

September 13, 2023

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Durable Medical Equipment/Medical Supply Providers:

RE: Reimbursement Changes to Enteral Formula Healthcare Common Procedure Coding System (HCPCS) code B4155 Specific to Inborn Errors of Metabolism

The Michigan Department of Health and Human Services (MDHHS) is issuing this letter to announce reimbursement changes for formulas classified under HCPCS code B4155 that address the specific needs of beneficiaries diagnosed with inborn errors of metabolism (IEM). These changes apply to Medicaid and CSHCS Fee-for-Service. For beneficiaries enrolled in a Medicaid Health Plan (MHP) or an Integrated Care Organization (ICO), the provider must refer to the beneficiary's specific MHP or ICO for billing, reimbursement, and prior authorization requirements. The changes indicated in this letter are effective October 1, 2023.

HCPCS code B4155 is a nutritionally incomplete enteral formula that is composed of modular nutrients (e.g., glucose polymers, arginine, medium chain triglycerides, etc.). Formulas categorized under HCPCS code B4155 treat the medical nutritional needs for various conditions (e.g., wound care, renal disease, cancer, inborn errors of metabolism, etc.).

Current reimbursement for B4155 is not sufficient to meet the manufacturing costs to produce IEM enteral formulas categorized under this code. To avoid beneficiary access issues, reimbursement for HCPCS code B4155 specific to IEM will change to manual pricing (Refer to Attachment A included with this letter for a listing of the specific brands/formulas that will receive manual pricing). The beneficiary must have a diagnosis of inborn errors of metabolism identified by the most recently used International Classification of Diseases (ICD-10). All other enteral formulas (e.g., wound care) categorized under B4155 will remain at the current fee indicated on the medical supplier database.

Claims and Prior Authorization (as applicable) on and after October 1, 2023:

HCPCS Code	Required Modifier	Rate	Notes
B4155	U3	Manually Priced	Append the U3 Modifier to B4155 for Attachment A formulas administered by tube (for inborn errors of metabolism only).
B4155	U3/BO	Manually priced	Append the U3 and BO modifiers to B4155 for Attachment A formulas administered orally (for inborn errors of metabolism only).

Providers are reminded that B4155 requires prior authorization and the manufacturer's invoice must be submitted for pricing before billing B4155 (refer to the Medical Supplier Chapter and the Directory Appendix in the Medicaid Provider Manual). All other enteral formulas under B4155 still require PA but do not require an invoice and will reimburse at the current fee indicated on the medical supplier database.

All policy standards of coverage, documentation, prior authorization, and payment rules remain unchanged. Refer to the Medical Supplier Chapter of the Medicaid Provider Manual. These changes are not a policy change; therefore, MDHHS suggests providers retain this letter until otherwise notified.

Attachment A of this letter will be posted for provider reference on the Michigan Department of Health and Human Services (MDHHS) website at: www.michigan.gov/medicaidproviders
<<Billing & Reimbursement << Provider Specific Information << Medical Supplier.

An electronic version of this document is available at www.michigan.gov/medicaidproviders
>> Policy, Letters & Forms.

Sincerely,



Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration

Attachment

Manually Priced Enteral Formula B4155 (for Inborn Errors of Metabolism Only)

B4155 IEM Specific
Abbott
Pro-Phree
Provimin
RCF Liquid
Cambrooke Foods
Restore Lite Lemon/Lime
Restore Tangerine
Restore Lite Orange Glytactin
Glytactin RTD Lite15 Vanilla
Restore Tylactin Citrus
Restore Tylactin Powder Berry
Nutricia
PhenylAde® GMP Mix-In pouches
PhenylAde® GMP Mix-In Can
PhenylAde® Amino Acid Blends Cans
PhenylAde® Amino Acid Blends- MTE Can
PhenylAde® Amino Acid Blends pouches
PhenylAde® Amino Acid Blends- MTE pouches
PhenylAde® PheBLOC™ LNAA Pouches
Complex MSD Amino Acid Blend
GlutarAde™ Amino Acid Blend
TYR Lophlex® GMP MIX-IN
Pro-Stat® Sugar Free Wild Cherry Punch (bottle)
Pro-Stat® Sugar Free Wild Cherry Punch (packs)
Liquigen
Duocal
Polycal™
Complete Amino Acid Mix
Essential Amino Acid Mix
Vitaflo
MCT Procal
Glycosade unflavored packets
Arginine500
Citrulline200
Arginine2000
Citrulline1000

Cystine500
Glycine500
Creatine5000
Isoleucine50
Isoleucine1000
Methionine100
Leucine100
Phenylalanine50
Tyrosine1000
Valine1000
Valine50
Betaquik
Medica Nutrition
Solcarb

Refer to the Medical Supplier Chapter of the Medicaid Provider Manual for policy criteria:
www.michigan.gov/medicaidproviders <<Policy, Letters & Forms << Medicaid Provider Manual.