

## PROVIDER BULLETIN

Volume 32 Number 11

<http://www.dss.mo.gov/mhd>

September 15, 2009

## PHYSICIAN AND DURABLE MEDICAL EQUIPMENT

### CONTENTS

- PARENTERAL NUTRITION FORMULA, SUPPLIES AND INFUSION PUMPS
- PARENTERAL INFUSION PUMP
- B9999, NOC FOR PARENTERAL SUPPLIES
- PRE-CERT PRIOR TO OCTOBER 15, 2009
- INITIATING PRE-CERTIFICATION REQUESTS FOR DME

### PARENTERAL NUTRITION FORMULA, SUPPLIES AND INFUSION PUMPS

Effective for dates of service on or after October 15, 2009, the parenteral nutrition formula, supply and infusion pumps procedure codes listed below will require pre-certification. To be approved, requests for pre-certification must meet the MO HealthNet Division (MHD) medical criteria. Medical criteria documents may be found at:

<http://dss.mo.gov/mhd/cs/dmeprecert/pages/dmeprecert.htm>.

- |       |   |
|-------|---|
| B4164 | Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) – homemix  |
| B4168 | Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) – homemix  |
| B4172 | Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) – homemix   |
| B4176 | Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) – homemix   |
| B4178 | Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) – homemix  |
| B4180 | Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) – homemix   |
| B4185 | Parenteral nutrition solution, per 10 gram lipids   |
| 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 |

- 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
- 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
- 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
- B4216 Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day
- B4220 Parenteral nutrition supply kit; premix, per day
- B4222 Parenteral nutrition supply kit; home mix, per day
- B4224 Parenteral nutrition administration kit, per day
- B5000 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – amirosyn RF, nephramine, renamine – premix
- B5100 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic – freamine HBC, hepatamine – premix
- B5200 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress – branch chain amino acids – premix
- B9004 Parenteral nutrition infusion pump, portable
- B9006 Parenteral nutrition infusion pump, stationary
- B9999 NOC for Parenteral supplies

### **PARENTERAL INFUSION PUMP**

Effective for dates of service on or after October 15, 2009, MHD will reimburse parenteral infusion pump, portable (B9004) and parenteral nutrition infusion pump, stationary (B9006) on a rent-to-purchase basis only. The monthly reimbursement rate is \$354.30. If the device is continually utilized with parenteral nutrition formula, it will be considered purchased after the total of all rental payments equals the purchase price of \$2,238.01. When final payment is made, MHD will not add an additional percentage to the maximum allowable purchase price.

The combined rental payments will be counted toward the purchase price of \$2,238.01 for any parenteral nutrition infusion pump that was rented prior to October 15, 2009 and is currently being rented by MHD.

If use of the device is discontinued at any time, the provider is expected to discontinue billing for the device.

## **B9999, NOC FOR PARENTERAL SUPPLIES**

Effective for dates of service on or after October 15, 2009, procedure code B9999, NOC for parenteral supplies will require the physician contact the help desk at 800-392-8030.

## **PRE-CERT PRIOR TO OCTOBER 15, 2009**

The ability to complete a pre-certification through Cyber Access (on-line) for parenteral nutrition will begin on October 15, 2009. To prevent any delay in service effective October 8, 2009, physicians may contact the help desk at 800-392-8030 to initiate a pre-certification for any MO HealthNet participants who will require parenteral nutrition on or after October 15, 2009. DME providers will likewise be able to contact the help desk effective October 8, 2009 to complete the DME provider portion of a pre-certification initiated by the physician for participants who wish to receive services from them.

## **INITIATING PRE-CERTIFICATION REQUESTS FOR DME**

Pre-certification of DME is a two-step process. Requests for pre-certification must be initiated by an authorized DME prescriber who writes prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians and nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the MHD. Providers are encouraged to sign up for the MO HealthNet Web tool – CyberAccess<sup>SM</sup> - which automates the pre-certification process. To become a CyberAccess<sup>SM</sup> user, contact the ACS-Heritage help desk toll free at 1-888-581-9797 or 573-632-9797 or send an e-mail to <mailto:MOHealthNetCyberaccess@heritage-info.com>.

The CyberAccess<sup>SM</sup> tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes, CPT and HCPCS procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 800-392-8030. In order to be approved, requests for pre-certification must meet medical criteria established by the MHD. Prior to implementation, medical criteria are published in provider bulletins and posted on the MHD Web-site. If a pre-certification request submitted through CyberAccess<sup>SM</sup> is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging onto the MO HealthNet Internet Web portal at [www.emomed.com](http://www.emomed.com).

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**