

Bulletin Number: MSA 14-66

Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans

Issued: December 29, 2014

Subject: Medicaid Health Plan Exclusion of Beneficiaries Receiving Metabolic Formula

Effective: February 1, 2015

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

The purpose of this policy is to inform providers that effective February 1, 2015, Medicaid and Healthy Michigan Plan beneficiaries with a diagnosis of inherited disease of metabolism who are authorized to receive metabolic formula are excluded from enrollment into a Medicaid Health Plan (MHP). Medicaid and Healthy Michigan Plan services are covered through the Fee-for-Service (FFS) program for these beneficiaries.

MHP Disenrollment of Beneficiaries with Inherited Diseases of Metabolism

Beneficiaries enrolled in an MHP prior to February 1, 2015, will be disenrolled from the MHP effective February 1, 2015. Beneficiaries enrolled in an MHP on or after February 1, 2015, will be retroactively disenrolled from the MHP effective the first day of the month the beneficiary was authorized to receive metabolic formula. Disenrollments for beneficiaries with inherited diseases of metabolism will not be considered for dates prior to February 1, 2015.

In order to preserve continuity of care, FFS and MHPs must accept approved prior authorizations that are in place when the beneficiary has a change in enrollment status. For beneficiaries who have been enrolled in an MHP and have approved prior authorizations in place at the time FFS receives the enrollment file, FFS will honor the prior authorization for 30 days after the effective date of enrollment. Full reciprocity is required between the party that originally authorized the service and the new payer for the first 30 days following the enrollment change. This includes accepting the approved provider, services, quantity limits, reimbursement rates, and other terms that have been negotiated for the beneficiary's care.

- The servicing provider is responsible for transmitting a copy of the previously approved prior authorization to the Medicaid FFS authorizing contractor when there is a change in the beneficiary's enrollment status.
- Providers must be enrolled with Medicaid to bill FFS. Providers may not bill the MHP or the beneficiary for services covered by FFS; the provider must bill FFS.

Enteral Nutrition Payment Rules

Reimbursement for Healthcare Common Procedure Coding System codes B4157 and B4162 prescribed for inherited diseases of metabolism will change to manual pricing. Providers must submit the manufacturer's invoice (current within the last 90 days) reflecting the acquisition cost when submitting the prior authorization request. Manufacturer quotes or dealer list prices are not accepted as documentation of cost. If the manufacturer's actual invoice is not included at the time of prior authorization, a penny screen (\$0.01) will be assigned to the procedure code until the actual invoice is received. All other payment and frequency rules apply. Refer to the Medical Supplier Chapter of the Medicaid Provider Manual and the Medical Supplier database for complete details.

The policy applies to the following formulas administered orally or by tube:

- 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
- B4162:** Enteral formula, for pediatrics, 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

Addition to Standards of Coverage

The beneficiary must have a specified inherited disease of metabolism identified by the most recently used International Classification of Diseases (ICD-9). All other documentation requirements and standards of coverage remain unchanged. Refer to the Medicaid Provider Manual, Medical Suppliers Chapter, Enteral Nutrition subsection for complete coverage information.

Prior Authorization

Metabolic formulas require prior authorization and must be ordered by a physician or qualified non-physician practitioner who is treating the beneficiary for the inherited disease of metabolism. Prior authorization requests must be initiated by the physician/practitioner or his/her designated staff person through an established telephone prior authorization process. The Michigan Peer Review Organization (MPRO) reviews prior authorization requests for metabolic formula.

To initiate the prior authorization request, the physician/practitioner/designee should call MPRO at 1-800-727-7223. For detailed information about the prior authorization process, refer to Bulletins MSA 10-53 and MSA 11-09. Medicaid bulletins can be accessed on the Michigan Department of Community Health (MDCH) website at: www.michigan.gov/medicaidproviders >> Policy and Forms >> Michigan Medicaid Approved Policy Bulletins >> 2010 or 2011.

Manual Maintenance

Retain this bulletin until the information is 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 be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration