

Bulletin Number: MMP 24-16

Distribution: Hospitals, Physicians, Medical Suppliers, Federally Qualified Health Centers (FQHCS), Rural Health Centers (RHCs) and Tribal Health Centers (THCs), Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

Issued: May 31, 2024

Subject: Prior Authorization Changes to Enteral Formulas/Enteral Supplies

Effective: July 1, 2024

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

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP or an ICO the provider must check with the beneficiary's MHP or ICO for prior authorization requirements.

The purpose of this policy is to inform providers of changes to the prior authorization (PA) process for enteral formulas and enteral supplies. Effective on and after July 1, 2024, Michigan Department of Health and Human Services (MDHHS) will **no longer** require the ordering practitioner to call for telephonic authorization review on the PACER telephone line for initial and/or renewal of enteral formula/supplies authorization requests.

Enteral Formula/Supplies Prior Authorization on or after July 1, 2024

Ordering Practitioner

For initial and renewal enteral formulas/supplies, the ordering practitioner will complete a written order, the BPHASA-2401 - Medical Justification for Enteral Therapy Form (see attached) and send this form, along with any other supporting medical documentation, to the medical supplier. The BPHASA-2401 may be completed by the ordering practitioner or the practitioner's designated clinical staff (e.g., dietician, registered nurse, or other appropriate hospital clinical staff). The BPHASA-2401 may not be completed by the medical supplier except for those fields as indicated on the BPHASA-2401 form. The BPHASA-2401 - Medical Justification for Enteral Therapy Form will be posted to the MDHHS website at: www.michigan.gov/medicaidproviders >> Policy, Letters and Forms >> Forms.

Effective July 1, 2024, the Program Review Division (PRD) will no longer accept verbal authorizations for enteral formulas/supplies via the PACER telephone line (844-PACERMI/844-722-3764).

Medical Supplier

The medical supplier will submit the prior authorization request, along with the MSA-1653-B - Special Services Prior Approval Form, the physician order, other supporting documentation and the BPHASA-2401 - Medical Justification for Enteral Therapy Form through the Community Health Automated Medicaid Processing System (CHAMPS) prior authorization subsystem or via fax: 517-335-0075.

For emergency prior authorization of initial orders for beneficiaries discharging from the inpatient hospital setting, the medical supplier can call the Program Review Division at 800-622-0276 to request a verbal authorization (Refer to the of the Emergency Prior Authorization subsection Medical Supplier chapter within the [MDHHS Medicaid Provider Manual](#) for emergency PA policy criteria).

All other enteral formula/supplies policy standards of coverage, documentation and payment rules remain unchanged.

All other durable medical equipment/medical supplies requiring the practitioner to call the PACER telephonic authorization review line (e.g., parenteral formulas, home infusion, etc.) remain unchanged. (Refer to the Medical Supplier chapter and Directory Appendix of the [MDHHS Medicaid Provider Manual](#).)

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

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

Approved



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Michigan Department of Health and Human Services

Medical Justification for Enteral Therapy

The Durable Medical Equipment (DME) provider can only provide answers to the following fields: Beneficiary ID Number, First and Last Name, Date of Birth (DOB), type of enteral formula therapy requested, and formula requested. The ordering practitioner or practitioner's designated clinical staff (e.g., dietician, registered nurse, or other appropriate hospital clinical staff) must complete all other fields.

Ordering Practitioner Name		Ordering Practitioner Specialty/Subspecialty	
Beneficiary ID Number	First Name	Last Name	Date of Birth

Type of Enteral Therapy Requested	<input type="checkbox"/> Formula <input type="checkbox"/> Thickener <input type="checkbox"/> Relizorb
Route of Administration	<input type="checkbox"/> Oral <input type="checkbox"/> Tube Feed
Enteral Formula Number 1	
Formula Requested	Type of Diet
Total Daily Caloric Requirement	Amount/Day (Calories) of Formula
Economic alternatives tried (i.e. high calorie shakes, OTC supplements, blended foods), if specialty formula, what is the medical contraindication to using standard less costly alternatives:	
Enteral Formula Number 2	
Formula Requested	Type of Diet
Total Daily Caloric Requirement	Amount/Day (Calories) of Formula

Diagnosis/Patient History (related to the need for formula)	
Current Height and Weight	
Current BMI (wt/ht ratio if < 3 years old)	
Date Measured	
Height/Weight Change Over Time	
For coordination of care purposes, are there any other insurances or programs covering formula for this beneficiary? If so, please indicate the insurance or program and formula.	

Provider Name (Typed/Printed)	DME Provider Signature:	Date
<p>AUTHORITY: Title XIX of the Social Security Act COMPLETION: Is Voluntary but is required if payment from applicable program is sought.</p> <p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.</p>		