

TO: Medical Suppliers

SUBJECT: Changes/Clarifications (Enteral Nutritional Products) - New Jersey Health Services Program Newsletter Volume 2 No. 8

EFFECTIVE: For services provided on and after October 1, 1992

BACKGROUND: The purpose of this Newsletter is to (1) clarify the billing certain enteral nutritional products provided to Medicaid recipients on and after October 1, 1992, as follows:

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1. The Division is removing "100 calories=1 unit" from the description of HCPCS procedure codes B4150, B4151, B4152, B4154, B4155, and B4156.
2. The dollar amount for the maximum fee allowance for HCPCS procedure codes B4150, B4151, B4152, B4153, and B4156 is being deleted and replaced with "By Report" (B.R.). Reimbursement will be made by both (a) obtaining prior authorization and (b) "By Report" (see New Jersey Health Services Program Newsletter Volume 2 No. 8).

Medically necessary enteral nutritional products are only reimbursable by the Medicaid program with prior authorization. For recipients enrolled in the Garden State Health Plan or other HMO which provides medical supply services, prior authorization by the physician case manager/HMO is also required. See Administration Chapter (10:49) and the Fiscal Agent Billing Supplement for details and instructions.

NOTE: Enteral nutritional products dispensed to nursing facility residents are not reimbursable to medical suppliers by the Medicaid program. Special liquid or powdered diets for treatment of obesity, and regular infant formulas are not considered enteral nutritional products and, hence, are non-covered items.

ACTION: 1. When billing the Medicaid program for enteral nutritional products, complete the 1500 N.J. claim form (Health Insurance Claim Form) as described in the Fiscal Agent Billing Supplement. Mark the number of units of the enteral nutritional product dispensed as number of packages (for example: cans, bottles) in Field 24F (Days or Units) of the

1500 N.J. claim form. An invoice or price list must be attached to the claim in order for the claim to be priced by the fiscal agent. DO NOT report number of units based upon number of calories per package.

2. In order to conform to the changes in the HCFA Common Procedure Coding System (HCPCS), Subchapter 3. of Chapter 59, the Division is enclosing with this Newsletter replacement page 59-27, 59-28 (revision date 10/92). Please substitute this page for page 59-27, 59-28 (01/92) in the New Jersey Health Services Program Newsletter Volume 2 No.8 (issued in March 1992).

If you have any questions regarding this newsletter, contact the Chief Pharmacy Consultant, Division of Medical Assistance and Health Services at (609) 588-2724.

Enclosure

10:59-3.4 HCPCS PROCEDURE CODES AND MAXIMUM FEE ALLOWANCE SCHEDULE FOR ENTERAL AND PARENTERAL THERAPY EQUIPMENT AND SUPPLIES

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
(a)	ENTERAL FORMULAE AND ENTERAL MEDICAL SUPPLIES	
B4034	Enteral feeding supply kit; syringe (monthly)	P.A.(150.00)
B4035	Enteral feeding supply kit; pump fed (monthly)	P.A.(275.00)
B4036	Enteral feeding supply kit; gravity fed (monthly)	P.A.(195.00)
B4081	Nasogastric tubing with stilet	P.A.(16.75)
B4082	Nasogastric tubing without stilet	P.A.(12.98)
B4083	Stomach tube - levine type	P.A.(1.90)
B4084	Gastrostomy/jejunostomy tubing	P.A.(15.00)
B4150	Enteral formulae; category I: Semi-synthetic intact protein/P.A.(B.R.) protein isolates (e.g., enrich, ensure, ensure HN, ensure powder, isocal, lonalac powder, meritene, meritene powder, osmolite, osmolite HN, portagen powder, sustacal, renu, sustagen powder, travasorb)	
B4151	Enteral formulae; category I: Natural intact protein/protein isolates (e.g., compleat B, vitaneed, compleat B modified)	P.A.(B.R.)
B4152	Enteral formulae; category II: Intact protein/protein isolates (calorically dense) (e.g., magnacal, isocal HCN, sustacal HC, ensure plus, ensure plus HN)	P.A.(B.R.)
B4153	Enteral formulae; category III: Hydrolyzed protein/amino acids (e.g., criticare HN, vivonex T.E.N. (total enteral nutrition), vivonex HN, precision HN, precision isotonic)	P.A.(B.R.)
	NOTE: DD (powdered enteral formulae) modifier should be used with HCPCS Code when powdered enteral products are supplied.	
B4154	Enteral formulae; category IV: Defined formula for special metabolic need, (e.g., hepatic-aid, travasorb hepatic, travasorb MCT, travasorb renal, traum-aid, tramacal, aminaid)	P.A.(B.R.)

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
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B4155	Enteral formulae; category V: Modular components (protein, carbohydrates, fat) (e.g., propac, gerval protein, promix, casec, moducal, controlyte, polycose liquid or powder, sumacal, micro-lipids, MCT oil, nutri-source)	P.A.(B.R.)
B4156	Enteral formulae; category VI: Standardized nutrients (vivonex std. precision LR and tolerex)	P.A.(B.R.)
(b)	PARENTERAL FORMULAE AND SUPPLIES	
B4164	Parenteral nutrition solution: Carbohydrates (dextrose), 50% or less (500 ML = 1 unit) - homemix	P.A.(13.26)
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ML = 1 unit) - homemix	P.A.(18.59)
B4172	Parenteral nutrition solution; amino acid 5.5% through 7% (500 ML = 1 unit) - homemix	P.A.(30.50)
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ML = 1 unit) - homemix	P.A.(43.22)
B4178	Parenteral nutrition solution: Amino acid, greater than 8.5% (500 ML = 1 unit)	P.A.(43.22)
B4180	Parenteral nutrition solution; Carbohydrates, (dextrose), greater than 50% (500 ML - 1 Unit) - homemix	P.A.(18.30)
B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ML = 1 unit)	P.A.(60.00) (12 Per month)
B4186	Parenteral nutrition solution, lipids, 20% with administration set (500 ML = 1 unit)	P.A.(80.00) (12 Per month)
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation any strength, 10 to 51 grams of protein - premix	P.A.(133.50)
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength 52 to 73 grams of protein - premix	P.A.(172.50)
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	P.A.(210.00)
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	P.A.(252.69)