition product. If the assigned procedure code(s) and modifier(s) are not indicated on claims, claims will be denied.

Place of Service Codes

Allowable place of service codes for enteral nutrition products that must be indicated on PA requests and claims are listed in the following table.

Code	Description
01	Pharmacy
04	Homeless Shelter
12	Home
13	Assisted Living Facility
14	Group Home
33	Custodial Care Facility

Enhanced Reimbursement

Enhanced reimbursement may be requested for select medically necessary pediatric products for which there are no substitutes and the maximum allowable fee does not adequately cover the provider's acquisition cost.

If the PA request is approved for enhanced reimbursement, the provider may then provide the service and submit claims with the SC modifier. If the PA request for the product is approved without 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.

When requesting PA with enhanced reimbursement (modifier SC), providers should do the following:

- Complete the PA/RF and PA/ENPA. Indicate the SC modifier on the PA/RF and on the PA/ENPA.
- Attach a copy of the provider's invoice indicating the acquisition cost and submit it with the PA request.
- Attach documentation to demonstrate one of the following:
 - ✓ The member has experienced treatment failure or feeding intolerance with a more cost-effective product(s).
 - ✓ The member has a medical condition(s) that prevents the use of a more cost-effective product(s).
 - ✓ The member has experienced unacceptable side effects while on a more cost-effective product(s).

Note: Modifier SC is allowable for procedure codes B4161 and B4162 for members 18 years of age or younger.

The actual invoice is required as supporting documentation for a higher reimbursement consideration. If the PA request is approved with the enhanced reimbursement, the PA consultant will determine and enter an enhanced reimbursement price per unit for the product on the PA request. Providers may be reimbursed up to the price per unit indicated on the PA decision notice.

Enhanced Reimbursement Modifier and Medicare Crossover Claims

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 ForwardHealth on the automatic crossover claim. After the crossover claim is processed and paid without the modifier, the provider can submit an Adjustment/Reconsideration Request, F-13046 (07/12), to ForwardHealth to add the SC modifier.

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

Maximum Allowable Fees for Enteral Nutrition Products

Wisconsin Medicaid establishes maximum allowable fees for enteral nutrition products. Maximum allowable fees are based on various factors, including a review of usual and customary charges submitted to Wisconsin Medicaid, the Wisconsin State Legislature's Medicaid budgetary constraints, and other relevant economic limitations. Maximum allowable fees may be adjusted to reflect reimbursement limits or limits on the availability of federal funding as specified in federal law.

Providers are reimbursed at the lesser of their billed amount and the maximum allowable fee for the procedure.

HealthCheck "Other Services"

Enteral nutrition products are not HealthCheck "Other Services." Prior authorization requests submitted for enteral nutrition products for HealthCheck "Other Services" members will be returned as noncovered services.

Providers may refer to the Enteral Nutrition Products service area of the Online Handbook for information about noncovered services.

For More Information

Providers may refer to the Noridian Administrative Services Pricing, Data Analysis, and Coding Web site at www.dmeptac.com/dmecsapp/do/search to search for HCPCS procedure codes.

Providers may also refer to the Enteral Nutrition Products service area of the Online Handbook on the Portal for more information about enteral nutrition product policies.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization (MCO). Managed care organizations are

required to provide at least the same benefits as those provided under fee-for-service arrangements.

Members enrolled only in the WCDP are not enrolled in MCOs.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

This *Update* was issued on 10/12/2012 and information contained in this *Update* was incorporated into the Online Handbook on 10/22/2012.

ATTACHMENT 1

Enteral Nutrition Product Procedure Codes

The table below lists Healthcare Common Procedure Coding System (HCPCS) procedure codes for enteral nutrition products that are reimbursable with an approved prior authorization.

Providers may refer to the Noridian Administrative Services Pricing, Data Analysis, and Coding Web site at www.dmeptac.com/dmecsapp/do/search to search for specific HCPCS procedure codes.

Note: All enteral nutrition products on the following tables can be used with a feeding tube.

General Purpose Enteral Nutrition Products	
Procedure Code	Description
B4150	Enteral formulae, 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
B4152	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
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, administered through an enteral feeding tube, 100 calories = 1 unit

Specially Formulated Enteral Nutrition Products*	
Procedure Code	Description
B4149**	Enteral formula, manufactured 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
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chains), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
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
B4161	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
B4162	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

Enteral Nutrition Products Administered Using a Feeding Tube Only

Procedure Code	Description
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit
B4149**	Enteral formula, manufactured 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
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
B4158	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
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, administered through an enteral feeding tube, 100 calories = 1 unit

* Specially formulated enteral nutrition products require documentation about why general purpose enteral nutrition products do not meet the member's nutritional needs, are not tolerated, or are not clinically appropriate for the member.

