

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

# Agenda

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

# Introduction

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

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

# Policy

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

## PA Improvements

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

## PA Improvements (Cont.)

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

## PA Improvements (Cont.)

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

## PA Submission Changes

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



## PA Submission

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

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

## PA Submission (Cont.)

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

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

## PA Requests Submitted via the Portal

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

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

# PA Requests Submitted via the Portal (Cont.)

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Provider

Welcome Training Provider » February 18, 2020 12:27 PM [Logout](#)

Home Search Providers Enrollment Claims **Prior Authorization** Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

You are logged in with NPI: 1689824922, Taxonomy Number: 332B00000X, Zip Code: 53589 - 4356, Financial Payer: Medicaid

[Prior Authorization](#)

**Prior Authorization**

Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to a service being provided to a member. In most cases, providers are required to obtain PA before providing services that require it.

Select a link below to begin a process that you need.

- [Submit a new PA](#)
- [Complete a saved PA request](#)
- [Check on a previously submitted PA](#)
- [Amend an approved PA](#)
- [Correct a returned PA](#)
- [Correct a returned PA amendment](#)
- [Print PA cover sheet](#)
- [Upload documents for a PA](#)

Providers having difficulties determining whether or not a service requires PA may refer to the [Online Handbook](#) or Providers may call Provider Services at 800-947-9627.

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Wisconsin Department of Health Services  
Training Train\_WIPortal2\_M733  
Session expires on: 02/26/20

User Guides  
• [View the Prior Authorization User Guide](#)

# PA Requests Submitted via the Portal (Cont.)

**Initial Information** ?

Required fields are indicated with an asterisk (\*).

**Process Type**

Select a process type:\*

- 131 - Cytokine and Cell Adhesion Molecule Antagonist Drugs for Rheumatoid Arthritis, Juvenile Idiopathic Arthritis and Psoriatic Arthritis
- 131 - DGA Non-Preferred Stimulants, Related Agents - Wake Promoting
- 131 - Drug (PA/DGA)
- 131 - Enteral nutrition formula**
- 131 - Glucagon-Like Peptide (GLP-1) Agents
- 131 - Hepatitis C Agents
- 131 - Lipotropics Omega-3 Acids
- 131 - PDL Antiemetics, Cannabinoids
- 131 - PDL Belsomra
- 131 - PDL Epidiolex
- 131 - PDL Eucriisa
- 131 - PDL Exemption Request

**HealthCheck "Other Service"**

Is this a HealthCheck "Other Service"?\*

Yes  No

**Program Financial Payer**

Select one:\*

- BadgerCare Plus (TXIX)
- Wisconsin Chronic Disease Program (WCDP)

Next

# PA Requests Submitted via the Portal (Cont.)

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You are logged in with NPI: 1639245558, Taxonomy Number: 282N00000X, Zip Code: 53709 - 1234, Financial Payer: Medicaid



[Prior Authorization](#) » [Submit New PA](#)

[Initial Information](#) » [Processing Notes](#)

## Processing Notes



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.

F-11018e (10/08)

HFS 106.03(4), Wis. Admin. Code

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# PA Requests Submitted via the Portal (Cont.)

[Initial Information](#) » [Processing Notes](#) » [Member Information](#)


**Member Information** ?

Required fields are indicated with an asterisk (\*).

Member ID\*

First Name\*

Last Name\*

Requested Start Date\*  

F-11010e (10/08)  
HFS 106.03(4), Wis. Admin. Code



# PA Requests Submitted via the Portal (Cont.)

**Member Information**

Required fields are indicated with an asterisk (\*).

Member ID*	90100037 x	Date of Birth	12/31/1981
First Name*	LENA	Address	
Last Name*	SIMPSON		DO NOT USE/CHANGE
Requested Start Date*	02/17/2020		
		City	GREEN LAKE
		State/Zip	WI 54941
		Gender	F

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HFS 106.03(4), Wis. Admin. Code

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# PA Requests Submitted via the Portal (Cont.)

[Initial Information](#) » [Processing Notes](#) » [Member Information](#) » [Service Information](#)

## Service Information

Required fields are indicated with an asterisk (\*).

Primary Diagnosis Code\* Z931 [ Search ]      Primary Diag Description GASTROSTOMY STATUS  
Secondary Diagnosis Code R6251 [ Search ]      Secondary Diag Description FAILURE TO THRIVE (CHILD)  
Requested Start Date 02/17/2020      Requesting Provider Signature\* Im Nutrition Specialist  
National Provider Identifier - Prescribing/Referring/Ordering Provider 1891740585 NPI [ Search ]      Name - Prescribing/Referring/Ordering Provider TRAINING PHYSICIAN

## Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
01				0	\$0.00	
				Total:	\$0.00	

Select row to update/delete -or- enter new line item information and select Add

Line Item 01  
Rendering Provider ID [ Search ] (If blank, will default to Billing Provider)  
Rendering Provider Taxonomy  
Service Code Type\* PROCEDURE CODE (After choosing, move off field, and wait for Service Code field to appear)  
Service Code\* B4157 [ Search ]  
Service Code Description  
Additional Service Code Description 2880 CAL PER DAY X 365 DAY  
Modifiers  
Place of Service\* 12  
Quantity Requested\* 10,512.000  
Charge\* 999999999 x

Add Cancel

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# PA Requests Submitted via the Portal (Cont.)

