




STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Medical Standards Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

March 16, 2007

ACS M07-03

TO: Physicians and Suppliers of Durable Medical Equipment and Medical Supplies

FROM: Wesley Mun, Acting Med-QUEST Division Administrator 

SUBJECT: CLARIFICATION OF ENTERAL SUPPLIES USED FOR MEDICAID ELIGIBLES

The following clarification only applies to enteral supplies provided to Medicaid recipients residing in the home or community when Medicaid is the primary insurer. If these items are **NOT** covered by the patient's primary insurer, prior authorization is required.

COVERAGE OF ENTERAL AND RELATED SUPPLIES FOR INFANTS AND CHILDREN

- Medicaid will allow 2 coloplast wafers (HCPCS code A4362) per week even though the child does not have an ostomy. No prior authorization is required if the wafer is provided to children who have skin breakdown at the gastrostomy tube site due to track erosion and leakage. (Prior authorization will be required if more than 2 wafers per week are requested).
- B4035 is the code for the kit used for pump feeding. However, with prior authorization, Medicaid will allow this code and pricing to be used for children less than one (1) year of age, when their intake is less than or equal to 100 cc per feeding who require burette feeding even if the child has no feeding pump.
- "Emergency kits" are not covered for children with low profile devices. However, 2 foley catheters per year (latex-free) (HCPCS code A4344) will be covered without prior authorization for use in case the low profile device cannot be inserted/reinserted by the caregiver. These should be given out one at a time. More than 2 foley catheters per year will need prior authorization.
- Low profile device kits (B4081 modifier 22) will require prior authorization and are limited to four (4) per year. If needed 2 can be given on the same day/week/month.

LOW PROFILE DEVICES AND ATTACHMENTS

- Decompression tubes (Bard) (B4086 modifier SE) will require prior authorization and no more than 2 per year will be approved without additional justification.
- All Farrell valves (B9999 modifier SC) will require prior authorization. Prior authorization will only be given when other methods of decompression have been attempted and have not succeeded. Provider must provide justification on the number of Farrell valves requested and submit the invoice cost or the MSRP (Manufacturer's Suggested Retail Price) with the prior authorization request.
- Prior authorization is required for extension tubes (B4081 modifier 52). Although MQD does not specify the length of tube, we will assume that 24 inch tubes are being used. Tubes are limited to 2 a month. Additional justification is required for quantities above 2.
- Vinyl connector tubing(s) will not be covered.

PRICING

Code	Modifier	Description	Reimbursement
B4081	22	MIC-KEY	\$110.24
B4081	SC	Bard	\$190.00
B4081	U1	Entristar	\$103.50