** Products classified under HCPCS procedure code B4149 are specially formulated enteral nutrition products that may only be administered using a feeding tube.

ATTACHMENT 2

Prior Authorization/Enteral Nutrition Products Attachment (PA/ENPA) Completion Instructions

(A copy of the “Prior Authorization/Enteral Nutrition Products Attachment [PA/ENPA] Completion Instructions” is located on the following pages.)

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FORWARDHEALTH PRIOR AUTHORIZATION / ENTERAL NUTRITION PRODUCT ATTACHMENT (PA/ENPA) COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is mandatory when requesting PA for certain items. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

INSTRUCTIONS

Dispensing providers are required to complete the Prior Authorization/Enteral Nutrition Product Attachment (PA/ENPA), F-11054, and request PA using the ForwardHealth Portal or on paper. Prescribers and dispensing providers are required to retain a completed copy of the form.

Providers may submit PA requests on a PA/ENPA in one of the following ways:

- 1) For requests submitted on the ForwardHealth Portal, providers may access www.forwardhealth.wi.gov/.
- 2) For paper PA requests by fax, dispensing providers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the PA/ENPA to ForwardHealth at (608) 221-8616.
- 3) For paper PA requests by mail, dispensing providers should submit a PA/RF and the PA/ENPA to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters.

Element 3 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

Element 4 — Gender — Member

Check the appropriate gender of the member.

SECTION II — PRESCRIBER INFORMATION

Element 5 — Name — Prescriber

Enter the prescriber's first and last name.

Element 6 — National Provider Identifier — Prescriber

Enter the 10-Digit National Provider Identifier of the prescriber.

Element 7 — Address — Prescriber

Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 8 — Telephone Number — Prescriber

Enter the telephone number, including area code, of the prescriber.

SECTION III — PRESCRIPTION OR ORDER INFORMATION

A copy of the prescription or order that is not greater than one year old must be submitted with each PA request.

Element 9

Indicate the product trade name(s) and calories per day of the enteral nutrition product(s) prescribed or ordered.

Element 10

Indicate the date the prescription or order was written. Prescriptions or orders should not be greater than one year old.

SECTION IV — DIETARY ASSESSMENT AND PLAN

Element 11

Indicate the member's total daily caloric requirements. Total daily caloric requirements are the calculated caloric needs from all nutritional sources.

Element 12

Indicate whether or not the enteral nutrition product(s) prescribed or ordered in Element 9 provides 100 percent of the member's total daily caloric requirements indicated in Element 11. If the enteral nutrition product(s) requested does not meet 100 percent of the member's total daily caloric needs, check the most appropriate reason.

Element 13

Indicate how the enteral nutrition product(s) prescribed or ordered in Element 9 will be administered. If the enteral nutrition product will be administered using both mouth and feeding tube, indicate the calories per day administered orally and the calories per day administered via feeding tube.

SECTION V — CLINICAL INFORMATION

Element 14 — Primary Diagnosis Code and Description as It Relates to Enteral Nutrition

Enter the appropriate primary *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the enteral nutrition product(s) requested. The ICD-9-CM diagnosis code must correspond to the ICD-9-CM description.

Element 15 — Secondary Diagnosis Code and Description as It Relates to Enteral Nutrition

Enter the appropriate secondary ICD-9-CM diagnosis code and description most relevant to the enteral nutrition product(s) requested. The ICD-9-CM diagnosis code must correspond to the ICD-9-CM description. A secondary diagnosis is not required.

Element 16 — Anthropometric Measures

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.

Element 17

Indicate the member's medical condition by checking all that apply.

Element 18

For the member's medical condition checked in Element 17, indicate the specific details of the medical condition, including treatment recommendations, as it relates to enteral nutrition in the space provided. If applicable, indicate any clinical changes that have occurred since previously approved PAs have been submitted.

Element 19

For enteral nutrition products administered orally, describe why a diet of regular- or altered-consistency table foods and beverages is not nutritionally sufficient for the member and why nutritional requirements can be met using only enteral nutrition products.

Element 20

For specially formulated enteral nutrition products (procedure codes B4149, B4153, B4154, B4161, and B4162), describe why general purpose enteral nutrition products do not meet the member's nutritional needs, are not tolerated, or are not clinically appropriate for the member.

SECTION VI — ADDITIONAL INFORMATION

Element 21

Indicate any additional information in the space provided, including a description of the member's dietary assessment and dietary plan. Attach additional pages if space is needed.

SECTION VII — PRIOR AUTHORIZATION REQUEST INFORMATION FOR CALORIES PER DAY

Information in this section should correspond with information indicated on the PA/RF.

Element 22 — Procedure Code

Indicate the Healthcare Common Procedure Coding System (HCPCS) procedure code of the enteral nutrition product(s) requested.

