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## **Attention Home Health Providers**

Please note, changes have been made and are indicated in **RED**.

Effective December 1<sup>st</sup>, 2020, prior authorizations will be reinstated for home health services. The revenue codes are listed below with some general guidelines for submitting requests to WYhealth.

Revenue Code	Description	Unit	HCPCS Code
<b>0421</b>	<b>PHYSICAL THERAPY - VISIT CHARGE</b>	<b>Per Visit</b>	<b>G0151</b>
<b>0431</b>	<b>OCCUPATIONAL THERAPY - VISIT CHARGE</b>	<b>Per Visit</b>	<b>G0156</b>
<b>0441</b>	<b>SPEECH THERAPY - VISIT CHARGE</b>	<b>Per Visit</b>	<b>G0153</b>
<b>0551</b>	<b>SKILLED NURSING - VISIT CHARGE</b>	<b>Per Visit</b>	<b>G0154</b>
<b>0561</b>	<b>MEDICAL SOCIAL SERVICES - VISIT CHARGES</b>	<b>Per Visit</b>	<b>G0155</b>
<b>0571</b>	<b>HOME HEALTH AIDE - VISIT CHARGE</b>	<b>Per Visit</b>	<b>G0156</b>

### Guidelines

- For Dates of Service 12/1/2020 and forward, Prior Authorization (PA) requests are required and must be submitted no more than 10 business days after the start of services
  - Dates of service during the COVID-19 pandemic from 3/17/20 to 11/30/20 do not require a PA.
- Requests submitted without a signed and dated 485 form or physician's detailed order will be issued a technical denial
- While claims will be billed with ONLY the revenue code, PA requests must be submitted with the associated HCPCS code for processing.
- Requests for As-Needed (PRN) visits must be submitted after the visit has occurred, but within 5 business days, as a separate episode. Requests must include documentation of the medical necessity of the PRN visit, including the clinical notes from that visit
- For facility discharges, upload the discharge summary from the facility and any applicable therapies (Physical Therapy (PT), Occupational Therapy(OT), Speech Therapy(ST))
- For wound care related requests, include current detailed wound specific information including frequency of care, drainage, and wound measurements
- For IV medication related requests, include current medication orders with frequency and duration, and how often administration is to be completed

- For Pediatric G-Tube Care: Clients age 20 and younger, when medically necessary, 1 Skilled Nursing (SN) visit per month for review of the placement and patency of the G-Tube will be approved. Other PRN visits will be reviewed according to the PRN visit requirements.
- Technical denials will be issued by WYhealth for the following:
  - No signed/dated 485 form or physician's orders
  - Failure of the provider to respond to requests for additional information
  - Incorrectly submitted codes (such as using HCPCS or CPT codes instead of Revenue Codes)
- In order to bill for services, the approved prior authorization number must be included on the claim to avoid delays and denials.

To receive training on iExchange for home health prior authorizations, please email WYhealth Provider Relations: [wyhealth@optum.com](mailto:wyhealth@optum.com) or register for iExchange, <https://www.meddecision.com/sign-up-today> . Follow the steps and complete all required fields for easy registration. Select "WYhealth" as the health plan for access. Please watch for email communications to come from Meddecision regarding your iExchange log-in credentials. Please make sure you check your spam folder. Wyoming Medicaid is still allowing telehealth services for home health care for state plan only Medicaid home health providers, not waiver providers, at this time. Please follow the telehealth policy in the CMS 1500 Provider Manual, <https://wymedicaid.portal.conduent.com>, using the GT modifier to identify the claims.

**Call WYhealth at (888)-545-1710 with questions or concerns.**

## **Attention Durable Medical Equipment Providers**

Effective December 1<sup>st</sup>, 2020, prior authorizations will be reinstated for enteral nutrition. The procedure codes are listed below with some general guidelines for submitting requests to WYhealth.

Enteral Nutrition Codes: B4100, B4102, B4103, B4104 – B4162 (require prior authorization)

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>PA Requirement</b>	<b>NDC Requirement</b>
B4100	FOOD THICKENER	Yes	<b>YES</b>
B4102	ENTERAL FORMULA, FOR ADULTS	Yes	<b>YES</b>
B4103	ENTERAL FORMULA, FOR PEDIATRICS	Yes	<b>YES</b>
B4104	ADDITIVE FOR ENTERAL FORMULA	Yes	<b>YES</b>
B4149	ENTERAL FORMULA, BLENDERIZED NAT FOODS	Yes	<b>YES</b>
B4150	ENTERAL FORMULAE; CATEGORY I	Yes	<b>YES</b>
B4151	ENTERAL FORMULA; CATEGORY I	Yes	<b>YES</b>
B4152	ENTERAL FORMULA; CATEGORY II	Yes	<b>YES</b>
B4153	ENTERAL FORMULA; CATEGORY III	Yes	<b>YES</b>