[Initial Information](#) » [Processing Notes](#) » [Member Information](#) » [Service Information](#) » [Required Attachments](#)

**Required Attachments**

Required fields are indicated with an asterisk (\*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

**Attachment** PRIOR AUTHORIZATION / ENTERAL NUTRITION PRODUCT ATTACHMENT (PA/ENPA)

**Submission Method\***

**Notes** The attachment form must be completed online before the PA request can be submitted.



# PA Requests Submitted via the Portal (Cont.)

## ENTERAL NUTRITION FORMULA ATTACHMENT (PA/ENFA) ?

Required fields are indicated with an asterisk (\*).

### SECTION I — MEMBER INFORMATION

1. Name - Member (First)   
Name - Member (Last)   
Name - Member (Middle Initial)   
2. Member Identification Number   
3. Date of Birth - Member

### SECTION II — PRESCRIBER INFORMATION

4. Name - Prescriber   
5. National Provider Identifier (NPI) - Prescriber   
6. Address - Prescriber (Street, City, State, ZIP+4 Code)  
Street   
City   
State/ZIP   -   
7. Phone Number - Prescriber  Ext

# PA Requests Submitted via the Portal (Cont.)

## SECTION III — PRESCRIPTION OR ORDER INFORMATION

(submit a copy of the prescription or order not greater than one year old with each PA request)

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

04/01/2020

## SECTION IV — DIETARY ASSESSMENT AND PLAN

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

2880

10. Indicate how the enteral nutrition formula(s) prescribed or ordered 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

11. If the member receives less than 50 percent of daily nutrition orally from a nutritionally complete enteral nutrition formula, describe the plan to decrease dependence on the supplement, or provide rationale as to why decreasing dependence is not possible.



# PA Requests Submitted via the Portal (Cont.)

[Initial Information](#) » [Processing Notes](#) » [Member Information](#) » [Service Information](#) » [Required Attachments](#) » **[ENTERAL NUTRITION FORMULA ATTACHMENT \(PA/ENFA\)](#)**

## The following messages were generated:

Selecting other than "Feeding tube only" for adults prevents auto approval. Manual review will occur.

ENTERAL  
NUTRITION  
FORMULA  Ignore  
ATTACHMENT  
(PA/ENFA)

[Continue](#)

## ENTERAL NUTRITION FORMULA ATTACHMENT (PA/ENFA) ?

Required fields are indicated with an asterisk (\*).

# PA Requests Submitted via the Portal (Cont.)

## SECTION V — CLINICAL INFORMATION

12. Primary Diagnosis Code and Description as it Relates to Enteral Nutrition

Z931 - GASTROSTOMY STATUS

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

R6251 - FAILURE TO THRIVE (CHILD)

14. Height and Weight Measurements

Indicate the anthropometric measures of the member. Anthropometric measures are the member's current height in inches, the date measured, the member's current weight in pounds, and the date measured.

Current height	57	inches	Date measured	04/01/2020
Current weight	123	pounds	Date measured	04/01/2020

15. Indicate the member's medical condition. Check all that apply. If the member is tube-fed only, skip Elements 15 through 17 and proceed to Element 18.\*

- Inborn errors of metabolism (for example, histidinemia, homocystinuria, phenylketonuria, hyperlysinemia, maple syrup urine disease, tyrosinemia, or methylmalonic acidemia)
- More than 50 percent of the member's caloric need is required to be met orally by specialized nutrition due to a medical condition (for example, ketogenic diet, food protein-induced enterocolitis, severe allergy, eosinophilic esophagitis, or eosinophilic gastritis)
- Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, or motility of the 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, end-stage renal disease with or without renal dialysis)
- Ongoing cancer treatment or specific cancers (for example, gastrointestinal or head/neck)
- Other. If other is checked, describe the reason in the space below. If additional space is needed refer to Section VI – Additional Information.



## PA Requests Submitted via the Portal (Cont.)

16. For the member's medical condition checked in Element 15, regardless of the member's age, indicate in the space provided the specific details of the medical condition, including treatment recommendations, as it relates to enteral nutrition. If applicable, indicate any clinical changes that have occurred since previously approved PAs have been submitted. If additional space is needed refer to Section VI – Additional Information.

17. For enteral nutrition formula administered orally, regardless of the member's age, describe why a diet of regular- or altered-consistency table foods and beverages is not nutritionally sufficient for the member, and why nutritional requirements necessitate the use of enteral nutrition formula. If additional space is needed refer to Section VI – Additional Information.