Element 23 — Modifiers, if Applicable

Indicate the modifiers, if applicable.

Element 24 — Product Trade Name

Indicate the trade name of the product requested.

Element 25 — Calories Per Day Requested

Indicate the calories per day requested.

Element 26 — Number of Days Requested

Indicate the number of days requested.

Element 27 — Units Requested

Indicate the units requested (Elements 25 x Element 26 / 100). If the unit calculation does not result in a whole number, the units requested should be rounded up to the nearest whole number.

SECTION VIII — PRIOR AUTHORIZATION REQUEST INFORMATION FOR MILLILITERS PER DAY

This section should be completed for PA requests for HCPCS procedure codes B4102 and B4103 only. Information in this section should correspond with information indicated on the PA/RF.

Element 28 — Procedure Code

Indicate the HCPCS procedure code of the enteral nutrition product(s) requested.

Element 29 — Modifiers, if Applicable

Indicate the modifiers, if applicable.

Element 30 — Product Trade Name

Indicate the trade name of the product requested.

Element 31 — Milliliters Per Day Requested

Indicate the milliliters per day requested.

Element 32 — Number of Days Requested

Indicate the number of days requested.

Element 33 — Units Requested

Indicate the units requested (Elements 31 x Element 32 / 500). If the unit calculation does not result in a whole number, the units requested should be rounded up to the nearest whole number.

SECTION IX — AUTHORIZED SIGNATURE OF BILLING PROVIDER

Element 34 — Signature

The billing provider or authorized representative acting on behalf of the billing provider is required to complete and sign this form.

Element 35 — Printed Name

Print the name of the authorized representative who signed Element 34.

Element 36 — Position Title

Indicate the position title of the authorized representative who signed Element 34.

Element 37 — Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.

FOR OFFICE USE ONLY

Leave this section blank.

ATTACHMENT 3

Prior Authorization/Enteral Nutrition Products Attachment (PA/ENPA)

(A copy of the “Prior Authorization/Enteral Nutrition Products Attachment [PA/ENPA]”
is located on the following pages.)

FORWARDHEALTH
PRIOR AUTHORIZATION / ENTERAL NUTRITION PRODUCTS ATTACHMENT (PA/ENPA)

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Enteral Nutrition Products Attachment (PA/ENPA) Completion Instructions, F-11054A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage for the completion instructions.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Member Identification Number

3. Date of Birth — Member

4. Gender — Member

Male Female

SECTION II — PRESCRIBER INFORMATION

5. Name — Prescriber

6. National Provider Identifier — Prescriber

7. Address — Prescriber (Street, City, State, ZIP+4 Code)

8. Telephone Number — Prescriber

SECTION III — PRESCRIPTION OR ORDER INFORMATION (Submit a copy of the prescription or order not greater than one year old with each PA request.)

9. Indicate the product trade name(s) and calories per day of the enteral nutrition product(s) prescribed or ordered.

A. Product Trade Name _____ Calories / Day _____

B. Product Trade Name _____ Calories / Day _____

C. Product Trade Name _____ Calories / Day _____

10. Indicate the date the prescription or order was written. Prescriptions or orders should not be greater than one year old.

SECTION IV — DIETARY ASSESSMENT AND PLAN

11. Indicate the member's total daily caloric requirements. Total daily caloric requirements are the calculated caloric needs from all nutritional sources.

Continued



SECTION IV — DIETARY ASSESSMENT AND PLAN (Continued)

12. Does the enteral nutrition product(s) prescribed or ordered in Element 9 provide 100 percent of the member's total daily caloric requirements indicated in Element 11? Yes No

If the enteral nutrition product(s) requested does not meet 100 percent of member's total daily caloric needs, check the most appropriate reason why:

- The requested product will supplement the member's diet because the member can consume regular table foods and beverages.
- The requested product will supplement the member's diet because the member can consume altered- or regular-consistency foods (soft or pureed foods) and beverages.
- The member receives nutrition (calories) from another source (e.g., additional enteral nutrition product, breast milk, Special Supplemental Nutrition Program for Women, Infants, and Children). If this box is checked, describe the nutrition in the space below.
- The member is able to consume small sips or bites for pleasure tasting.
- Other. If other is checked, describe the reason in the space below.

