

ForwardHealth **UPDATE**

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NEW COVERAGE POLICY FOR ENTERAL NUTRITION FORMULA AND ENTERAL FEEDING SUPPLIES

Effective for dates of service (DOS) on and after April 1, 2020, ForwardHealth introduces new coverage policy for enteral nutrition formula and enteral feeding supplies to improve and increase member access and to reduce administrative burden to providers through the following changes:

- Prior authorization (PA) for enteral nutrition formula will be approved in real time when submitted on the ForwardHealth Portal for members who receive all nutrition administered through a gastric or jejunostomy tube.
- For all PA submission types, the Healthcare Common Procedure Coding System (HCPCS) code for enteral nutrition formula will be approved, not the specific enteral nutrition formula brand name.
- Coverage for enteral nutrition formula consumed orally has been expanded for members with diagnoses of failure to thrive, malnutrition, and/or inborn errors of metabolism.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

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

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 107.10(2)(c), 107.10(3)(g), and 107.24(2)(d) (5).

- Coverage for enteral nutrition formula consumed orally and for members transitioning from tube feeding to an oral diet has been expanded. Requests will be reviewed on an individual basis and will not be subject to predetermined quantity or time limitations.
- Coverage of syringe-fed enteral feeding supply kits will be added.

New Enteral Nutrition Formula Coverage Policy

ForwardHealth covers medically necessary enteral nutrition formula administered through a gastric or jejunostomy tube and/or consumed orally. Coverage of enteral nutrition formula requires PA per Wis. Admin. Code § DHS 107.10(2)(c).

PA Required for All Enteral Nutrition Claim Submissions

Effective for DOS on and after April 1, 2020, PA requests for enteral nutrition formula will be approved when the member's total nutrition is administered via a gastric or jejunostomy tube. PA requests for enteral nutrition formula administered orally will be approved if all of the following are true:

- The member has a documented medical condition that prevents adequate nutrition or requires specialized enteral nutrition formula when medically indicated to thrive and develop normally.
- There is documentation that sufficient caloric and protein intake are not obtainable through any regular, liquefied, or pureed foods.
- The member has had an assessment by a registered dietitian within the last 12 months that includes:
 - A clinical history indicating that oral intake is inadequate
 - A description of the impairment that prevents adequate nutrition by conventional means
 - The expected duration of the need for enteral nutrition formula
 - Lab values to support nutritional deficiency, when applicable
 - The percentage of the member's average daily nutrition taken by mouth and/or gastric or jejunostomy tube
 - The member's recommended daily caloric intake
 - Weight trends over the past six months (for example, weight-for-length, progression along a growth chart, or body mass index, as appropriate)
- The nutrition formula will be used under the supervision of a certified health provider in conjunction with a registered dietitian.

CALL TO ACTION

Providers should submit all PA requests for enteral nutrition formula through the Portal.

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 107.10(2)(c), 107.10(3)(g), and 107.24(2)(d) (5).

- If the member obtains less than 50 percent of their daily nutrition orally from a nutritionally complete enteral nutrition formula, there is a detailed plan written by a qualified health care provider to decrease dependence on the supplement.

Covered Medical Conditions

ForwardHealth clarifies enteral nutrition formula may be covered when a member is diagnosed with one of the medical conditions listed below by a qualified healthcare provider and meets all of the coverage policy criteria:

- Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia)
- More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis)
- Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the gastrointestinal tract (for example, short-gut syndrome, fistula, cystic fibrosis, inflammatory bowel disease, ischemic bowel disease)
- Central nervous system disease leading to interference with neuromuscular mechanisms of ingestion of such severity that the member cannot be maintained with regular oral feeding
- Nutritional deficiency (for example, failure to thrive or malnutrition)
- Chronic disease (for example, advanced AIDS or end-stage renal disease with or without renal dialysis)
- Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck)

Additional Code Covered for Enteral Nutrition Formula

Effective for DOS on and after April 1, 2020, ForwardHealth will cover HCPCS code B4157 (Enteral formula, nutritionally complete, for 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) with PA.

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PA Submission Changes

Prior Authorization/Enteral Nutrition Product Attachment Renamed and Revised

ForwardHealth has revised and renamed the Prior Authorization/Enteral Nutrition Product Attachment (PA/ENPA), F-11054 (10/2012). The form has been renamed the Prior Authorization/Enteral Nutrition Formula Attachment (PA/ENFA), F-11054 (04/2020).

