

Date: 11/16/07

Web Announcement 167

Clarification for PT33 Billing for Enteral Formulas in an Institutional Setting

The following points provide clarification for Provider Type 33 (Durable Medical Equipment, DME, Disposable, Prosthetics) regarding prior authorization (PA) requirements and billing Nevada Medicaid for enteral formulas administered in an institutional setting, i.e., Nursing Facility (NF) or Intermediate Care Facility for the Mentally Retarded (ICF/MR):

- For NF and ICF/MR, the cost for most DME is included in the facility's per diem rate. Medicaid Services Manual Chapter 1300 – DME, Disposable Supplies and Supplements, section 1303.11.c.1 indicates: “All DME must be prior authorized for exception to inclusive facility rates.”
- Enteral formulas administered through a feeding tube may be reimbursed outside of the all-inclusive rates, but must be approved through the PA process.
- All enteral formulas not administered through a feeding tube (i.e., taken orally) are included in the facility all-inclusive rate.



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