13. Indicate how the enteral nutrition product(s) prescribed or ordered in Element 9 will be administered.

- Feeding tube only.
- Mouth only.
- 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 _____

SECTION V — CLINICAL INFORMATION

14. Primary Diagnosis Code and Description as It Relates to Enteral Nutrition

15. Secondary Diagnosis Code and Description as It Relates to Enteral Nutrition (A secondary diagnosis is not required.)

16. Anthropometric Measures

Current Height: _____ inches Date Measured _____

Current Weight: _____ pounds Date Measured _____

Continued

SECTION V — CLINICAL INFORMATION (Continued)

17. Indicate the member's medical condition. Check all that apply.

- Member is tube fed because nutrition cannot be taken orally in an adequate quantity or the member requires tube feeding to maintain weight and strength commensurate with overall health status.
- Pathology of the gastrointestinal tract that prevents digestion, absorption, or utilization of nutrients that cannot otherwise be medically managed.
- Metabolic disorder that cannot otherwise be medically managed.
- Renal failure with recent significant weight loss and secondary acute diagnosis. (*Note: Providers are required to indicate a three-month weight history and description of the member's secondary acute diagnosis as it relates to the request for an enteral nutrition product in Element 21.*)
- Severe food allergies.
- Failure to thrive. (*Note: Providers are required to submit growth charts with each PA request.*)
- Severe swallowing disorder due to tissue injury, trauma, excoriation, or defect. (*Note: Providers are required to submit speech/swallow evaluations and feeding recommendations with each PA request.*)
- Transition from tube feeding to oral diet.
- Other. If other is checked, describe the reason in the space below.

18. For the member's medical condition checked in Element 17, indicate the specific details of the medical condition, including treatment recommendations, as it relates to enteral nutrition in the space provided. If applicable, indicate any clinical changes that have occurred since previously approved PAs have been submitted.

19. For enteral nutrition products administered orally, describe why a diet of regular- or altered-consistency table foods and beverages is not nutritionally sufficient for the member and why nutritional requirements can be met using only enteral nutrition products.

20. For specially formulated enteral nutrition products (procedure codes B4149*, B4153*, B4154*, B4161*, and B4162*), describe why general purpose enteral nutrition products do not meet the member's nutritional needs, are not tolerated, or are not clinically appropriate for the member.

SECTION VI — ADDITIONAL INFORMATION

21. Include any additional information in the space below, including a description of the member's dietary assessment and dietary plan.

SECTION VII — PRIOR AUTHORIZATION REQUEST INFORMATION FOR CALORIES PER DAY

	22. Procedure Code	23. Modifiers, if Applicable	24. Product Trade Name	25. Calories Per Day Requested	26. Number of Days Requested	27. Units Requested (Element 25 x Element 26 / 100)
e.g.	B4150		Ensure	1,000	365	3,650
A.						
B.						
C.						

SECTION VIII — PRIOR AUTHORIZATION REQUEST INFORMATION FOR MILLILITERS PER DAY (For PA requests for procedure codes B4102* and B4103* only.)

	28. Procedure Code	29. Modifiers, if Applicable	30. Product Trade Name	31. Milliliters Per Day Requested	32. Number of Days Requested	33. Units Requested (Element 31 x Element 32 / 500)
e.g.	B4103		Pedialyte	1,000	365	730
A.						
B.						

SECTION IX — AUTHORIZED SIGNATURE OF BILLING PROVIDER

By signing below, I agree to the truthfulness, accuracy, timeliness, and completeness of this PA request and that any clinical information (i.e., medical records, other documentation) submitted with this request was obtained from the prescriber.

34. SIGNATURE	35. Printed Name
36. Position Title	
37. Date Signed	

FOR OFFICE USE ONLY

* Providers may refer to the Healthcare Common Procedure Coding System code book for procedure code descriptions.

ATTACHMENT 4

Prior Authorization Request Form (PA/RF)

Completion Instructions for Enteral Nutrition Products

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. The use of the Prior Authorization Request Form (PA/RF), F-11018, is mandatory to receive PA for certain items. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Providers may submit PA requests, along with the Prior Authorization/Enteral Nutrition Product Attachment (PA/ENPA), F-11054, via the ForwardHealth Portal at www.forwardhealth.wi.gov/, by fax to ForwardHealth at (608) 221-8616, or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — PROVIDER INFORMATION

Element 1 — HealthCheck "Other Services" and Wisconsin Chronic Disease Program (WCDP)

Enter an "X" in the box next to WCDP if the services requested on the PA/RF are for a WCDP member.

Element 2 — Process Type

Enter process type "131" for enteral nutrition products. The process type is a three-digit code used to identify a category of service requested. Prior authorization requests will be returned without adjudication if no process type is indicated.

Element 3 — Telephone Number — Billing Provider

Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the billing provider.

Element 4 — Name and Address — Billing Provider

Enter the name and complete address (street, city, state, and ZIP+4 code) of the billing provider. Providers are required to include both the ZIP code and four-digit extension for timely and accurate billing. The name listed in this element must correspond with the billing provider number listed in Element 5a.

Element 5a — Billing Provider Number

Enter the NPI of the billing provider. The National Provider Identifier (NPI) in this element must correspond with the provider name listed in Element 4.

