

Bulletin: MSA 09-54

Distribution: Medical Suppliers

Issued: October 1, 2009

Subject: Elimination of the Categories for Approved Enteral Formulae Product List, End Dating coverage for five Healthcare Common Procedure Coding System (HCPCS) codes, Adding Prior Authorization Requirements for HCPCS code E0621, and Changing Penny Screen on the Michigan Department of Community Health (MDCH) Database

Effective: Upon Receipt

Programs Affected: Medicaid, Children's Special Health Care Services

The purpose of this bulletin is to explain the elimination of the Categories for Approved Enteral Formulae product list, end date coverage for five HCPCS codes, add prior authorization requirements for HCPCS code E0621, and change the penny screen on the MDCH - Medical Supplier/Durable Medical Equipment (DME)/Prosthetics and Orthotics Database to the letter "M" for manually priced.

Enteral Formulae Product List and Medicaid Provider Manual Changes

Michigan Medicaid is eliminating the utilization of the Categories for Approved Enteral Formulae online product list. Enteral nutrition products will be reviewed by their HCPCS code classification rather than by the listed product brand name and then the HCPCS code assigned to the product. Covered HCPCS codes for enteral nutrition are listed on the MDCH Medical Supplier/DME/Prosthetics and Orthotics Database.

Enteral nutrition products are classified into HCPCS codes by the Centers for Medicare and Medicaid Services (CMS). The correct coding of enteral nutrition products can be found on the enteral nutrition product classification list on the website for the Medicare Pricing, Data Analysis and Coding (PDAC) Contractor, Noridian Administrative Services, LLC at: <http://www.dmepdac.com>.

Appropriate HCPCS codes must be used when requesting authorization or when billing for enteral formula (administered orally or by tube). Billing should be done on a monthly basis with total calories used (divided by 100) as the unit amount. Refer to the MDCH-Medical Supplier/DME/Prosthetics and Orthotics Database for quantity limits, prior authorization (PA) indicator, and fee screens.

The following changes appear in the Medicaid Provider Manual, Medical Supplier Chapter, Section 2.13 Enteral Nutrition:

- First paragraph reads:

"Enteral nutrition is the nutrition administered by tube or orally into the gastrointestinal tract. Enteral nutrition is classified into categories that possess similar characteristics. Categories for enteral nutrition are listed by HCPCS codes on the MDCH Medical Supplier Database on the MDCH website. For the appropriate HCPCS code, products are listed on the enteral nutrition product classification list on the website for the Medicare Pricing, Data Analysis and Coding (PDAC) Contractor, Noridian Administrative Services, LLC. If the formula is not listed in the covered HCPCS codes, the provider must contact PDAC for a coding determination."

- The spelling of formulae is changed to either formula or formulas.
- Dietary formulas for oral and tube feedings are covered only through the medical supplier.

End Dated HCPCS Codes

The following HCPCS codes: K0010, K0011, K0012 and K0014 are no longer covered by MDCH. PDAC states that these codes were not valid codes as of 11/14/2006. The codes remained on the fee schedule in case there was a capped rental that began before the code was end dated.

In addition, HCPCS code E0217 coverage is also end dated as it is a noncovered item. HCPCS code E0217 is a water circulating heat pad with pump. The Medicaid Provider Manual, Medicaid Supplier Chapter, Section 1.1 Noncovered Items states: "Items that are not covered by Medicaid include, but are not limited to: Heating pads."

Additional Requirement for Prior Authorization

The MDCH Medical Supplier/DME/Prosthetics and Orthotics Database will change the items with a \$0.01 screen to the letter "M" indicating the item is manually priced. This change is made to reflect the way the penny screens are displayed in the Community Health Automated Medicaid Processing System (CHAMPS).

The fee screen for HCPCS codes E0621 and E0621 with the Replacement (RA) and Rental (RR) modifiers will be the letter "M" for manual pricing. Therefore, these codes will require prior authorization. For further information regarding prior authorization contact the Program Review Division at 1-800-622-0276.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED



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