PA requests for enteral nutrition formula received by ForwardHealth on and after April 1, 2020, must be submitted on the revised PA/ENFA. ForwardHealth will return PA requests submitted using the 10/2012 version of the form received on and after April 1, 2020. Providers may refer to the [Forms page](#) of the Portal for a copy of the form and instructions.

PA Submission Requirements

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

- A completed and signed Prior Authorization Request Form (PA/RF), F-11018 (05/2013)
- A completed and signed PA/ENFA
- A prescription from a certified health provider that includes:
 - Member name
 - Prescription or order date
 - Enteral nutrition formula(s) prescribed or ordered
 - Calories or milliliters per day (as described in the HCPCS code) prescribed or ordered
 - Route of administration
 - Length of treatment
 - Prescriber's name, signature, and professional credentials
- Documentation identified under the coverage policy

PA Requests Submitted via the Portal Considered for Immediate Approval

On and after April 1, 2020, all PA requests should be submitted through the Portal to allow for real-time review of clinical information and immediate adjudication. PA requests will be considered for immediate adjudication in the following cases:

- Members who receive total nutrition administered through a gastric or jejunostomy tube

QUICK LINK

[Prior Authorization Request
Form Completion Instructions
for Enteral Nutrition Products](#)

topic (#3864)

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- Members under age 21 who receive partial or total nutrition orally and who have one of the medical conditions listed in the Covered Medical Conditions section above

PA requests for enteral nutrition formula consumed orally may be reviewed by a clinical consultant.

To have a PA request considered for immediate approval, providers are required to complete the PA/ENFA 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.

For more information about submitting PA requests on the Portal, providers may refer to the [ForwardHealth Provider Portal Prior Authorization User Guide](#).

PA Approved by HCPCS Code

Effective for DOS on and after April 1, 2020, PA requests for enteral nutrition formula will be approved by the HCPCS code that represents the type of enteral nutrition formula, not the brand name. If the brand name of the enteral nutrition formula changes over the length of the approved PA but the HCPCS code representing the enteral nutrition formula remains the same, the provider should **not** submit an amendment.

The provider dispensing the enteral nutrition formula is required to maintain a prescription and documentation supporting the medical necessity of the brand name change in the member's medical record.

“...PA requests for enteral nutrition formula will be approved by the HCPCS code...not the brand name.”

PA Approval for Members Transitioning From Tube Feeding

Members transitioning from a tube-administered diet to an oral-administered diet will no longer be limited to one six-month approval. PA requests will be reviewed on a case-by-case basis.

PA and Claim Submission Requirement Changes

Modifier Required for Oral Enteral Nutrition

Providers are required to use modifier BO (Orally administered nutrition, not by feeding tube) on PA requests and claims to identify enteral nutrition that will be consumed orally.

DID YOU KNOW?

PA requests submitted via the Portal may be approved in real time.

Reimbursement With Modifier SC Enddated for Enteral Nutrition Formula

ForwardHealth will no longer approve PA requests for enhanced reimbursement of enteral nutrition formulas above the maximum fee. Effective April 1, 2020, modifier SC (Medically necessary service or supply) should not be submitted on PA requests or claims. Claims processed on or after April 1, 2020, will not receive enhanced reimbursement. On and after April 1, 2020, modifier SC will be considered informational for all enteral nutrition formula.

Providers may refer to the interactive [maximum allowable fee schedule](#) on the Portal for maximum allowable fee information.

New Enteral Feeding Supplies Coverage Policy

ForwardHealth continues to cover enteral feeding supplies up to a maximum quantity per month without PA. Providers may refer to the [Disposable Medical Supply Index](#) for quantity limits.

Coverage of Enteral Feeding Supply Kits

Effective April 1, 2020, reimbursement of an enteral feeding supply kit will be a daily supply fee. The contents of the enteral feeding supply kit are determined by the needs of the member and include all supplies required by the member for the administration of enteral nutrition formula for one day, with the exception of a feeding tube and syringe for medication administration. The supplies included in a kit may include, but are not limited to, a feeding bag/container, a flushing solution bag/container, administration set tubing, extension tubing, feeding/flushing syringes, a gastronomy tube holder, a closed reservoir overflow system for enteral feeding intolerance, dressings (any type) used for gastronomy tube site, tape to secure tube or dressings, a Y connector, an adapter, a gastric pressure relief valve, and a reclogging device. Some items are changed daily; others may be used for multiple days.

The HCPCS code billed for an enteral feeding supply kit must correspond with the method of administration.

Enteral Feeding Supply Kit; Syringe Fed

Effective April 1, 2020, ForwardHealth will reimburse for HCPCS code B4034 (Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape).