Element 5b — Billing Provider Taxonomy Code

Enter the national 10-digit alphanumeric taxonomy code that corresponds to the NPI in Element 5a.

SECTION II — MEMBER INFORMATION

Element 6 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth identification card or Wisconsin's Enrollment Verification System (EVS) to obtain the correct number.

Element 7 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

Element 8 — Address — Member

Enter the complete address of the member's place of residence, including the street, city, state, and ZIP code. If the member is a resident of a nursing home or other facility, include the name of the nursing home or facility.

Element 9 — Name — Member

Enter the member's last name, followed by his or her first name and middle initial. Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth card and the EVS do not match, use the spelling from the EVS.

Element 10 — Gender — Member

Enter an "X" in the appropriate box to specify male or female.

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

Element 11 — Diagnosis — Primary Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis code and description most relevant to the product requested.

Element 12 — Start Date — SOI (not required)

Element 13 — First Date of Treatment — SOI (not required)

Element 14 — Diagnosis — Secondary Code and Description (not required)

Element 15 — Requested PA Start Date

Enter the requested start date for service(s) in MM/DD/CCYY format, if a specific start date is requested.

Element 16 — Rendering Provider Number (not required)

Element 17 — Rendering Provider Taxonomy Code (not required)

Element 18 — Procedure Code

Enter the appropriate Healthcare Common Procedure Coding System (HCPCS) procedure code for each product requested, including products classified under the same HCPCS procedure code. Each product should be listed on separate lines on the PA/RF.

Element 19 — Modifiers

Enter the modifier(s) corresponding to the procedure code listed if a modifier is required.

Element 20 — POS

Enter the appropriate place of service (POS) code designating where the requested product would be dispensed.

Element 21 — Description of Service

Enter a written description corresponding to the appropriate HCPCS procedure code for each product requested. The written description of the product should be the trade name of the product.

Element 22 — QR

Enter the appropriate number of units requested per number of days requested. For most HCPCS procedure codes, one unit equals 100 calories. For HCPCS procedure codes B4102 and B4103, one unit equals 500 milliliters. If the unit calculation does not result in a whole number, the units requested should be rounded up to the nearest whole number.

Element 23 — Charge

Enter the provider's usual and customary charge for the entire quantity of each product requested. If the quantity is greater than "1.0," multiply the quantity by the charge for each product requested. Enter that total amount in this element.

Element 24 — Total Charges

Enter the anticipated total charges for this request.

Element 25 — Signature — Requesting Provider

The original signature of the provider requesting/performing/dispensing this service/product/item must appear in this element.

Element 26 — Date Signed

Enter the month, day, and year the PA/RF was signed (in MM/DD/CCYY format).

ATTACHMENT 5

Sample Prior Authorization Request Form (PA/RF) for Enteral Nutrition Products

(A sample “Prior Authorization Request Form [PA/RF]” for enteral nutrition products is located on the following page.)

FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)	2. Process Type 131	3. Telephone Number — Billing Provider (XXX) XXX-XXXX
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) I.M. Billing Provider 609 Willow St Anytown WI 55555-1234		5a. Billing Provider Number 0222222220 5b. Billing Provider Taxonomy Code 123456789X

SECTION II — MEMBER INFORMATION

6. Member Identification Number 1234567890	7. Date of Birth — Member MM/DD/CCYY	8. Address — Member (Street, City, State, ZIP Code) 322 Ridge St Anytown WI 55555
9. Name — Member (Last, First, Middle Initial) Member, Im A.	10. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

11. Diagnosis — Primary Code and Description V55.1 Attention to gastrostomy	12. Start Date — SOI	13. First Date of Treatment — SOI					
14. Diagnosis — Secondary Code and Description	15. Requested PA Start Date MM/DD/CCYY						
16. Rendering Provider Number	17. Rendering Provider Taxonomy Code	18. Service Code	19. Modifiers 1 2 3 4	20. POS	21. Description of Service	22. QR	23. Charge
		B4150		12	Ensure	3650	XXX.XX
		B4103		12	Pedialyte	730	XXX.XX

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.	24. Total Charges	XXX.XX
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25. SIGNATURE — Requesting Provider <i>I.M. Provider</i>	26. Date Signed MM/DD/CCYY
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ATTACHMENT 6

1500 Health Insurance Claim Form Completion Instructions for Enteral Nutrition Products

Use the following claim form completion instructions, not the claim form's printed descriptions, to avoid denial or inaccurate claim payment. Complete all required elements as appropriate. Be advised that every code used, even if it is entered in a non-required element, is required to be a valid code. Do not include attachments unless instructed to do so.

Members enrolled in BadgerCare Plus or Medicaid receive a ForwardHealth identification card. Always verify a member's enrollment before providing nonemergency services to determine if there are any limitations on covered services and to obtain the correct spelling of the member's name.

When submitting a claim with multiple pages, providers are required to indicate page numbers using the format "Page X of X" in the upper right corner of the claim form.

Submit completed paper claims to the following address:

ForwardHealth
Claims and Adjustments
313 Blettner Blvd
Madison WI 53784

Element 1 — Medicare, Medicaid, TRICARE CHAMPUS, CHAMPVA, Group Health Plan, FECA, Blk Lung, Other

Enter "X" in the Medicaid check box.

Element 1a — Insured's ID Number

Enter the member identification number. Do not enter any other numbers or letters. Use the ForwardHealth card or Wisconsin's Enrollment Verification System (EVS) to obtain the correct member ID.

Element 2 — Patient's Name

Enter the member's last name, first name, and middle initial. Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth card and the EVS do not match, use the spelling from the EVS.

Element 3 — Patient's Birth Date, Sex

Enter the member's birth date in MM/DD/YY format (e.g., February 3, 1955, would be 02/03/55) or in MM/DD/CCYY format (e.g., February 3, 1955, would be 02/03/1955). Specify whether the member is male or female by placing an "X" in the appropriate box.

Element 4 — Insured's Name

Data are required in this element for Optical Character Recognition (OCR) processing. Any information populated by a provider's computer software is acceptable data for this element (e.g., "Same"). If computer software does not automatically complete this element, enter information such as the member's last name, first name, and middle initial.

Element 5 — Patient's Address

Enter the complete address of the member's place of residence, if known.

Element 6 — Patient Relationship to Insured (not required)

Element 7 — Insured's Address (not required)

Element 8 — Patient Status (not required)

Element 9 — Other Insured's Name (not required)

Element 9a — Other Insured's Policy or Group Number (not required)

Element 9b — Other Insured's Date of Birth, Sex (not required)

Element 9c — Employer's Name or School Name (not required)

Element 9d — Insurance Plan Name or Program Name (not required)

Element 10a-10c — Is Patient's Condition Related to: (not required)

Element 10d — Reserved for Local Use (not required)

Element 11 — Insured's Policy Group or FECA Number

If an Explanation of Medicare Benefits (EOMB) indicates that the member is enrolled in a Medicare Advantage Plan and the claim is being billed as a crossover, enter "MMC" in the upper right corner of the claim, indicating that the other insurance is a Medicare Advantage Plan and the claim should be processed as a crossover claim.

Use the first box of this element only. (Elements 11a, 11b, 11c, and 11d are not required.) Element 11 should be left blank when one or more of the following statements are true:

- Medicare never covers the procedure in any circumstance.
- ForwardHealth indicates the member does not have any Medicare coverage, including a Medicare Advantage Plan, for the service provided. For example, the service is covered by Medicare Part A, but the member does not have Medicare Part A.
- ForwardHealth indicates that the provider is not Medicare enrolled.
- Medicare has allowed the charges. In this case, attach the EOMB, but do not indicate on the claim form the amount Medicare paid.

If none of the previous statements are true, a Medicare disclaimer code is necessary. If submitting a multiple-page claim, indicate Medicare disclaimer codes on the *first page* of the claim. The following Medicare disclaimer codes may be used when appropriate.

Code	Description
M-7	<p>Medicare disallowed or denied payment. This code applies when Medicare denies the claim for reasons related to policy (not billing errors), or the member's lifetime benefit, spell of illness, or yearly allotment of available benefits is exhausted.</p> <p><i>For Medicare Part A, use M-7 in the following instances (all three criteria must be met):</i></p> <ul style="list-style-type: none"> • The provider is identified in ForwardHealth files as certified for Medicare Part A. • The member is eligible for Medicare Part A. • The service is covered by Medicare Part A but is denied by Medicare Part A due to frequency limitations, diagnosis restrictions, or exhausted benefits. <p><i>For Medicare Part B, use M-7 in the following instances (all three criteria must be met):</i></p> <ul style="list-style-type: none"> • The provider is identified in ForwardHealth files as certified for Medicare Part B. • The member is eligible for Medicare Part B. • The service is covered by Medicare Part B but is denied by Medicare Part B due to frequency limitations, diagnosis restrictions, or exhausted benefits.
M-8	<p>Noncovered Medicare service. This code may be used when Medicare was not billed because the service is not covered in this circumstance.</p> <p><i>For Medicare Part A, use M-8 in the following instances (all three criteria must be met):</i></p> <ul style="list-style-type: none"> • The provider is identified in ForwardHealth files as certified for Medicare Part A. • The member is eligible for Medicare Part A. • The service is usually covered by Medicare Part A but not in this circumstance (e.g., member's diagnosis). <p><i>For Medicare Part B, use M-8 in the following instances (all three criteria must be met):</i></p> <ul style="list-style-type: none"> • The provider is identified in ForwardHealth files as certified for Medicare Part B. • The member is eligible for Medicare Part B. • The service is usually covered by Medicare Part B but not in this circumstance (e.g., member's diagnosis).

Element 11a — Insured's Date of Birth, Sex (not required)

Element 11b — Employer's Name or School Name (not required)

Element 11c — Insurance Plan Name or Program Name (not required)

Element 11d — Is there another Health Benefit Plan? (not required)

Element 12 — Patient's or Authorized Person's Signature (not required)

Element 13 — Insured's or Authorized Person's Signature (not required)

Element 14 — Date of Current Illness, Injury, or Pregnancy (not required)

Element 15 — If Patient Has Had Same or Similar Illness (not required)

Element 16 — Dates Patient Unable to Work in Current Occupation (not required)

Element 17 — Name of Referring Provider or Other Source

Enter the name of the prescriber or orderer.

Element 17a (not required)

Element 17b — NPI

Enter the National Provider Identifier (NPI) of the prescriber or orderer.

Element 18 — Hospitalization Dates Related to Current Services (not required)**Element 19 — Reserved for Local Use**

If a provider bills an unlisted (or not otherwise classified) procedure code, a description of the procedure must be indicated in this element. If there is no more specific code available, the provider is required to submit the appropriate documentation, which could include a PA request, to justify use of the unlisted procedure code and to describe the procedure or service rendered.

Element 20 — Outside Lab? \$Charges (not required)**Element 21 — Diagnosis or Nature of Illness or Injury**

Enter a valid *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code for each symptom or condition related to the services provided. The required use of valid diagnosis codes includes the use of the most specific diagnosis codes. List the primary diagnosis first. Etiology ("E") and manifestation ("M") codes may not be used as a primary diagnosis. The diagnosis description is not required.

ForwardHealth accepts up to eight diagnosis codes. To enter more than four diagnosis codes:

- Enter the fifth diagnosis code in the space *between* the first and third diagnosis codes.
- Enter the sixth diagnosis code in the space *between* the second and fourth diagnosis codes.
- Enter the seventh diagnosis code in the space to the right of the third diagnosis code.
- Enter the eighth diagnosis code in the space to the right of the fourth diagnosis code.

When entering fifth, sixth, seventh, and eighth diagnosis codes, do *not* number the diagnosis codes (e.g., do not include a "5." before the fifth diagnosis code).

Element 22 — Medicaid Resubmission (not required)**Element 23 — Prior Authorization Number (not required)****Element 24**

The six service lines in Element 24 have been divided horizontally. Enter service information in the bottom, unshaded area of the six service lines. The horizontal division of each service line is not intended to allow the billing of 12 lines of service.

Element 24A — Date(s) of Service

Enter to and from date of service (DOS) in MM/DD/YY or MM/DD/CCYY format. If the service was provided on only one DOS, enter the date under "From." Leave "To" blank or re-enter the "From" date.

Element 24B — Place of Service

Enter the appropriate two-digit place of service code for each item used or service performed.

Element 24C — EMG

Enter a "Y" for each procedure performed as an emergency. If the procedure was not an emergency, leave this element blank.

Element 24D — Procedures, Services, or Supplies

Enter the single most appropriate five-character procedure code. ForwardHealth denies claims received without an appropriate procedure code.

Modifiers

Enter the appropriate (up to four per procedure code) modifier(s) in the "Modifier" column of Element 24D.

Element 24E — Diagnosis Pointer

Enter the number(s) that corresponds to the appropriate ICD-9-CM diagnosis code(s) listed in Element 21. Up to four diagnosis pointers per detail may be indicated. Valid diagnosis pointers, digits 1 through 8, should *not* be separated by commas or spaces.

Element 24F — \$ Charges

Enter the total charge for each line item.

Enter the dollar amount right justified in the dollar area of the field. Do not use commas when reporting dollar amounts. Dollar signs should not be entered. Enter "00" in the cents area if the amount is a whole number.

Providers are to bill ForwardHealth their usual and customary charge. The usual and customary charge is the provider's charge for providing the same service to persons not entitled to ForwardHealth benefits.

Element 24G — Days or Units

Enter the number of days or units. Only include a decimal when billing fractions (e.g., 1.50).

Element 24H — EPSDT/Family Plan (not required)**Element 24I — ID Qual (not required)****Element 24J — Rendering Provider ID. # (not required)****Element 25 — Federal Tax ID Number (not required)****Element 26 — Patient's Account No. (not required)**

Optional — Providers may enter up to 14 characters of the patient's internal office account number. This number will appear on the Remittance Advice and/or the 835 Health Care Claim Payment/Advice transaction.

