

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** DME Providers  
Infusion Therapy Providers  
Pharmacists  
Managed Care Organizations

**Memo #: 09-30**  
**Issued:** June 23, 2009

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
1-800-562-3022, option 2, or go to:  
<http://hrsa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Enteral Nutrition: Fee Schedule Updates, Policy Changes and New Timelines for Resubmitting, Modifying, or Adjusting Claims**

**Effective for dates of service on and after July 1, 2009**, the Department of Social and Health Services (DSHS) will:

- Update the Enteral Nutrition Fee Schedule;
- No longer cover orally administered enteral nutrition for clients 21 years of age and older. DSHS will update the Enteral Nutrition Coverage Table to reflect this change;
- Change the time frame in which providers may resubmit, modify, or adjust initial claims submitted to DSHS for payment; and
- Discontinue Expedited Prior Authorization (EPA) for clients 21 years of age and older receiving orally administered enteral nutrition.

## **Maximum Allowable Fees**

**Effective for dates of service on and after July 1, 2009**, DSHS will update the Enteral Nutrition Fee Schedule and implement policy changes.

Visit the DSHS/HRSA web site at <http://hrsa.dshs.wa.gov/RBRVS/Index.html#e> to view the new fee schedule, effective July 1, 2009.

Bill HRSA your usual and customary charge.

## **Updated Billing Instructions**

DSHS updated the Coverage Table in the *Enteral Nutrition Billing Instructions*. You may view/download the new billing instructions on the DSHS/HRSA web site at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

## Billing Instructions

Effective for dates of service on and after July 1, 2009, DSHS will implement the following changes:

- Discontinue coverage of orally administered enteral nutrition for adults 21 years of age and older;
- Backpacks for tube feeding pumps will be added to the noncovered list in accordance with WAC 388-554-800(1)(a); and
- Discontinue expedited prior authorization for clients age 21 years of age and older receiving orally administered enteral nutrition.

**Note:** Clients 21 years of age and older receiving oral enteral nutrition that were prior authorized before July 1, 2009, may continue to receive oral enteral nutrition until the end date listed in the authorization letter.

## Billing Instructions Replacement Pages

DSHS updated the Coverage Table in the *Enteral Nutrition Billing Instructions*. You may view/download the new billing instructions on the DSHS/HRSA web site at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

## Coverage Table Changes

DSHS will no longer cover the following procedure codes for adults 21 years of age and older.

Procedure Code	Modifier	Brief Description
B4100		Food Thickener, administered orally, per oz
B4102	BO	Enteral formula, for adults, used to replace fluids and electrolytes, 500 ml = 1 unit.
B4149	BO	Enteral formula, for manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals may include fiber.
B4150	BO	Enteral formula consisting of semi-synthetic intact protein/protein isolates.
B4152	BO	Intact protein/protein isolates (calorically dense).
B4153	BO	Hydrolyzed protein/amino acids.
B4154	BO	Defined formula for special metabolic need.
B4155	BO	Modular components.

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Procedure Code	Modifier	Brief Description
B4157	BO	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins, and minerals, may include fiber.
B4158	BO	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals may include fiber and/or iron.
B4159	BO	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals may include fiber and/or iron.
B4160	BO	Enteral formula, for pediatrics, nutritionally complete calorically dense with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals may include fiber.
B4161	BO	Enteral formula, for pediatrics, hydrolyzed, amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber.
B4162	BO	Enteral formula, for pediatrics, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals may include fiber.
B9998		Simply-Thick© Honey/Nectar and Nutritional Bars.

## Change in Billing Timelines [Refer to WAC 388-502-0150]

### *Resubmitting, Modifying, or Adjusting Initial Claims*

#### Effective for claims with a date of service or admission on or after July 1, 2009:

- Within 24 months of the date the service was provided to the client, a provider may resubmit, modify, or adjust an initial claim, **other than a prescription drug claim or a claim for major trauma services.**
- After 24 months from the date the service was provided to the client, DSHS does not accept any claim for resubmission, modification, or adjustment. **This 24-month period does not apply to overpayments that a provider must refund to DSHS by a negotiable financial instrument, such as a bank check.**

**Note:** The billing timelines for pharmacy and trauma are not changing. For your reference, below are the billing timelines for pharmacy and trauma.

### *Prescription Drug Claims*

- DSHS allows providers to resubmit, modify, or adjust any prescription drug claim with a timely internal control number (ICN) within 15 months of the date the service was provided to the client. After 15 months, DSHS does not accept any prescription drug claim for resubmission, modification or adjustment.
- The 15-month period described above does not apply to overpayments that a prescription drug provider must refund to DSHS. After 15 months, a provider must refund overpayments by a negotiable financial instrument, such as a bank check.

### *Major Trauma Claims*

- DSHS allows a provider of trauma care services to resubmit, modify, or adjust, within 365 calendar days of the date of service, any trauma claim that meets the criteria specified in WAC 388-531-2000 (for physician claims) or WAC 388-550-5450 (for hospital claims) for the purpose of receiving payment from the trauma care fund (TCF).
  - ✓ No increased payment from the TCF is allowed for an otherwise qualifying trauma claim that is resubmitted after 365 calendar days from the date of service.
  - ✓ Resubmission of or any adjustments to a trauma claim for purposes other than receiving TCF payments are subject to the provisions of WAC 388-502-0150.
- The 365-day period described above does not apply to overpayments from the TCF that a trauma care provider must refund to DSHS. A provider must refund an overpayment for a trauma claim that received payment from TCF using a method specified by DSHS.

**Note:** If a provider fails to bill a claim according to these requirements and DSHS denies payment of the claim, the provider or any provider's agent cannot bill the client or the client's estate. The client is not responsible for the payment.

**Note:** DSHS still requires providers to bill within 365 days in order to establish initial timeliness standards when any of the following apply:

- The date the provider furnishes the service to the eligible client;
- The date a final fair hearing decision is entered that impacts the particular claim;
- The date a court orders DSHS to cover the services;
- The date DSHS certifies a client eligible under delayed certification criteria; or
- The date a DSHS managed plan or Basic Health Plus client's premium has been recouped by DSHS.

## **How Do I Conduct Business Electronically With DSHS?**

You may conduct business electronically with DSHS by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

**Later in 2009**, DSHS will replace its current Medicaid Management Information System with a new payment processing system named ProviderOne. When fully operational, ProviderOne will pay about 100,000 providers who serve the one million people qualifying for DSHS services each year. Please visit <http://hrsa.dshs.wa.gov/ProviderOne> for more information.

## **How Can I Get DSHS/HRSA Provider Documents?**

To obtain DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link). These documents may be downloaded and printed.