QUICK LINK

[Enteral Nutrition Product
Procedure Codes](#) topic (#1734)

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 107.10(2)(c), 107.10(3)(g), and 107.24(2)(d) (5).

ForwardHealth continues to reimburse for B4035 (Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape) and B4036 (Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape).

Documentation for Enteral Feeding Supply Kits

Providers are required to maintain the following documentation in the member's medical record for all enteral feeding supply kits:

- Date of delivery documentation (For more information, providers may refer to the Dates of Service topic [#19277] and the Documentation Requirements for Date of Delivery topic [#19278] of the [Online Handbook](#).)
- Documentation of method of administration (for example, syringe, gravity, or pump) (In the event of a modification to the route of administration, there must be information in the medical record to justify the change.)
- Prescription not greater than one year old
- When a pump-fed enteral feeding supply kit (B4035) is dispensed, documentation of the medical necessity of the pump, including documentation indicating current, consistent use of a pump

Claim Submission Requirement Changes for Enteral Feeding Supplies

Feeding Tube Extensions

Effective for DOS on and after April 1, 2020, reimbursement for feeding tube extensions will be included with the rate for the enteral nutrition supply kit. ForwardHealth will no longer separately reimburse for HCPCS code B4088 (Gastrostomy/jejunostomy tube, low-profile, any material, any type, each) with modifier 22. The reimbursement for enteral nutrition supply kits has been adjusted to account for modifier submission changes. Providers may refer to the [fee schedule](#) for maximum allowable fee information.

Low-Profile Gastrostomy/Jejunostomy Feeding Tube

Effective for DOS on and after April 1, 2020, ForwardHealth will reimburse for two units of B4088, such as a MIC-KEY Low-Profile Gastrostomy Feeding Tube, per month without PA. The intent is to improve access and meet the medically necessary needs of members such as size changes. Gastrostomy/jejunostomy tubes typically have a standard manufacturer 30-day warranty.

CONTACT INFORMATION

Provider Services,
800-947-9627

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In the case of product defectiveness, the provider is expected to follow the manufacturer warranty policy and not bill ForwardHealth.

Providers should use HCPCS code B4088 without modifier 59. ForwardHealth will no longer reimburse for HCPCS code B4088 with modifier 59.

The reimbursement for B4088 has been adjusted to account for modifier submission changes. Providers may refer to the fee schedule for maximum allowable fee information.

Syringes for Medication Administration

ForwardHealth reimburses for syringes used for the purposes of medication administration through a feeding tube separately from the enteral feeding supply kit. For example, ENFit syringes may be billed using HCPCS code A4322 (Irrigation syringe, bulb, or piston, each) on the same DOS as an enteral feeding supply kit.

PA is not required for syringes used for medication administration through a feeding tube.

Reimbursement With Modifier SC Enddated for Enteral Feeding Supplies

ForwardHealth will no longer approve PA requests for enhanced reimbursement of enteral nutrition supplies above the maximum allowable fee. Effective April 1, 2020, modifier SC should not be submitted on claims. Claims for enteral feeding supplies processed on and after April 1, 2020, will not receive enhanced reimbursement. On and after April 1, 2020, modifier SC will be considered informational for all enteral nutrition supplies.

Providers may refer to the interactive fee schedule on the Portal for maximum allowable fee information.

Reimbursement Reminders

Enteral Nutrition Formula and Supplies Are Not Separately Reimbursable for Nursing Home Residents

Providers are reminded that enteral nutrition formula and supplies are included in the nursing home resident daily reimbursement rate and, therefore, are not separately reimbursable for nursing home residents, per Wis. Admin. Code § DHS 107.10(3)(g).

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Parenteral Nutrition Is Covered Under the Pharmacy Benefit

Parenteral nutrition is nutrition administered intravenously and considered reasonable and necessary for a patient with severe pathology of the alimentary tract, which does not allow absorption of sufficient nutrients. Providers are reminded that **parenteral** nutrition is covered under the ForwardHealth pharmacy benefit.

Documentation Retention

Providers are reminded that they must follow documentation retention requirements found in the [Record Retention](#) topic (#204) of the Online Handbook. Providers are required to produce and/or submit the documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment for services that fail to meet this requirement.

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.

RESOURCES

[Wisconsin Chronic Disease](#)

[Program Coverage of Enteral](#)

[Nutrition Products](#), P-01147B

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This Update was issued on 03/19/2020 and information contained in this Update was incorporated into the Online Handbook on 04/10/2020.

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 Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

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