18. For specially formulated enteral nutrition formula, regardless of the member's age, describe why general purpose enteral nutrition formula does not meet the member's nutritional needs, is not tolerated, or is not clinically appropriate for the member. If additional space is needed refer to Section VI – Additional Information.

Member has cerebral palsy, epilepsy, VP shunt, nerve stimulator and GTuBe.  
Oral intake is inadequate. 100% nutrition provided GTuBe.

19. For diagnoses of failure to thrive or malnutrition, regardless of the member's age, describe the member's anthropometric measurements (for example, height-for-length, progression along a growth chart, percentiles, or body mass index). Include any lab values or other clinical information to substantiate the member's nutritional deficiency. If additional space is needed refer to Section VI – Additional Information.

WT readings 06/12/2019 120lb. 9oz.  
09/07/2019 121lb. 10oz.  
12/20/2019 122lb. 10oz.

Weight changes progressively increased since 06/2019 member tolerates GTuBe feeding well.

# PA Requests Submitted via the Portal (Cont.)

## SECTION VI — ADDITIONAL INFORMATION

20. 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

A

21. Procedure Code	<input type="text" value="B4157"/>
22. Modifiers	<input type="text"/>
23. Calories Per Day Requested	<input type="text" value="2880"/>
24. Number of Days Requested	<input type="text" value="354"/>
25. Units Requested	<input type="text" value="10195"/> (Element 23 x Element 24 / 100)

B

Procedure Code	<input type="text"/>
Modifiers	<input type="text"/>
Calories Per Day Requested	<input type="text"/>
Number of Days Requested	<input type="text"/>
Units Requested	<input type="text"/>

C

Procedure Code	<input type="text"/>
Modifiers	<input type="text"/>
Calories Per Day Requested	<input type="text"/>
Number of Days Requested	<input type="text"/>
Units Requested	<input type="text"/>



# PA Requests Submitted via the Portal (Cont.)

## SECTION VIII — PRIOR AUTHORIZATION REQUEST INFORMATION FOR MILLILITERS PER DAY

(For PA requests for procedure codes B4102\* and B4103\* only.)

26. Procedure Code

27. Modifiers

28. Milliliters Per Day Requested

29. Number of Days Requested

30. Units Requested  (Element 28 x Element 29 / 500)

## 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.

31. **SIGNATURE\***

32. Printed Name\*

33. Position Title\*

34. Date Signed\*  (mm/dd/ccyy)

F-11054e (04/2020)  
HFS 107.10(2)(c), Wis. Admin. Code

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Verify

# PA Requests Submitted via the Portal (Cont.)

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

## PA Summary

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.

- [Preview PA Request](#)

This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.

- **Prescription or Order**

You are required to submit a prescription or order with this PA request. Indicate below how it will be submitted:

- By mail or fax. The prescription or order must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
- By uploading electronically. Files may be uploaded once the PA has been submitted.

- **Additional Supporting Clinical Documentation**

- By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
- By uploading electronically. Files may be uploaded once the PA has been submitted.

- Select "Submit" to submit the PA request.

Previous

Submit

Save and Complete Later

# PA Requests Submitted via the Portal (Cont.)

## The following messages were generated:

Mailing or faxing documentation prevents auto approval. Manual review will occur.

PA  
Summary

Ignore

[Continue](#)

## PA Summary



- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- [Preview PA Request](#)  
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.

### • Prescription or Order

You are required to submit a prescription or order with this PA request. Indicate below how it will be submitted:

- By mail or fax. The prescription or order must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
- By uploading electronically. Files may be uploaded once the PA has been submitted.

# PA Requests Submitted via the Portal (Cont.)

## File Upload

### File Upload

Required fields are indicated with an asterisk (\*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

#### Upload File

File Path\*

#### List of Files Uploaded

F-11071e (10/08)

# PA Requests Submitted via the Portal (Cont.)

## File Upload

### File Upload

Required fields are indicated with an asterisk (\*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Upload File

File Path\*

List of Files Uploaded

File Name
2-102-12New_Policy_Cvg_and_PA_Guidelines_for_Enteral_Nutrition_Training_ad2.10.20.pdf

F-11071e (10/08)

# PA Requests Submitted via the Portal (Cont.)

[File Upload](#) » [Confirmation of Receipt](#)

**Confirmation of Receipt** ?

**Your PA Request has been approved.**

**PA Number: 5200800002**

- [View approved PA](#)  
You may view your approved PA request. The PA Decision Notice will not be available to view until the next day.
- [Print PA Request](#)  
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)  
Return to the PA main menu.

# PA Requests Submitted via the Portal (Cont.)

## Confirmation of Receipt



**Your PA Request has been submitted.**

**PA Number: 5200900002**

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)  
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)  
Return to the PA main menu.

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## PA Adjudication

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



## Provider Resources

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

# Questions

**Thank You**