

August 26, 2019 Web Announcement 1959

## Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):

## Pediatric Enteral Formula May Be Billed for Age 21 and Older

Effective with claims processed on or after August 19, 2019, provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) may bill pediatric enteral formula for age 21 and older with an approved prior authorization with dates of service on or after June 1, 2018, within timely filing requirements. The following Healthcare Common Procedure Coding System (HCPCS) codes are included in this change:

| HCPCS Code | Code Description                                   |
|------------|--|
| B4158      | Enteral formula, for pediatrics, intact nutrients  |
| B4159      | Enteral formula, for pediatrics, soy based         |
| B4160      | Enteral formula, for pediatrics, calorically dense |
| B4161      | Enteral formula, for pediatrics, hydrolyzed/amino  |

Claims for the above codes submitted by PT 33 with dates of service on or after June 1, 2018, through claims processed on or before August 19, 2019, that denied because the recipient was age 21 or older will be automatically reprocessed. Providers do not need to resubmit or appeal the denied claims. A future remittance advice message will notify providers when the claims are reprocessed.