B4154	ENTERAL FORMULA; CATEGORY IV	Yes	<b>YES</b>
B4155	ENTERAL FORMULA; CATEGORY V	Yes	<b>YES</b>
B4156	ENTERAL FORMULA; CATEGORY VI	Yes	<b>YES</b>
B4157	ENTERAL FORMULA; NUTRITIONALLY COMPLETE	Yes	<b>YES</b>
B4158	ENTERAL FORMULA; FOR PEDIATRICS	Yes	<b>YES</b>
B4159	ENTERAL FORMULA; FOR PEDIATRICS	Yes	<b>YES</b>
B4160	ENTERAL FORMULA; FOR PEDIATRICS	Yes	<b>YES</b>
B4161	ENTERAL FORMULA; FOR PEDIATRICS	Yes	<b>YES</b>
B4162	ENTERAL FORMULA; FOR PEDIATRICS	Yes	<b>YES</b>

**If enteral nutrition is taken orally, use modifier BO on the claim (the modifier also needs to be part of the request during the prior authorization process).**

Enteral nutrition may be covered for the following reasons:

1. When ordered by a physician who has seen the client within 60 days prior for oral nutrition and within 180 days prior for nasogastric, jejunostomy, or gastrostomy tube to ordering the therapy and has documented that the client cannot receive adequate nutrition by dietary adjustments and/or oral supplements. The face-to-face visit requirement is for first time prescriptions and annually thereafter. The face-to-face visit can be completed via telehealth. If an individual goes to a new DME provider, this is considered a first time prescription. Enteral therapy may be given by:
  - A. Nasogastric
  - B. Jejunostomy
  - C. Gastrostomy tube
  - D. Orally
2. Enteral Nutrition Therapy is considered reasonable and necessary for clients with:
  - A. Functioning gastrointestinal tracts who, due to pathology or non-function of the structures that normally permit food to reach the digestive tract, cannot maintain weight, strength, and overall health status
3. Oral enteral nutrition therapy is covered if the patient has a diagnosed medical condition such as, but not limited to:
  - A. A mechanical inability to chew or swallow solid or pureed or blenderized foods;
  - B. A malabsorption inability due to disease of infection;
  - C. Weaning from Total Parenteral Nutrition or feeding tube;
  - D. A significant weight lost over the past six (6) months or, for children under age 21, has experienced significantly less than expected weight; or
  - E. If patient receives less than 75 percent of daily nutrition from a nutritionally complete enteral nutrition product, a nutritionist, speech-language pathologist or a physician must write a detailed plan to decrease dependence on the supplement.
4. Enteral nutrition therapy is not covered:

- A. For clients whose nutritional deficiencies are due to a lack of appetite or cognitive problem; or
- B. For healthy newborns; or
- C. For individuals living in a nursing facility or residential facilities as this should be part of the per diem or room and board; or
- D. For clients whose need is nutritional rather than medical or is related to an unwillingness to consume solid or pureed foods; or
- E. As a convenient alternative to preparing or consuming regular foods; or
- F. Because of an inability to afford regular foods or supplements.

**Documentation :**

For all requests for authorization of enteral nutritional products, documentation must include the following:

- A. Specific enteral product requested
- B. Average number of calories to be obtained per day from the enteral nutritional product
- C. Average number or calories to be obtained per day for other sources
- D. Medical condition that requires an enteral nutrition product
- E. Type of food preparation that have been tried (mechanically chopped, pureed or blenderized)
- F. Documentation if a swallowing study or swallowing evaluation has been completed with a history of aspiration
- G. Medical document to support the clinical need of the prescribed product
- H. Written order

Documentation of medical necessity must be kept on file by the provider and made available upon request.

If you have not been trained on iExchange for DME prior authorizations, please email WYhealth Provider Relations: [wyhealth@optum.com](mailto:wyhealth@optum.com) or register for iExchange, <https://www.medecision.com/sign-up-today>. Follow the steps and complete all required fields for easy registration. Select “WYhealth” as the health plan for access. Please watch for email communications to come from Medecision regarding your iExchange log-in credentials. Please make sure you check your spam folder.

Wyoming Medicaid is still allowing telehealth services for physician, NP or PA visits for DME. Please follow the telehealth policy in the CMS 1500 Provider Manual, <https://wymedicaid.portal.conduent.com>, using the GT modifier to identify the claims.

**Call WYhealth at (888)-545-1710 with questions or concerns.**

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Wyoming Medicaid, Provider Relations, PO Box 667, Cheyenne, WY 82003

Please do not reply to this email with any customer service issues. Specific account inquiries will not be read. For assistance, contact Provider Relations at 1-800-251-1268  
<https://wymedicaid.portal.conduent.com/>

Deployment Information:

- Deployment Date: 1/12/2021
- Deployment Time: 10:30 AM
- Audience: Home Health & DME Providers
  - Taxonomies: 332B00000X, 251E00000X, 364SP0808X