Element 27 — Accept Assignment? (not required)**Element 28 — Total Charge**

Enter the total charges for this claim. If submitting a multiple-page claim, enter the total charge for the claim (i.e., the sum of all details from all pages of the claim) *only on the last page of the claim*.

Enter the dollar amount right justified in the dollar area of the field. Do not use commas when reporting dollar amounts. Dollar signs should not be entered. Enter "00" in the cents area if the amount is a whole number.

Element 29 — Amount Paid (not required)**Element 30 — Balance Due**

Enter the balance due as determined by subtracting the amount paid in Element 29 from the amount in Element 28. If submitting a multiple-page claim, enter the balance due for the claim (i.e., the sum of all details from all pages of the claim minus the amount paid by commercial insurance) *only on the last page of the claim*.

Enter the dollar amount right justified in the dollar area of the field. Do not use commas when reporting dollar amounts. Dollar signs should not be entered. Enter "00" in the cents area if the amount is a whole number.

Element 31 — Signature of Physician or Supplier, Including Degrees or Credentials

The provider or authorized representative must sign in Element 31. The month, day, and year the form is signed must also be entered in MM/DD/YY or MM/DD/CCYY format.

Note: The signature may be a computer-printed or typed name and date or a signature stamp with the date.

Element 32 — Service Facility Location Information (not required)

Element 32a — NPI (not required)

Element 32b (not required)

Element 33 — Billing Provider Info & Ph #

Enter the name of the provider submitting the claim and the practice location address. The minimum requirement is the provider's name, street, city, state, and ZIP+4 code. Do not enter a Post Office Box or a ZIP+4 code associated with a PO Box. The practice location address entered must correspond with the NPI listed in Element 33a and match the practice location address on the provider's file maintained by ForwardHealth.

Element 33a — NPI

Enter the NPI of the billing provider.

Element 33b

Enter qualifier "ZZ" followed by the appropriate 10-digit provider taxonomy code on file with ForwardHealth. Do not include a space between the qualifier "ZZ" and the provider taxonomy code.

Note: Providers should use qualifier "PXC" when submitting an electronic claim using the 837P transaction. For further instructions, refer to the companion guide for the 837 Health Care Claim: Professional transaction.

ATTACHMENT 7

Sample 1500 Health Insurance Claim Form for Enteral Nutrition Products

(A copy of the “Sample 1500 Health Insurance Claim Form for Enteral Nutrition Products” is located on the following page.)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>																			
1. MEDICARE <input type="checkbox"/> (Medicare #) <input checked="" type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> (Medicaid #) <input type="checkbox"/> TRICARE CHAMPUS (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (Member ID) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567890																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) MEMBER, IM A										3. PATIENT'S BIRTH DATE MM DD YY MM DD YY					SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F														
5. PATIENT'S ADDRESS (No., Street) 609 WILLOW ST										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)														
CITY ANYTOWN					STATE WI					CITY					STATE														
ZIP CODE 55555					TELEPHONE (Include Area Code) (444) 444-4444					ZIP CODE					TELEPHONE (Include Area Code) ()														
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY <input type="checkbox"/> M <input type="checkbox"/> F									
b. OTHER INSURED'S DATE OF BIRTH MM DD YY <input type="checkbox"/> M <input type="checkbox"/> F										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO										b. EMPLOYER'S NAME OR SCHOOL NAME									
c. EMPLOYER'S NAME OR SCHOOL NAME										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. RESERVED FOR LOCAL USE										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>									
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																													
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____																			
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE I.M. REFERRING PROVIDER										17a. _____ 17b. NPI 011111110					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY														
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to item 24E by Line) 1. V55.1										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																			
2. _____										23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EFSOT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #									
11 2 12 12		12		B4150		1		XX XX 340		340		NPI		NPI		NPI		NPI											
11 2 12 12		12		B4103		1		XX XX 68		68		NPI		NPI		NPI		NPI											
_____		_____		_____		_____		_____		_____		_____		_____		_____		_____											
_____		_____		_____		_____		_____		_____		_____		_____		_____		_____											
_____		_____		_____		_____		_____		_____		_____		_____		_____		_____											
_____		_____		_____		_____		_____		_____		_____		_____		_____		_____											
_____		_____		_____		_____		_____		_____		_____		_____		_____		_____											
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>					26. PATIENT'S ACCOUNT NO. 1234JED					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ XXX XX					29. AMOUNT PAID \$					30. BALANCE DUE \$ XXX XX				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>J. M. Provider</i> SIGNED _____ DATE 11052012										32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____										33. BILLING PROVIDER INFO & PH # () I.M. PROVIDER 1 W WILLIAMS ST ANYTOWN WI 55555-1234 a. 0222222220 b. ZZ123456789X									

Reset Form